



XXIV PAN AMERICAN SANITARY CONFERENCE
XLVI REGIONAL COMMITTEE MEETING

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Provisional Agenda Item 7.1

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**RESOLUTIONS AND OTHER ACTIONS OF THE FORTY-SEVENTH WORLD
HEALTH ASSEMBLY OF INTEREST TO THE REGIONAL COMMITTEE**

The Forty-seventh World Health Assembly met in Geneva, Switzerland, from 2 to 12 May 1994. Thirty-two resolutions were adopted. This document is an annotated synopsis of the work of the Assembly and of the resolutions which, in the judgment of the Director, are of particular importance or interest to the Pan American Sanitary Conference. The Conference is requested to offer its own analysis of the significance of these resolutions and other actions for the Member Governments of the Region of the Americas as well as for the Secretariat.

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1. Introduction

The Forty-seventh World Health Assembly (WHA47) was held in Geneva, Switzerland, from 2 to 12 May 1994. During its deliberations, WHA47 considered the work of the Executive Board since the last World Health Assembly and passed a total of 32 resolutions, the smallest number in many years. From the Region of the Americas, Dr. A. L. Pico from Argentina was elected one of the Vice Presidents of the Assembly; Dr. F. Chaves Peón was elected a Vice Chairman of Committee B.

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

2. Program Policy Matters

A number of program policy matters were considered during WHA47. Background documents provided a basis and focus for the discussion and the resolutions which resulted. In other instances, resolutions were generated and adopted as part of the discussion of agenda items. The following presentation includes program policy issues pertinent to the Region of the Americas.

2.1 *Ninth General Program of Work (Resolution WHA47.4)*

The Ninth General Program of Work of WHO, covering the period 1996-2001, is the third since the goal of health for all was adopted in 1977. It defines the policy framework for world action in health and for WHO's program development and management. The main emphasis is on supporting Member States and the international health community in their efforts to reduce inequities in health and tackling specific problems affecting health and health systems.

The first chapter sets the scene for world action in health and for WHO's work in support of these efforts. The second chapter sets out the policy framework for worldwide action, establishing a number of goals and targets and identifying four interrelated policy orientations to focus action by the world health community, including WHO, in order to achieve the goals and targets. These four interrelated policy orientations are: (a) integrating health and human development in public policies; (b) ensuring equitable access to health services; (c) promoting and protecting health, and; (d) preventing and controlling specific health problems. Each policy orientation is accompanied by a specific description of WHO's functions related to technical

cooperation and to its directing and coordinating functions in international health, as well as a presentation of the principal results to be expected from WHO's own work. Finally, the third chapter outlines the general principles that WHO will follow in reforming its managerial mechanisms so as to give the greatest possible support to country and global action for health during the period.

The Assembly approved the Ninth General Program of Work in Resolution WHA47.4, stressing that detailed planning for its implementation will be undertaken through the biennial program budgets adopted for the years 1996 through 2001 in order to ensure flexibility in responding to emerging health problems and opportunities, taking into account ongoing reform activities within WHO. At the same time, the Assembly called on Member States to set targets which address specific problems at national and/or subnational levels while also ensuring efforts to strengthen the infrastructure for the delivery and maintenance of health services. The Executive Board is requested to monitor and evaluate the implementation of WHO's own work, especially on the basis of results achieved in countries, and to use the results of such evaluation to improve planning of WHO's work for each successive program budget.

For his part, the Director-General is to ensure that the Organization's program budgets, starting with that for 1996-1997, reflect the ways in which WHO can best support countries and the international health community in reaching the targets set by the Ninth General Program of Work, that clear priorities are established for WHO's work, and that program budgets are properly monitored and evaluated.

The Region of the Americas has already used elements of the Ninth General Program of Work as one of the bases for restructuring the Secretariat. Furthermore, the Program of Work is a benchmark for the iteration of the Strategic Orientations and Program Priorities for the Quadrennium 1995 to 1998, as set forth in Document CSP24/12, Part B, to be considered by the Pan American Sanitary Conference under agenda item 5.1.

2.2 *Infant and Young Child Nutrition (Resolution WHA47.5)*

Since 1980, ten separate World Health Assemblies have considered issues related to infant and young child nutrition and appropriate feeding practices. This year, in considering the Director-General's report, the Forty-seventh World Health Assembly urged Member States to promote sound infant and young child nutrition, in keeping with their commitment to the World Declaration and Plan of Action for Nutrition, adopted in Rome in 1992. Member States are also urged to ensure that there are no free or subsidized supplies of breast-milk substitutes and other products covered by the International Code of Marketing of Breast-milk Substitutes and to exercise extreme caution when planning, implementing and supporting emergency relief operations by

promoting breast-feeding for infants and strictly controlling the use of any breast-milk substitutes.

The Director-General is requested to complete development of a global approach to strengthen national infant and young child feeding practices, to support Member States in monitoring these feeding practices, and to urge Member States to initiate the Baby-friendly Hospital Initiative.

In the Region of the Americas, during the last two years, governments continued working on the strengthening of strategies to increase the prevalence of breast-feeding and the protection of this practice. In PAHO's evaluation of the regional situation (1992-1993), however, a low prevalence of full, exclusive breast-feeding at four months of age was observed in most countries and territories of the Region, contrary to recommended norms and goals set at the 1990 World Summit for Children. In the countries of this Region, in addition, legislation and other measures to give effect to the International Code are quite diverse, although three-quarters of the countries and territories in the Region have undertaken activities to restrict the marketing of breast-milk substitutes in health institutions and/or the distribution of free samples. Many governments have engaged in efforts to implement the Baby Friendly Hospital Initiative and have otherwise adopted policies aimed at promoting breast-feeding. Most recently, PAHO/AMRO organized a regional meeting in Guatemala (March 1994) to follow up activities related to the implementation of the International Code, giving particular attention to legal issues.

2.3 *Maternal and Child Health and Family Planning (Resolutions WHA47.9 and WHA47.10)*

Even though enormous progress has been made in many aspects of maternal and child health (e.g., through increased accessibility and use of family planning services and numbers of trained birth attendants), in many countries increases in coverage are not having the expected effect because of poor quality of care. Resolution WHA47.9 urges Member States to give priority to assessing and improving the quality of care for women and children in local health systems, to adopt and apply standard protocols for the diagnosis and clinical management of common problems encountered in maternal and child health services, and to strengthen health centers so as to ensure a high level of nursing and midwifery care while giving priority to improving the quality of basic and continuing nursing and midwifery education. The Director-General is requested to seek to improve in-country coordination and program delivery mechanisms while continuing to provide necessary technical support and guidance to Member States in applying indicators of quality of care in maternal and child health and family planning. He is also to continue to prepare guidelines, training materials and other approaches that improve the quality of care, including standards for case definition, diagnosis and case

management for the major problems affecting newborns, infants and children and their mothers.

In a related resolution (WHA47.10), the Assembly urged Member States to establish national policies and programs which will effectively abolish traditional practices, where they exist, which are harmful to the health of women and children, e.g., female genital mutilation and early sexual relations and reproduction.

Between 1960 and 1990, much progress has been made in the Region of the Americas to improve maternal and child health. Fertility rate has decreased 46% from 6 to 3.2; infant mortality has declined 54% and maternal mortality by 17%; the use of contraceptives has increased from 11% to 60% of women of reproductive age. Although many advances have been made, many problems remain, as are addressed in the Regional Plan of Action for Decreasing Maternal Mortality, the Regional Plan of Action of Adolescent Health in the Americas, and the document adopted in 1993 by the XXXVII Directing Council on Family Planning, Reproductive Health and Population. For example, the abortion rate in this Region is the highest in the world and in eight countries is the principal cause of maternal mortality.

Specifically in regard to improving the quality of care, standards for the quality of reproductive health services have been developed and are being field tested in Bolivia, Honduras and Trinidad and Tobago. Johns Hopkins University in the United States of America is participating in the selection of centers of excellence for training in reproductive health, and Family Health International, an international NGO, is cooperating in promoting postpartum and postabortion programs for women in the hemisphere. The experiences from these activities will be disseminated through meetings to be held in the Andean, Central American and Caribbean Subregions.

Furthermore, through the Pan American Perinatology Center (CLAP) in Montevideo, normative criteria for maternal, child health and adolescent care are continuing to be developed, field tested and applied. Similarly, WHO Collaborating Centers in the Americas are continuing to participate in the development of standards for care and how best to apply them.

One of the aspects that the resolutions do not address and in which PAHO/AMRO has expressed systematic concern is the rights of mothers both in relation to family planning and to the pregnancy/birth process. Health interventions should include the provision of information to women patients concerning their own health, the re-training of health providers in order to promote greater participation of women patients in the clinical decision-making process, and other actions intended to strengthen women's self-esteem and facilitate greater control of women over their own lives.

Finally, although genital mutilation is not a problem in the Americas, traditional practices of early marriage and motherhood, which have a profound effect on health and development, continue to exist in some localities. Gender discrimination among young children in the internal distribution of food within the household as well as sexual abuse and violence against women and children are issues which have received attention from the PAHO/AMRO Special Subcommittee on Women, Health, and Development. The latter issue will be specifically addressed this year by an international conference being planned for November.

2.4 *Pharmaceutical Issues (Resolutions WHA47.11, WHA47.12, WHA47.13, WHA47.16 and WHA47.17)*

Five separate resolutions were adopted concerning implementation of WHO's Revised Drug Strategy and the promotion of WHO's Ethical Criteria for Medicinal Drug Promotion. In Resolution WHA47.13, the Assembly urged Member States to commit themselves to the development and implementation of national drug policies to improve equitable access to essential drugs of good quality and at affordable cost, to intensify efforts to promote the rational use of drugs, and to strengthen the implementation of drug policies and programs. In Resolution WHA47.17, Member States are urged to provide the resources and manpower needed to strengthen their national regulatory capability, and governments and pharmaceutical manufacturers are requested to cooperate in order to assure achievement of national public health goals. At the same time, recognizing that pharmaceutical technology is currently passing through a phase of rapid development, the Assembly (in Resolution WHA47.11) approved revisions to the guidelines for Good Manufacturing Practices for Pharmaceutical Products.

The role of the pharmacist in support of the WHO revised drug strategy was addressed in Resolution WHA47.12. Although the pharmacist can play a key role in public health, the Assembly expressed concern about the continued poor state of development of pharmaceutical services. Therefore, the Assembly urged Member States, in collaboration with national organizations representing pharmacists, to define the role of the pharmacist in promotion and implementation of national drug policies and to make full use of pharmacists (a) to provide oversight of the quality of pharmaceutical products; (b) to manage drug procurement and supply systems, (c) to provide objective advice on the use of medicines to health professionals and the public; and (d) to promote the rational use of drugs.

Finally, in Resolution WHA47.16, the Assembly noted the continued need to improve the quality of drug promotion through the use of the concepts embodied in the WHO Ethical Criteria for Medicinal Drug Promotion which the Director-General is requested to widely disseminate to all Member States. The Assembly reaffirmed that (a) the regulation of drugs must ensure their safety, efficacy and quality as well as the

accuracy of the information about them; (b) patients, pharmacists and prescribers should have accurate information about them; (c) the promotion of drugs must be accurate, fair and objective, (d) promotional claims must be scientifically valid and unambiguous; and (e) information available in the country in which pharmaceuticals are manufactured must be provided in countries to which they are exported.

In the Region of the Americas, with the technical and financial cooperation of the WHO Action Program on Essential Drugs, the elements of the revised drug strategy (aimed at promoting the availability and rational use of drugs) have been incorporated in subregional and national programs and projects that have been initiated with extrabudgetary funds, particularly in the Andean countries, Central America and the Caribbean. A central strategy has been aimed at working with governments to develop policies that promote the concept of essential drugs and that promote generic drug programs as cost-effective responses for increasing accessibility and rational drug use.

Last year various donor governments, due to changing priorities and restricted budgets, decreased their support to essential drugs projects in the Americas. This is a worrisome trend since there is still a need for continued collaboration in order to counterbalance the powerful commercial and professional interests that sometimes adversely influence this critical area.

As part of the implementation of the Revised Drug Strategy, the updating of the WHO Good Manufacturing Practices (GMP's) is most timely since Governments in our Region, with PAHO/AMRO collaboration, are developing national and subregional standards and will be able to adopt the WHO document with minimal changes. To promote the implementation of these standards, PAHO/AMRO has been organizing, and will continue to organize, GMP courses for professionals from industry, government and academia.

The resolution on the role of the pharmacist in support of the WHO Revised Drug Strategy is consistent with initiatives that PAHO/AMRO has taken in this area, both with schools of pharmacy and professional associations. Thus, in November 1993, PAHO/AMRO collaborated with the American Association of Colleges of Pharmacy and the Mexican Pharmaceutical Association in the Second Pan American Conference on Pharmaceuticals Education, which emphasized the need to prepare pharmacists to become "vital members" of the health care team. Also, the Regional Program, with the cooperation of the Costa Rican Social Security Institution, has sponsored annual courses in hospital pharmacy and has promoted the implementation of pharmaceutical services in selected hospitals in Central America and the Andean countries.

The Ethical Criteria, initially approved by the WHA in 1988, provide guidelines on matters such as promotion, advertising, free samples and the sponsorship of meetings.

Though these are all regulated in developed countries, the situation in developing countries, as expected, is more dramatic, due to insufficient government staff and resources to adequately monitor industry marketing practices. Further contributing to this situation is the dependence of health professionals and their associations on industry funds for conferences, "research," continuing education and journals, all of which serve as vehicles for promoting newer, and generally more expensive, products.

As a result, except for an increasing awareness of the need for action by all interested parties, there has been little progress in this area in the Americas. The Regional Program on Essential Drugs has been actively promoting the Ethical Criteria addressing this subject in regional and subregional meetings on drug information and on rational drug use that have been held in Argentina, Bolivia, and Uruguay with the participation of health professionals and of industry and government representatives. The incorporation of the WHO Ethical Criteria in national legislation has been recommended at PAHO/WHO sponsored subregional meetings of the national drug regulatory authorities of the Andean and Central American subregions.

In the present climate of deregulation, national authorities recognize that adequate monitoring of the industry cannot be accomplished by the governments alone. Rather, governments must promote the active participation of consumer organizations and better self-regulation by the industry.

2.5 *International Decade of the World's Indigenous People (Resolution WHA47.27)*

United Nations General Assembly resolution 48/163 (December 1993) proclaimed the International Decade of the World's Indigenous People, commencing in December 1994, and appealed to the specialized agencies, including WHO, to increase their efforts to take into account the needs of indigenous people in their programming and budgeting. In response, the Assembly adopted Resolution WHA47.27, agreeing that WHO should plan for, and implement the objectives of, the Decade. Member States with indigenous populations are invited to designate a focal point for cooperation with their indigenous communities in all health related decisions that will impact on them. The regional offices are requested to work with indigenous people, along with the Member States concerned, including establishing a core advisory group of indigenous representatives with special knowledge of the health needs and resources of their communities. For his part, the Director-General is called upon to provide Member States with technical support to enable them to accelerate the implementation of their programs for indigenous peoples and to assist governments and indigenous people to address indigenous health needs in a culturally effective manner.

This resolution recognizes the work already underway in the Region of the Americas, based on Document CD37/20 and Resolution CD37/5, adopted by the PAHO

Directing Council in 1993. Having worked closely with the Canadian Society for International Health, PAHO/AMRO held a workshop in Winnipeg, Canada, in April 1993, in which 68 participants representing indigenous groups and governments from 18 countries of the Region discussed the health needs of indigenous people and made recommendations ultimately adopted by the Directing Council.

During the first year of the initiative (1994), activities will include training of program personnel and government focal points, the latter intended to facilitate the development, implementation and evaluation of actions designed to improve the health and well-being of the indigenous peoples in their communities. Projects are being developed in three subregions, Mesoamerica, South America and the Caribbean, to begin to address local health needs of indigenous peoples. Funds will also be used to develop approaches for incorporating traditional medicine into SILOS with large indigenous populations. In doing so, the practical experiences in at least four countries will be analyzed.

The proceedings of Workshop 93 and the document *Health of Indigenous People* have been distributed and a special issue of the PAHO *Bulletin* is under consideration. At the same time, a Commission, named by the participants in Workshop 93, will be meeting in August to plan and initiate the process of monitoring the implementation of the Workshop's recommendations.

2.6 *Onchocerciasis Control through Ivermectin Distribution (Resolution WHA47.32)*

In 1991, the Governing Bodies of PAHO/AMRO decided to establish the elimination of onchocerciasis as a regional goal in response to the donation of Ivermectin by the manufacturer. At the time, it was estimated that more than one million people in six countries (Brazil, Colombia, Ecuador, Guatemala, Mexico and Venezuela) were at risk of acquiring the disease through repeated exposure to the black fly vector. In order to characterize better the populations at risk, both rapid epidemiologic and rapid entomologic evaluations have been or are being conducted, complemented by improved ophthalmologic assessments. As a result of these evaluations, it appears that regional efforts to distribute and use Ivermectin can result in elimination of transmission of the disease in Guatemala and Mexico. In the other countries, the type of vector, the infrastructure and other factors have led to the conclusion that a more appropriate goal will have to be the control of morbidity from the disease. Improved health education and social communication practices are being used in the Americas to complement the use of Ivermectin.

Concerned that onchocerciasis is still a public health problem with serious socioeconomic consequences, the Assembly, in Resolution WHA47.32, requested the Member States concerned to prepare national plans, if they do not already exist, to

control onchocerciasis through vector control and the regular distribution of Ivermectin, to take advantage of Ivermectin distribution to strengthen primary health care, to collaborate with NGOs through national coordination mechanisms to support Ivermectin distribution schemes, and to make full use of existing procedures to obtain the drug free from the manufacturer for these public health purposes.

Finally, it should be noted that many countries in the Americas have made advances consistent with the resolutions, and it is important to ensure that these efforts are sustained.

3. Administrative Matters

3.1 *Financial Report and Audited Financial Statements (Resolution WHA47.15)*

As stated by the External Auditor of the World Health Organization, the financial period 1992-1993 was one of financial difficulty for WHO, due primarily to continuing serious delays in payment, or non-payment, of regular budget contributions by Member States. In fact, the rate of collection of assessed contributions at the end of the biennium was 85.06%, a significant decrease from the 89.4% collected for the 1990-1991 period. 91 Member States had not paid their 1992-1993 assessment in full and another 40 had not made any payment. Having foreseen this situation at the beginning of the biennium, the Director-General had initiated contingent program implementation reductions of 10% early in 1992. As a result, PAHO/AMRO's spending authorization was reduced from the originally approved level of \$71,491,000 to \$64,341,900. This reduction was maintained throughout the biennium, thus adversely affecting program implementation in the Region of the Americas. While PAHO/AMRO accommodated these reductions through freezing vacant posts and other budget adjustments, other regional offices with less margin because of higher budget percentages devoted to personnel expenditures were forced to conduct reductions-in-force. In the end, WHO headquarters spent 99.7% of its originally approved budget.

For the biennium, the Organization experienced an income deficit of \$51,208,538 which was covered partially by a withdrawal of funds available under the Working Capital Fund (\$7,338,335), the balance of \$43,870,503 being secured against other available internal WHO funds pending receipt of outstanding contributions. This income deficit is partially reflected in the worsening situation of the Casual Income accounts, which have decreased from \$39,040,602 in 1990 to \$11,417,471 in 1993. These accounts are normally available to be applied against the budget to reduce Member assessments, to cover exchange losses, and to otherwise assure the financial viability of the Organization's programs.

Resolution WHA47.15 accepted the Director-General's financial report and audited financial statements.

3.2 *Working Capital Fund (Resolution WHA47.20)*

Given the status of payments of assessed contributions, as described above, the Assembly in Resolution WHA47.20 decided to increase the level of Part II of the Working Capital Fund to \$26,000,000 from transfers from the Casual Income Account. This fund is to be used solely for the purpose of financing any regular budget income deficit pending the receipt of assessed contributions. If Member States were to pay their assessed contributions on a timely basis, borrowing from Working Capital could be reduced or, in the best of all worlds, eliminated).

3.3 *Application of Article 7 of the Constitution (Resolutions WHA47.18 and WHA47.19)*

The voting rights of Antigua and Barbuda, Dominican Republic and Haiti were suspended during WHA47 as a result of actions taken by previous World Health Assemblies and the Members' failure to reduce their arrearages sufficiently to permit restoration of their voting rights. In addition, the voting rights of Guatemala will be suspended in WHA48 if by the opening of that Assembly its payment of its contributions is not sufficient to avoid invoking Article 7 of the Constitution (Resolution WHA47.18).

All Member States are reminded in Resolution WHA47.19 that installments of contributions are due in full on the first day of the year to which they relate. These payments are necessary if the program budget is to be implemented in an orderly manner.

3.4 *Miscellaneous Administrative Matters (Resolutions WHA47.25 and WHA47.31)*

Under the WHO Real Estate Fund, contributions are being made to several PAHO projects, including renovations to the PAHO headquarters emergency systems, repairs to the concrete facade of the Council Chamber and for a new roof covering the Chamber. In addition, in Resolution WHA47.25, \$325,000 was approved as the WHO contribution to the construction of a new building to house the Caribbean Program Coordination in Barbados and \$250,000 for the construction of a new office for the PAHO/WHO Representation in Mexico City, Mexico.

Finally, the net annual salaries for the Director-General, Deputy-Director General and Assistant Directors-General were decided to be fixed at the single rates of \$96,540, \$80,922 and \$74,721. Based on these changes, changes are proposed for the salary of the PAHO Director (see agenda item 6.3).

4. Miscellaneous

4.1 *WHO Response to Global Change (Resolutions WHA47.6, WHA47.7, WHA47.8 and WHA47.14)*

As part of the reform process now underway in WHO in keeping with the *WHO Response to Global Change Initiative*, WHA47 endorsed several decisions of the Executive Board to reorganize its method of work. A new Program Development Committee of the Board has been created which the Assembly has requested be used to implement the comprehensive plan for managerial and administrative reform of WHO's operations (WHA47.6). Replacing the previous Program Committee, a new Administration, Budget and Finance Committee (WHA47.7) will assist in simplifying and clarifying the program budgetary process, monitoring the impact of administrative and budgetary measures, recommending measures to improve the efficiency of the budget preparation process and advising on administrative, budgetary and financial implications of proposed program budgets. The Board is determining the composition, objectives and work programs of these two committees.

In regard to budgetary reform (WHA47.8), the Director-General is requested to accelerate the implementation of an improved budget and accounting process for the Organization. This process is to facilitate determining the resources required and reallocating them, as necessary, to meet priorities, to establish a process of regular program progress evaluations, to include data on actual cost increases compared to those forecast and to take measures to achieve a more appropriate ratio of staff to other program costs.

Finally, under Resolution WHA47.14, new guidelines were approved for establishing a routine procedure for the prior review of resolutions before action by the World Health Assembly.

4.2 *Global Aids Strategy*

In January, the Ninety-third Session of the WHO Executive Board recommended the development and eventual establishment of a joint and cosponsored United Nations program on HIV/AIDS, and requested the Director-General to explore with the Secretary General and the executive heads of UNICEF, UNDP, UNFPA, UNESCO and the World Bank the way to facilitate the development. Subsequently, the World Health Assembly discussed this proposal for a joint and cosponsored program and its implications for national HIV/AIDS control programs. The XXIV Pan American Sanitary Conference will consider the status of the HIV/AIDS epidemic in this hemisphere and issues related to the implementation of the joint and cosponsored program under agenda item 5.7.

4.3 *Executive Board Membership*

The Forty-seventh World Health Assembly elected 10 Member States entitled to designate a person to serve on the WHO Executive Board. From the Region of the Americas, Cuba and the United States of America were elected. Concurrently, the terms of Dr. M. Paz Zamora, designated by Bolivia, and of Prof. B.A. Grillo, designated by Uruguay, expired.

4.4 *Forty-eighth World Health Assembly*

The Forty-eighth World Health Assembly will convene in Geneva, Switzerland, on Monday, 1 May 1995, at 12:00 noon.

Annexes

CSP24/25 (Eng.)
ANNEX I

RESOLUTIONS OF THE FORTY-SEVENTH WORLD HEALTH ASSEMBLY



世界衛生大會 決議

قارضية الصحة العالمية

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

FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.1

Supplementary agenda item 1

2 May 1994

Rights and privileges of South Africa

The Forty-seventh World Health Assembly,

Noting the democratic elections which took place in South Africa from 26 to 29 April 1994 with a view to the installation of a Government of National Unity to represent the whole population of South Africa;

Noting further the coming into force of a new Constitution in South Africa on 27 April 1994 which now governs governmental actions on all levels;

Considering the desire of South Africa to participate henceforth in the activities of the World Health Organization and its Assembly and thereby to fulfil its obligations and assume its rights in accordance with the Constitution of the World Health Organization;

RESCINDS resolution WHA17.50; and

DECIDES that all rights and privileges associated with full membership of the World Health Organization be granted with immediate effect to South Africa at the Forty-seventh World Health Assembly.

Second plenary meeting, 2 May 1994
A47/VR/2

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世界衛生大會 決議

قارضية الصحة العالمية

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

FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.2

Agenda item 11

5 May 1994

Admission of new Members and Associate Members

The Forty-seventh World Health Assembly,

ADMITS Niue as a Member of the World Health Organization, subject to the deposit of a formal instrument with the Secretary-General of the United Nations in accordance with Article 79 of the Constitution.

Eighth plenary meeting, 5 May 1994
A47/VR/8

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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

FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.3

Agenda item 11

5 May 1994

Admission of new Members and Associate Members

The Forty-seventh World Health Assembly,

ADMITS the Republic of Nauru as a Member of the World Health Organization, subject to the deposit of a formal instrument with the Secretary-General of the United Nations in accordance with Article 79 of the Constitution.

Eighth plenary meeting, 5 May 1994
A47/VR/8

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世界衛生大會 決議

قرار جمعية الصحة العالمية

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

FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.4

Agenda item 18

9 May 1994

Ninth General Programme of Work (covering the period 1996-2001)

The Forty-seventh World Health Assembly,

Having considered the draft Ninth General Programme of Work covering a specific period (1996-2001), submitted to it by the Executive Board, in accordance with Article 28(g) of the Constitution;

Aware of the progress made towards the goals and targets of the Eighth General Programme of Work, and recognizing the challenges ahead;

Recognizing that the Ninth General Programme of Work provides the policy framework for world health action by all partners in health development and for WHO programme development in the context of overall reform of the work of the Organization;

Emphasizing that the goals and targets set in the Ninth General Programme of Work reiterate the commitment of the world health community to tackling existing and emerging health problems and thus to achieving greater equity in health status everywhere;

Aware that at regional, national and even subnational levels targets will be set in the light of the most prevalent or otherwise important health problems and priorities taking into account the policy framework of the Ninth General Programme of Work;

Stressing that the targets of the Ninth General Programme of Work are the minimum to be attained by the end of the period, but that the pace of and capacity for achievement will vary in different situations;

Emphasizing therefore that expertise, resources and efforts will have to be focused on those countries and population groups in which the targets are furthest from being reached;

Aware that detailed planning of WHO's work will be undertaken through the proposed programme budgets closer to the time of implementation in order to ensure flexibility in responding to emerging health problems and opportunities, taking into account ongoing reform activities within WHO;

Recognizing the need for the Ninth General Programme of Work to be accessible to a wide audience such as decision-makers and health professionals, as well as to the public at large,

1. APPROVES the Ninth General Programme of Work;

2. CALLS ON the world health community to continue working together in a concerted way in order to mobilize the commitment, resources and expertise needed to reach the targets set in the Ninth General Programme of Work, recognizing that this is the minimum to be achieved in accelerating progress towards health for all;
3. CALLS ON Member States:
 - (1) to set targets which address specific problems at national and/or subnational levels while also ensuring efforts to strengthen the infrastructure for the delivery and maintenance of health services, taking account of affordable technology, skill, knowledge and resources that can be applied in a sustainable way;
 - (2) to use the priorities in the "WHO programme framework" of the Ninth General Programme of Work as the basis for their cooperative activities with WHO;
4. REQUESTS the Executive Board:
 - (1) to continue to review the progress made and difficulties encountered in improving the health situation, since such information is the basis for establishing and updating health policy;
 - (2) to continue to monitor and evaluate the implementation of WHO's own work, especially on the basis of results achieved in countries, and to use the results of such evaluation to improve planning of WHO's work for each successive programme budget;
 - (3) to periodically review the implementation of the Ninth General Programme of Work and to adapt it as necessary to take into account emerging issues and the progress made in the reform process in WHO;
5. REQUESTS the Director-General:
 - (1) to ensure that the Organization's programme budgets reflect the ways in which WHO can best support countries and the international health community in reaching the targets set by the Ninth General Programme of Work;
 - (2) to establish clear priorities and strengthen the integration of programmes, starting from the programme budget for the financial biennium 1996-1997;
 - (3) to ensure that the programme budgets are properly monitored and evaluated and that the results are used to adapt activities already being implemented and to plan the following programme budget;
 - (4) to ensure that WHO's information systems are adapted best to meet evolving needs for information on health and programme management;
 - (5) to strengthen interagency coordination in all relevant programmes involving appropriate agencies in the process;
 - (6) to continue to implement the recommendations of the Executive Board Working Group on the WHO Response to Global Change in order to improve WHO's capacity to reflect fully the vision of the Ninth General Programme of Work in carrying out the Organization's activities.

Eleventh plenary meeting, 9 May 1994
A47/VR/11

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世界衛生大會 決議

قرار جمعية الصحة العالمية

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

FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.5

Agenda item 19

9 May 1994

Infant and young child nutrition

The Forty-seventh World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34 and WHA46.7 concerning infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming its support for all these resolutions and reiterating the recommendations to Member States contained therein;

Bearing in mind the superiority of breast-milk as the biological norm for nourishing infants, and that a deviation from this norm is associated with increased risks to the health of infants and mothers;

1. THANKS the Director-General for his report;
2. URGES Member States to take the following measures:
 - (1) to promote sound infant and young child nutrition, in keeping with their commitment to the World Declaration and Plan of Action for Nutrition,¹ through coherent effective intersectoral action, including:
 - (a) increasing awareness among health personnel, nongovernmental organizations, communities and the general public of the importance of breast-feeding and its superiority to any other infant feeding method;
 - (b) supporting mothers in their choice to breast-feed by removing obstacles and preventing interference that they may face in health services, the workplace, or the community;
 - (c) ensuring that all health personnel concerned are trained in appropriate infant and young child feeding practices, including the application of the principles laid down in the joint WHO/UNICEF statement on breast-feeding and the role of maternity services;²

¹ *World Declaration and Plan of Action for Nutrition*. FAO/WHO, International Conference on Nutrition, Rome, December 1992.

² *Protecting, promoting and supporting breast-feeding: the special role of maternity services*. A joint WHO/UNICEF statement. Geneva, World Health Organization, 1989.

(d) fostering appropriate complementary feeding practices from the age of about six months, emphasizing continued breast-feeding and frequent feeding with safe and adequate amounts of local foods;

(2) to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and other products covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system;

(3) to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code be given only if all the following conditions apply:

(a) infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes;¹

(b) the supply is continued for as long as the infants concerned need it;

(c) the supply is not used as a sales inducement;

(4) to inform the labour sector, and employers' and workers' organizations, about the multiple benefits of breast-feeding for infants and mothers, and the implications for maternity protection in the workplace;

3. REQUESTS the Director-General:

(1) to use his good offices for cooperation with all parties concerned in giving effect to this and related resolutions of the Health Assembly in their entirety;

(2) to complete development of a comprehensive global approach and programme of action to strengthen national capacities for improving infant and young child feeding practices; including the development of methods and criteria for national assessment of breast-feeding trends and practices;

(3) to support Member States, at their request, in monitoring infant and young child feeding practices and trends in health facilities and households, in keeping with new standard breast-feeding indicators;

(4) to urge Member States to initiate the Baby-friendly Hospital Initiative and to support them, at their request, in implementing this Initiative, particularly in their efforts to improve educational curricula and in-service training for all health and administrative personnel concerned;

(5) to increase and strengthen support to Member States, at their request, in giving effect to the principles and aim of the International Code and all relevant resolutions, and to advise Member States on a framework which they may use in monitoring their application, as appropriate to national circumstances;

(6) to develop, in consultation with other concerned parties and as part of WHO's normative function, guiding principles for the use in emergency situations of breast-milk substitutes or other products covered by the International Code which the competent authorities in Member States may use, in the light of national circumstances, to ensure the optimal infant-feeding conditions;

¹ Document WHA39/1986/REC/1, Annex 6, part 2.

(7) to complete, in cooperation with selected research institutions, collection of revised reference data and the preparation of guidelines for their use and interpretation, for assessing the growth of breast-fed infants;

(8) to seek additional technical and financial resources for intensifying WHO's support to Member States in infant feeding and in the implementation of the International Code and subsequent relevant resolutions.

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世界衛生大會 決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
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РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.6

Agenda item 23

10 May 1994

WHO response to global change: Programme Development Committee

The Forty-seventh World Health Assembly,

Recalling the requests and recommendations of the Forty-sixth World Health Assembly to the Executive Board and the Director-General in its resolutions WHA46.16 and WHA46.21;

Having considered the progress reports by the Director-General on this resolution in documents A47/16 and A47/33;

Aware that the Director-General, in collaboration with the Regional Directors and Assistant Directors-General, programme directors and other WHO staff, has embarked on a comprehensive, ongoing process of managerial and administrative reform;

Welcoming the decision of the Executive Board in resolution EB93.R13 at its ninety-third session to establish a Programme Development Committee;

Noting with satisfaction the creation by the Director-General of a Global Policy Council and Management Development Committee to improve the management of WHO and to implement reform, and of development teams to assist the process of reform in six priority areas;

Noting that the Executive Board will decide at its ninety-fourth session the composition, objectives and work programme of its Programme Development Committee;

Convinced that substantive reform of the Organization in response to global political, social and economic change should result in improved health in all Member States, particularly the developing countries,

1. **COMMENDS** the action of the Director-General and his staff in their response thus far to resolution WHA46.16;
2. **REQUESTS** the Executive Board to make full use of the Programme Development Committee in implementing the comprehensive plan for managerial and administrative reform endorsed by the Health Assembly that should, in the longer term, bring about fundamental improvements to WHO's operations;
3. **REQUESTS** the Director-General:
 - (1) to continue to pursue the reform process;

(2) to report regularly to the Board on plans and implications for, progress in implementing, and impact of WHO's initiatives in the reform process in response to resolutions WHA46.16 and WHA46.21;

4. REQUESTS the Board to report to the Forty-eighth World Health Assembly on progress.

Twelfth plenary meeting, 10 May 1994
A47/VR/12

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.7

Agenda item 24

10 May 1994

Budgetary reform: Administration, Budget and Finance Committee

The Forty-seventh World Health Assembly,

Having considered the Director-General's report in document A47/17 on progress achieved in implementing resolution WHA46.35 on budgetary reform;

Welcoming the decision of the Executive Board in resolution EB93.R13 at its ninety-third session to establish an Administration, Budget and Finance Committee to assist the Board and, through it, the Health Assembly in their deliberations on budgetary matters;

Noting that the Executive Board will decide at its ninety-fourth session the composition, objectives and work programmes of its Administration, Budget and Finance Committee,

REQUESTS the Executive Board:

1. to take whatever steps are necessary to guarantee the effectiveness of the Administration, Budget and Finance Committee by ensuring that its members have specific expertise in administrative, budgetary and financial matters, and that it is given sufficient meeting time to fulfil the expectations of its role;
2. to assign to the Administration, Budget and Finance Committee the tasks previously assigned to the Programme Committee under resolution EB79.R9;
3. to make full use of the Administration, Budget and Finance Committee:
 - (1) to assist the Director-General's continuing efforts to simplify and clarify the programme budgeting process;
 - (2) to monitor the impact of administrative and budgetary measures introduced so far on the preparation of the programme budget for the biennium 1996-1997;
 - (3) to recommend as necessary further measures to improve the efficiency of the budget preparation process;
 - (4) to advise it on the administrative, budgetary and financial implications of proposed biennial programme budgets;
4. to report to the Forty-eighth World Health Assembly on progress.

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A47/VR/12



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قارِجِية الصِّحة العالِمية

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

WHA47.8

Agenda item 24

10 May 1994

Budgetary reform

The Forty-seventh World Health Assembly,

Recalling resolution WHA46.35 which set out a number of matters of concern to Member States relating to budgetary reform;

Reiterating its request to the Director-General in the operative paragraphs of that resolution;

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

Considering the Director-General's report to the Executive Board in Annex 2 to document EB93/1994/REC/1 and his report to the Health Assembly in document A47/17 on the steps taken to develop improved budget and accounting procedures;

Welcoming the measures taken since the Forty-sixth World Health Assembly to simplify and clarify the budget, to reduce the lead time for its preparation, and to take into account the United Nations common accounting standards;

Recognizing that other aspects of resolution WHA46.35 remain to be addressed,

REQUESTS the Director-General:

1. to continue and accelerate the development and implementation of an improved budget and accounting process by
 - (1) determining the resources required and reallocating them as necessary to meet priorities and targets;
 - (2) establishing a process of regular evaluation of progress towards agreed targets;
 - (3) including data on actual cost increases during the last complete financial period and comparing these with forecasts;
 - (4) taking measures to achieve a more appropriate ratio of staff and staff-related costs to all other programme costs;

2. to report to the Executive Board at its ninety-fifth session in January 1995 and to the Forty-eighth World Health Assembly on progress achieved in implementing resolution WHA46.35 and this resolution.

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A47/VR/12

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.9

Agenda item 19

10 May 1994

Maternal and child health and family planning: quality of care

The Forty-seventh World Health Assembly,

Noting the report by the Director-General on maternal and child health and family planning: current needs and future orientation;

Recalling resolutions WHA32.42 on maternal and child health, including family planning; WHA32.30 on primary health care and monitoring health for all; and WHA46.18 on maternal and child health and family planning for health, and WHA45.5 on strengthening nursing and midwifery services;

Noting that the Organization has successfully developed and adapted a number of management and evaluation methods that involve the participation of all levels of the health system and community, that can be rapidly applied to a wide range of service delivery problems, and that may provide guidance on action needed to improve the functioning and performance of maternal and child health and family planning services;

Noting also that several divisions and programmes within WHO are engaged in these fields and that there is a need for a comprehensive, unifying strategy for action and research in the broad area of reproductive health;

Recognizing that enormous progress has been made in many aspects of maternal and child health, as evidenced by the great increase in immunization coverage, accessibility and use of family planning services and numbers of trained attendants at childbirth;

Concerned nonetheless that in many countries such increases in coverage are not having the expected effect because of poor quality of care and performance of health systems;

Emphasizing that rapid progress in the health of mothers and the newborn and in family planning can be assured by improving the quality of care and the performance of the existing services and staff;

Recognizing that a number of different international, national and nongovernmental organizations are providing technical and financial support at country level,

1. **URGES** all Member States:

(1) to give priority to assessing and improving the quality of care for women and children in district-based health systems, as part of a global approach to family health;

(2) to adapt and apply standard protocols for the diagnosis and clinical management of the common problems encountered in services for the health of mothers, infants and children;

(3) to strengthen health centres so as to ensure a high level of nursing and midwifery care, and to provide regular supervisory, managerial and logistic support to peripheral health posts, community health workers and trained traditional birth attendants applying local strategies for the health of mothers and the newborn;

(4) to give priority to assessing and improving the quality of basic and continuing nursing and midwifery education;

(5) to reorient training curricula to community-based and problem-solving approaches, and to ensure that health workers are made aware of the attitudes and needs of women and other members of the community within a context of coherent implementation of population policies;

2. REQUESTS the Director-General:

(1) to continue to provide technical support and guidance to Member States in the further development, adaptation and application of indicators of quality of care in maternal and child health and family planning and other aspects of primary health care;

(2) to continue to prepare guidelines and training material and devise approaches that improve the quality of care through standardized case definition, diagnosis and case management for the major health problems affecting mothers, the newborn, infants and children, and providing the necessary supervisory support, including monitoring and evaluation;

(3) to ensure that the components of maternal and child health care and family planning are promoted and provided to Member States in a coherent and integrated manner, and that they correspond to national priorities and demand;

(4) to seek to improve in-country coordination mechanisms, where appropriate, between all concerned agencies and organizations, to support national leadership and to make optimal use of available human and material resources;

(5) to report to the Executive Board and to the Health Assembly in 1995 on ongoing activities to develop a comprehensive strategy for research and action in the broad field of sexual and reproductive health.

Twelfth plenary meeting, 10 May 1994
A47/VR/12

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世界衛生大會 決議

قارضية الصحة العالمية

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

WHA47.10

Agenda item 19

10 May 1994

Maternal and child health and family planning: traditional practices harmful to the health of women and children

The Forty-seventh World Health Assembly,

Noting the report by the Director-General on maternal and child health and family planning: current needs and future orientation;

Recalling resolutions WHA32.42 on maternal and child health, including family planning; WHA38.22 on maturity before childbearing and promotion of responsible parenthood; and WHA46.18 on maternal and child health and family planning for health;

Reaffirming its support for the United Nations Convention on the Rights of the Child, and United Nations Economic and Social Council resolution 1992/251 on traditional practices affecting the health of women and children;

Recognizing that, although some traditional practices may be beneficial or harmless, others, particularly those relating to female genital mutilation and early sexual relations and reproduction, cause serious problems in pregnancy and childbirth and have a profound effect on the health and development of children, including child care and feeding, creating risks of rickets and anaemia;

Acknowledging the important role that nongovernmental organizations have played in bringing these matters to the attention of their social, political and religious leaders, and in establishing programmes for the abolition of many of these practices, particularly female genital mutilation,

1. WELCOMES the initiative taken by the Director-General in drawing international attention to these matters in relation to health and human rights in the context of a comprehensive approach to women's health in all countries, and the policy declarations to the United Nations Special Rapporteur on traditional practices by governments in countries where female genital mutilation is practised;

2. URGES all Member States:

(1) to assess the extent to which harmful traditional practices affecting the health of women and children constitute a social and public health problem in any local community or sub-group;

(2) to establish national policies and programmes that will effectively, and with legal instruments, abolish female genital mutilation, childbearing before biological and social maturity, and other harmful practices affecting the health of women and children;

(3) to collaborate with national nongovernmental groups active in this field, draw upon their experience and expertise and, where such groups do not exist, encourage their establishment;

3. REQUESTS the Director-General:

- (1) to strengthen WHO's technical support to and cooperation with Member States in implementing the measures specified above;
- (2) to continue global and regional collaboration with the networks of nongovernmental organizations, United Nations bodies, and other agencies and organizations concerned in order to establish national, regional and global strategies for the abolition of harmful traditional practices;
- (3) to mobilize additional extrabudgetary resources in order to sustain the action at national, regional and global levels.

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.11

Agenda item 19

10 May 1994

Implementation of WHO's revised drug strategy: Revision and amendment of WHO's Good Manufacturing Practices for Pharmaceutical Products

The Forty-seventh World Health Assembly,

Recalling resolutions WHA20.34, WHA22.50 and WHA28.65;

Recognizing the importance for the purpose of facilitating international trade in pharmaceutical products of the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce;

Noting that the implementation of the WHO Certification Scheme is dependent on promulgation of "Good Manufacturing Practices for Pharmaceutical Products" that meet contemporary requirements;

Aware that pharmaceutical technology is currently passing through a phase of rapid development which it is anticipated will continue over many years, and that frequent amendments to Good Manufacturing Practices are likely to be proposed in future expert committee reports as a consequence of regular consultations with national drug regulatory authorities and discussions within the biennial International Conferences of Drug Regulatory Authorities,

1. **APPROVES** the revision of the Good Manufacturing Practices for Pharmaceutical Products as contained in the thirty-second and thirty-third reports of the WHO Expert Committee on Specifications for Pharmaceutical Preparations;
2. **AUTHORIZES** the Executive Board, as the executive organ of the Health Assembly, to approve such technical amendments to the Good Manufacturing Practices for Pharmaceutical Products as may be proposed in subsequent reports of meetings of the Expert Committee, and to keep the Health Assembly informed.

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.12

Agenda item 19

10 May 1994

Role of the pharmacist in support of the WHO revised drug strategy

The Forty-seventh World Health Assembly,

Noting the preliminary report by the Director-General on implementation of WHO's revised drug strategy;

Recalling resolutions WHA37.33, WHA39.27 and WHA41.16 on the rational use of drugs;

Noting in particular the need to encourage the fulfilment by all concerned parties, including health personnel involved in prescription, dispensing, supply and distribution of medicines, of their responsibilities with respect to rational use of drugs as specified in WHO's revised drug strategy;

Recognizing the economic benefits and the therapeutic advantage of advocating and reinforcing the rational use of drugs;

Recognizing that the pharmacist can play a key role in public health and particularly in the field of medicines, and that the rational use of drugs is contingent upon the availability to the whole population at all times of essential drugs of good quality at affordable prices;

Emphasizing the need for the utmost vigilance to ensure the detection and prevention of the manufacture, export or smuggling of falsely-labelled, spurious, counterfeit or substandard pharmaceutical preparations;

Concerned about the continued poor state of development of pharmaceutical services in many countries as emphasized in WHO meetings on the role of the pharmacist held in New Delhi in 1988 and Tokyo in 1993;

Appreciating the contribution made by organizations representing pharmacists, in collaboration with WHO, in pursuit of the goal of health for all;

Stressing the importance of collaboration between pharmacists and all other health professionals involved in patient care and the safe and effective administration of medicines,

1. **CALLS UPON** pharmacists and their professional associations everywhere, through their contributions to regulatory control, pharmaceutical manufacture and community service, to support WHO's policies as embodied in WHO's revised drug strategy and develop the profession at all levels in accordance with the reports of the above-mentioned meetings, and, in particular:

(1) to provide the oversight necessary to assure the quality of pharmaceutical products and services at the time of manufacture, importation or exportation and at all stages of the distribution chain;

(2) to manage drug procurement and supply systems and in so doing, to cooperate in efforts to detect and prevent the distribution of falsely-labelled, spurious, counterfeit or substandard pharmaceutical preparations;

(3) to provide informed and objective advice on medicines and their use to the public, and provide technical advice to other health professionals, to drug regulatory bodies, health planners and policy-makers;

(4) to promote, in collaboration with other health professionals, the concept of pharmaceutical care as a means of furthering the rational use of drugs and of actively participating in illness prevention and health promotion;

(5) to support relevant research and training programmes;

2. URGES all Member States, in collaboration with national organizations representing pharmacists, where such exist:

(1) to define the role of the pharmacist in the promotion and implementation of the national drug policy within the framework of health-for-all strategy;

(2) to make full use of the expertise of the pharmacist at all levels of the health care system and particularly in the development of national drug policies;

(3) to provide training facilities to equip pharmacists to assume responsibilities for all activities cited in 1(1) to 1(4) above;

3. REQUESTS the Director-General:

(1) to support Member States in their efforts to develop drug regulatory and pharmaceutical services;

(2) to encourage Member States to assess their needs for pharmaceutical services and manpower, and for relevant training facilities;

(3) to encourage regular publication of the *World Directory of Schools of Pharmacy*;

(4) to report on progress made to the Executive Board at its ninety-seventh session in January 1996.

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.13

Agenda item 19

10 May 1994

Implementation of WHO's revised drug strategy: Rational use of drugs; and WHO's Action Programme on Essential Drugs

The Forty-seventh World Health Assembly,

Having considered the report of the Director-General on the implementation of WHO's revised drug strategy;

Recalling resolutions WHA39.27 and WHA41.16 on the rational use of drugs, and resolutions WHA43.20 and WHA45.27 on the Action Programme on Essential Drugs;

Noting the activities of WHO in pursuance of the revised drug strategy and its intensified direct collaboration and support to countries in drug policy formulation, standard setting, regulation, procurement and use as well as the related logistics, financing, information, operational research, human resources, education and training capacity building and institution strengthening;

Recognizing the efforts of WHO in collaboration with governments and other bodies to improve access to essential drugs and the rational use of drugs, within the framework of national drug policies;

Aware of the role of the community in the rational use of drugs;

Recognizing also the need for continued action by all interested parties to achieve all the objectives of a comprehensive national drug policy;

Appreciating that the Action Programme on Essential Drugs will be subject to a detailed review by the Executive Board at its ninety-fifth session in 1995, with a view to optimizing the collaboration between all technical programmes in this field;

Emphasizing the need for an adequate response to new economic challenges and the changing balance of the public and private sectors in health care, including the provision of drugs, and assessment of the viability and long-term effects of new financing strategies and other measures;

Mindful of problems with counterfeit drugs and drugs of poor quality,

1. REAFFIRMS the crucial importance of WHO's leadership and coordination, through its Action Programme on Essential Drugs, in the development, support and evaluation of national drug policies within the framework of national health policies;

2. URGES Member States:

- (1) to commit themselves to the development and implementation of national drug policies to improve equitable access to essential drugs of good quality at affordable cost, and to intensify efforts to promote the rational use of drugs;
- (2) to accelerate the education and training of the necessary human resources, and to strengthen the implementation of drug policies and programmes;
- (3) to evaluate progress regularly using performance indicators developed by the Action Programme on Essential Drugs or other suitable mechanisms;

3. CALLS ON bilateral and multilateral agencies, nongovernmental organizations and other collaborators to strengthen their technical and financial support to the Action Programme;

4. REQUESTS the Director-General:

- (1) further to strengthen the leadership and advocacy by the Action Programme in mobilizing and coordinating a global collaborative effort to improve access to essential drugs and ensure the rational use of drugs;
- (2) to encourage contacts with bilateral and multilateral aid agencies, with organizations and bodies of the United Nations system, bilateral and multilateral agencies, with consumers, industry, nongovernmental organizations and other collaborators;
- (3) to ensure that the concept of the revised drug strategy is fully reflected in WHO's work towards reform in the health sector;
- (4) to ensure that adequate financial and human resources are provided under the regular budget and from extrabudgetary sources, as necessary, to implement the programme, and to meet increased demands from Member States;
- (5) to assist Member States in their efforts to ensure that available drugs are of good quality, and in combating the use of counterfeit drugs;
- (6) to report on the current state and the progress made in the drug sector throughout the world by publishing periodically up-to-date information on the world drug situation;
- (7) to report to the Forty-ninth World Health Assembly, and subsequently biennially, on progress achieved and problems encountered in the implementation of WHO's revised drug strategy, with recommendations for action.

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.14

Agenda item 23

11 May 1994

WHO response to global change: Health Assembly resolutions

The Forty-seventh World Health Assembly,

Having considered the report of the Director-General,¹ as well as the report and recommendations of the Executive Board Working Group on the WHO Response to Global Change,² concerning mechanisms and procedures for the development, review and follow-up of resolutions of the Health Assembly;

Bearing in mind Article XIII of the Financial Regulations of WHO and Rule 13 of the Rules of Procedure of the Health Assembly, as well as resolutions WHA31.9 and WHA44.30 on the method of work of the Health Assembly;

Considering the desirability of more systematic prior review of all resolutions proposed to the Health Assembly that have potential impact on the objectives, policy and orientation of WHO or that have implications in terms of staffing, costs, budgetary resources and administrative support,

1. REITERATES the general principle that, in order to ensure the Health Assembly has sufficient information before considering proposals, resolutions should be considered by the Executive Board before being considered by the Health Assembly;
2. AUTHORIZES the Executive Board, in coordination with the Director-General, to establish a routine procedure for prior review of resolutions designed to ensure that sufficient information is available to the Health Assembly in line with recommendation 5 of the Working Group on Global Change;
3. REQUESTS:
 - (1) the Director-General to ensure that the necessary background information, including information about the implications of adopting resolutions proposed, is provided as a matter of routine to the Executive Board and subsequently transmitted in an appropriate manner to the Health Assembly;
 - (2) the Chairman of the Executive Board, supported by the Director-General, to help to ensure that, when appropriate, draft resolutions that are first introduced in the Board clearly set out a realistic time-limit for validity of the resolution and an appropriate mechanism and interval for following up and reporting on implementation;

¹ Document EB93/1994/REC/1, Annex 1, Part 2, section III.

² Document EB92/1993/REC/1, Annex 1, p. 14, item 4.2.1.1.

4. **RECOGNIZES** nonetheless that the Health Assembly may decide to consider a resolution not transmitted to it by the Executive Board; in such a case, the Director-General shall provide a statement of its programme and budget implications before the adoption of the resolution in Committee;
5. **REQUESTS**, when a resolution is first initiated and presented at the Health Assembly without prior review by the Executive Board, that:
 - (1) the Chairmen of Committees A and B of the Health Assembly will consult their respective officers, supported by the Director-General, and depending on whether the Committee concerned has sufficient information, refer the matter to the General Committee or request the Committee concerned to consider the resolution directly;
 - (2) the General Committee in such cases, and in consultation with the Director-General, make a recommendation as to whether the draft resolution should be considered by the Health Assembly and what further information (if any) would be needed or whether any other appropriate course of action should be taken;
 - (3) the Chairmen of Committees A and B endeavour to ensure that, when appropriate, draft resolutions that are introduced in their committees clearly set a realistic time-limit for validity of the resolution and establish an appropriate mechanism and interval for following up and reporting on implementation;
6. **RECOMMENDS** that these mechanisms and approaches be tested over a period of two years by the Executive Board and the Health Assembly, with effect from January 1995;
7. **FURTHER REQUESTS** the Director-General to review the results and to report to the Fiftieth World Health Assembly through the Executive Board in 1997.

Thirteenth plenary meeting, 11 May 1994
A47/VR/13

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قارضية الصحة العالمية

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

FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.15

Agenda item 26.1

11 May 1994

**Financial report and audited financial statements for
the financial period 1 January 1992 - 31 December 1993
and report of the External Auditor to the
World Health Assembly**

The Forty-seventh World Health Assembly,

Having examined the financial report and audited financial statements for the financial period 1 January 1992 to 31 December 1993 and the report of the External Auditor to the Health Assembly;¹

Having considered the first report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Forty-seventh World Health Assembly;²

Noting that the External Auditor had qualified his opinion and report by a scope limitation in relation to the Regional Office for Africa and the reasons therefor;

Appreciating the concern of the Director-General and his initiative in expediting an audit review of the Regional Office for Africa by WHO internal auditors,

1. NOTES the report of the Internal Auditors on the WHO Regional Office for Africa;
2. ACCEPTS the Director-General's financial report and audited financial statements for the financial period 1 January 1992 to 31 December 1993 and the report of the External Auditor to the Health Assembly;
3. REQUESTS the Director-General to report to the ninety-fifth session of the Executive Board and to the Forty-eighth World Health Assembly in 1995 on progress made in the implementation of the recommendations of the External Auditor.

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¹ Document A47/19.

² Document A47/42.



FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.16

Agenda item 19

11 May 1994

WHO ethical criteria for medicinal drug promotion

The Forty-seventh World Health Assembly,

Recalling resolutions WHA41.17, WHA43.20 and WHA45.30;

Noting the continued need to improve the quality of drug promotion through the use of the concepts embodied in the WHO Ethical Criteria for Medicinal Drug Promotion;

Having considered the report of the Director-General¹ on the outcome of the CIOMS/WHO Consultation on the WHO Ethical Criteria,

1. THANKS the Council for International Organizations of Medical Sciences (CIOMS) for having convened the consultation in collaboration with WHO, and for the valuable report adopted by consensus and which covers a wide range of issues and the action to be taken;
2. APPRECIATES the commitment of the participants - drug regulatory authorities, pharmaceutical manufacturers and distributors, health professionals, universities and teaching institutions, professional associations, patient and consumer groups, and the professional and general media - to a common responsibility, based on fundamental ethical principles, for the well-being of patients individually and the public collectively;
3. ENDORSES the report of the consultation and reaffirms:
 - (1) that the regulation of drugs must ensure not only the safety, efficacy and quality of drugs but also the accuracy of the information provided pursuant to their regulation;
 - (2) that patients, pharmacists and prescribers should have access to appropriate and understandable information about drugs and their side-effects;
 - (3) that the promotion of drugs must be accurate, fair and objective, and presented in such a way as to conform to legal requirements and also to high ethical standards;
 - (4) that promotional claims should not be stronger than valid, up-to-date scientific evidence warrants, every effort being made to avoid ambiguity;

¹ Document A47/7.

- (5) that information for patients and prescribers which appears in leaflets of drugs in the manufacturing country should be supplied by the manufacturer to the countries to which the same drugs are exported;
4. CALLS UPON all concerned parties to continue to collaborate in order to promote further and implement the principles embodied in WHO's Ethical Criteria for Medicinal Drug Promotion, by rapidly adopting, as appropriate, measures based on the CIOMS/WHO recommendations;
5. URGES Member States to develop and implement national mechanisms, where relevant, to control drug promotion in accordance with the principles embodied in the WHO Ethical Criteria, and as proposed in the WHO Certification Scheme;
6. REQUESTS the Director-General:
- (1) to implement the recommendations of the CIOMS/WHO consultation applicable to WHO, giving special attention to:
- (a) wide dissemination of the WHO Ethical Criteria to all Member States and all other concerned parties;
 - (b) measures to develop and disseminate educational materials on the WHO Ethical Criteria, and methods to monitor their implementation;
 - (c) monitoring the implementation of the WHO Ethical Criteria and collecting information on voluntary, self-regulatory national and international codes and guidelines that relate to the promotion of medicinal drugs, in consultation with all concerned parties;
 - (d) carrying out studies or surveys of current promotional practices as necessary, and analysis of the effectiveness of the Ethical Criteria;
 - (e) support to Member States, as appropriate, in strengthening drug regulatory capacity and mechanisms regarding the labelling and promotion of medicinal drugs;
 - (f) dissemination of national experience in the promotion of medicinal drugs;
 - (g) alert Member States to the importance of this role for universities and other educational institutions and assist them in educational programme development;
 - (h) periodical review of the WHO Ethical Criteria in consultation with interested parties;
- (2) to report regularly, through the Executive Board, on progress made and problems encountered by WHO and Member States, as part of the reporting on the implementation of the revised drug strategy.

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RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.17

Agenda item 19

11 May 1994

Implementation of WHO's Revised Drug Strategy Safety, Efficacy and Quality of Pharmaceuticals

The Forty-seventh World Health Assembly,

Having reviewed the report of the Director-General on the implementation of WHO's Revised Drug Strategy;

Recalling resolutions WHA37.33, WHA39.27 and WHA41.16;

Noting that pharmaceutical trade is becoming more complex as more countries manufacture and export pharmaceutical and biological products and active ingredients, and as new technologies are applied to their production;

Aware, therefore, that countries need to develop the capability to assure the quality of all such products - both brand name and generic and both domestically manufactured and imported - on their national markets;

Aware, moreover, of an unacceptable prevalence of substandard and counterfeit pharmaceutical products in international trade which threatens to erode confidence in the health-care system because such products may be inefficacious or toxic;

Aware also of the important role of the community in drug control,

1. REAFFIRMS the principles embodied in WHO's Guiding Principles for small national drug regulatory authorities and the WHO Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce;
2. URGES Member States to provide the resources and manpower needed to strengthen their national regulatory capability;
3. REQUESTS governments and pharmaceuticals manufacturers to cooperate in order to ensure complementary support of public health goals;
4. REQUESTS the Director-General:
 - (1) to maintain the normative activities that provide standards to assure the quality, safety and efficacy of pharmaceutical and biological products, including vaccine and sera, having regard to the evolution of new technology;
 - (2) to ensure the continued and timely provision of independent information to support effective registration, to control excessive claims in advertising and to promote the rational use of drugs;

(3) to provide complementary support and training at country level to assist in strengthening regulatory capacity;

(4) to promote and support the biennial International Conference of Drug Regulatory Authorities as a means of fostering understanding and collaboration between officials in countries at all stages of development.

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RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.18

Agenda item 25

12 May 1994

Consideration of the situation of certain Member States falling under the purview of Article 7 of the Constitution

The Forty-seventh World Health Assembly,

Having considered the second report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Forty-seventh World Health Assembly on Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution;¹

Noting that, at the time of opening of the Forty-seventh World Health Assembly, the voting rights of Antigua and Barbuda, Burundi, Cambodia, Comoros, Congo, Dominican Republic, Equatorial Guinea, Iraq, Liberia, Niger and Somalia remained suspended, such suspension to continue until the arrears of the Member State concerned have been reduced, at the present or future Health Assembly sessions, to a level below the amount which would justify invoking Article 7 of the Constitution;

Having been informed that as a result of a payment received after the opening of the Forty-seventh World Health Assembly, the arrears of contributions of Niger have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution and, as such, the voting rights of Niger have been automatically restored;

Noting that, in accordance with resolution WHA46.10, the voting privileges of Chad, Guinea-Bissau, Haiti and Zaire have been suspended as from 2 May 1994, 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, since Romania had made payments prior to the opening of the Forty-seventh World Health Assembly which reduced its unpaid arrears of contributions to a level below the amount which would justify invoking Article 7 of the Constitution, the decision taken with respect to Romania by the Forty-sixth World Health Assembly in resolution WHA46.10 is no longer applicable and the suspension of its voting rights has not taken effect;

Noting that Burkina Faso, Central African Republic, Guatemala, Senegal, Ukraine, Yemen and Yugoslavia were in arrears at the time of the opening of the Forty-seventh World Health Assembly to such an extent that it is necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended at the opening of the Forty-eighth World Health Assembly;

Having been informed that as a result of payments received from the Central African Republic and Ukraine after the opening of the Forty-seventh World Health Assembly, the arrears of contributions of

¹ Document A47/18.

these Members have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution,

1. EXPRESSES serious concern at the 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;
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 and after the Members concerned have had an opportunity to explain their situation to the Board, to report to the Forty-eighth World Health Assembly on the status of payment of contributions;
6. DECIDES:
 - (1) that in accordance with the statement of principles in resolution WHA41.7 if, by the time of the opening of the Forty-eighth World Health Assembly, Burkina Faso, Guatemala, Senegal, Yemen and Yugoslavia are still in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, their voting privileges shall be suspended as from the said opening;
 - (2) that any suspension which takes effect as aforesaid shall continue at the Forty-eighth 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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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.19

Agenda item 26.3

12 May 1994

Status of collection of assessed contributions and status of advances to the Working Capital Fund

The Forty-seventh World Health Assembly,

Noting with concern that, as at 31 December 1993:

- (a) the rate of collection in 1993 of contributions to the effective working budget for that year amounted to 79.03%, leaving US\$ 74 517 451 unpaid;
- (b) only 95 Members had paid their contributions to the effective working budget for that year in full, and 71 Members had made no payment;
- (c) unpaid contributions to the effective working budget in respect of the financial period 1992-1993 amounted to US\$ 106 million,

1. EXPRESSES concern at the level of outstanding contributions, which has had a deleterious effect on programmes and on the financial situation;
2. CALLS THE ATTENTION of all Members to Financial Regulation 5.6, which provides that instalments of contributions and advances shall be considered as due and payable in full by the first day of the year to which they relate, and to the importance of paying contributions as early as possible to enable the Director-General to implement the programme budget in an orderly manner;
3. REMINDS Members that, as a result of the adoption, by resolution WHA41.12, of an incentive scheme to promote the timely payment of assessed contributions, those that pay their assessed contributions early in the year in which they are due will have their contributions payable for a subsequent programme budget reduced appreciably, whereas 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 regularly late in the payment of their contributions to take as rapidly as possible all steps necessary to ensure prompt and regular payment;
5. REQUESTS the Director-General to draw this resolution to the attention of all Members.

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.20

Agenda item 28

12 May 1994

Review of the Working Capital Fund

The Forty-seventh World Health Assembly,

Having considered the report of the Director-General¹ and the recommendations of the Executive Board on the Working Capital Fund;

Bearing in mind the recommendations of the Joint Inspection Unit in its report,²

A

1. DECIDES that the level of Part II of the Working Capital Fund shall be increased from US\$ 6 000 000 to US\$ 26 000 000 by transfers of funds from the Casual Income Account to the Working Capital Fund during the financial period 1994-1995 and, if necessary, in 1996-1997, as and when arrears of contributions in respect of the financial period 1992-1993 are credited to the Casual Income Account;
2. DECIDES also that Part II of the Working Capital Fund shall continue to be financed by appropriations by the Health Assembly from casual income as recommended by the Executive Board after considering the report of the Director-General; such appropriations shall be voted separately from the appropriations for the relevant financial period;
3. AUTHORIZES the Director-General to effect the necessary transfers as in paragraph A.1 above.

B

1. DECIDES that henceforth the Working Capital Fund shall be used solely for the purpose of financing any regular budget income deficit pending the receipt of assessed contributions from Members and Associate Members.

C

1. REQUESTS Members and Associate Members to make every effort to pay their contributions on the dates on which they are due in order to enable the Director-General to implement in an orderly manner the programmes approved by the Health Assembly;
2. REQUESTS the Director-General to continue his efforts to secure early payment of Members' and Associate Members' assessed contributions.

¹ Document EB93/1994/REC/1, Annex 8.

² Document JIU/REP/89/9 (Vol. 1) dated 1989.

D

1. REQUESTS the Director-General to review the implications of abolishing the separation of the Working Capital Fund into Parts I and II, refunding the amount standing to the credit of each Member State in Part I with a simultaneous transfer from casual income to the Fund to compensate for this refund and to report to the ninety-fifth session of the Executive Board in January 1995 and the Forty-eighth World Health Assembly.

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.21

Agenda item 29

12 May 1994

Assessments of the Czech Republic and Slovakia

The Forty-seventh World Health Assembly,

Considering that the percentage rates of assessments assigned to the Czech Republic and Slovakia under resolution WHA46.15 were provisional and subject to amendment, if necessary, to take account of the United Nations rates of assessment for these Members, to be established by the United Nations General Assembly at a later date;

Noting that by United Nations resolution 48/223 adopted in December 1993 the United Nations General Assembly established percentage assessment rates applicable to the Czech Republic and Slovakia in the United Nations scale of assessment of 0.42% and 0.13% respectively;

Recalling the principles and criteria established by resolutions WHA24.12 and WHA26.21 applicable to the basis for calculating the WHO scale of assessments;

DECIDES that the percentage rates of assessment applicable to the Czech Republic and Slovakia in the WHO scale of assessments for the financial period 1994-1995 should be adjusted from the provisional rates of 0.36% and 0.18% respectively to definitive rates of 0.41%¹ and 0.13% respectively.

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¹ The difference of 0.01% between the assessment rate of 0.42% in the United Nations and the suggested rate of 0.41% in WHO is due to the difference in membership of these two bodies.



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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.22

Agenda item 29

12 May 1994

Assessment of Eritrea

The Forty-seventh World Health Assembly,

Noting that Eritrea, 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 24 July 1993;

Noting that the United Nations General Assembly, in resolution 48/223, established the assessment of Eritrea at the rate of 0.01% for the years 1993 and 1994;

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 taken 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 Eritrea shall be assessed at the rate of 0.01% for the year 1993 and for the financial period 1994-1995;
- (2) that Eritrea's assessment relating to the year 1993 shall be reduced to five-twelfths of 0.01%.

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.23

Agenda item 29

12 May 1994

Assessment of Niue

The Forty-seventh World Health Assembly,

Noting the admission of Niue to membership in the Organization;

Recalling that the Twenty-second World Health Assembly, in resolution WHA22.6, decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission,

DECIDES:

- (1) that Niue shall be assessed for the financial period 1994-1995 and for future financial periods at a rate to be fixed by the Health Assembly, as and when an assessment rate for this country has been established by the United Nations General Assembly;
- (2) that Niue shall be assessed at the provisional rate of 0.01% for the financial period 1994-1995 and for future financial periods, to be adjusted to the definitive assessment rate when established by the Health Assembly;
- (3) that the 1994 instalment of the assessment shall be reduced to seven-twelfths of 0.01%.

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.24

Agenda item 29

12 May 1994

Assessment of Nauru

The Forty-seventh World Health Assembly,

Noting the admission of Nauru to membership in the Organization;

Recalling that the Twenty-second World Health Assembly, in resolution WHA22.6, decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission,

DECIDES:

- (1) that Nauru shall be assessed for the financial period 1994-1995 and for future financial periods at a rate to be fixed by the Health Assembly, as and when an assessment rate for this country has been established by the United Nations General Assembly;
- (2) that Nauru shall be assessed at the provisional rate of 0.01% for the financial period 1994-1995 and for future financial periods, to be adjusted to the definitive assessment rate when established by the Health Assembly;
- (3) that the 1994 instalment of the assessment shall be reduced to seven-twelfths of 0.01%.

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.25

Agenda item 30

12 May 1994

Real Estate Fund

The Forty-seventh 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 1994 to 31 May 1995;

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\$ 1 965 250;
2. **APPROPRIATES** to the Real Estate Fund, from casual income, the sum of US\$ 1 721 250.

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.26

Agenda item 31.1

12 May 1994

Cooperation Agreement with the African Development Bank and the African Development Fund

The Forty-seventh World Health Assembly,

Having considered the report of the Director-General on the Cooperation Agreement between WHO and the African Development Bank and the African Development Fund;

Taking into consideration Article 70 of the WHO Constitution,

APPROVES the Cooperation Agreement between WHO and the African Development Bank and the African Development Fund.

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.27

Agenda item 31.1

12 May 1994

International Decade of the World's Indigenous People

The Forty-seventh World Health Assembly,

Recalling United Nations General Assembly resolution 48/163 of 21 December 1993 which proclaimed the International Decade of the World's Indigenous People, commencing on 10 December 1994, and requested specialized agencies to consider with Governments and indigenous people how they can contribute to the success of the Decade;

Recalling also that the resolution appealed to the specialized agencies to increase their efforts and, in particular, to take into account the needs of indigenous people in their budgeting and programming;

Noting that a goal of the Decade should be the strengthening of international cooperation for the solution of problems faced by indigenous people in such areas as health;

Mindful of the WHO's Health for All by the Year 2000 objective which seeks to help all citizens of the world to attain a level of health that will permit them to lead a socially and economically productive life;

Recalling resolution WHA45.24 which urged Member States to take specific steps to improve the health status of the most vulnerable population groups;

Recalling also the discussion of health and indigenous people which took place in Committee B at the Forty-sixth World Health Assembly;

Concerned that due recognition should be given to the value of indigenous people's knowledge and expertise in traditional medicines and practices and that indigenous health care be based on practical, socially and culturally acceptable methods and technology made universally accessible to individuals and families in their communities;

Noting the efforts already undertaken by the WHO Regional Office for the Americas;

Recalling resolution 1994/26 of the Commission of Human Rights of 4 March 1994 urging United Nations bodies and specialized agencies to designate focal points to liaise with the Centre for Human Rights on activities related to the Decade and to work in partnership with governments and indigenous people to develop and improve programmes that are beneficial to indigenous communities;

Concerned that WHO's expertise should benefit all people,

1. AGREES that WHO should participate in planning for, and implement the objectives of, the International Decade of the World's Indigenous People;
2. REQUESTS the appropriate regional office to work, along with the governments of the Member States concerned, with indigenous people, including by establishing a core advisory group of indigenous representatives with special knowledge of the health needs and resources of their communities;
3. CALLS on the Director-General:
 - (1) to increase cooperation between WHO and other organizations of the United Nations system, including the Centre for Human Rights, to help to meet health needs of indigenous people in the context of the Decade;
 - (2) to provide Member States with technical support to enable them to accelerate the implementation of their programmes for indigenous people;
 - (3) to assist governments and indigenous people to address indigenous health needs in a culturally effective manner;
 - (4) to consider the contribution WHO might make to promoting respect for, and maintenance of, indigenous knowledge, traditions and remedies, in particular, their pharmacopoeia;
 - (5) to ensure that relevant research projects undertaken by WHO and other specialized agencies and organizations of the United Nations system are conducted in consultation with, and for the benefit of, indigenous people and communities, such projects being undertaken by indigenous people themselves where appropriate;
4. INVITES Member States with indigenous populations to consider, where appropriate, designating a focal point for cooperation with their communities in all health related decisions that will impact on indigenous people.

Fourteenth plenary meeting, 12 May 1994
A47/VR/14

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.28

Agenda item 31.2

12 May 1994

Collaboration within the United Nations system and with other intergovernmental organizations: Health assistance to specific countries

The Forty-seventh World Health Assembly,

Recalling and confirming the previous resolutions of the Health Assembly on health assistance to specific countries, and the most recent resolution WHA46.29 which includes reference to earlier resolutions WHA44.37 (Health and medical assistance to Lebanon); WHA44.38 (Health assistance to refugees and displaced persons in Cyprus); WHA44.39 (Assistance to Lesotho and Swaziland); WHA44.40 (Reconstruction and development of the health sector in Namibia); and WHA44.43 (Health and medical assistance to Somalia); and also resolution WHA41.33 (Health assistance to the people of Afghanistan);

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

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

Recalling resolution WHA35.1 on method of work of the Health Assembly, which draws attention to the desirability of a full discussion at regional level of all matters dealing with specific countries before such items are referred to the Health Assembly, and the recent decision on this matter by the Regional Committee for the Eastern Mediterranean (EM/RC39/R.11);

Having examined the Director-General's report on the action taken by WHO for health assistance to specific countries and to drought-affected countries,¹

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

Fourteenth plenary meeting, 12 May 1994
A47/VR/14

¹ Document A46/27.



FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.29

Agenda item 31.2

12 May 1994

Rwanda

The Forty-seventh World Health Assembly,

Noting with the gravest concern the wanton massacre of innocent civilians in Rwanda following the tragic deaths of Mr Juvenal Habyarimana, President of Rwanda and Mr Cyprien Ntaryamira, President of Burundi;

Noting the very heavy flow of refugees into neighbouring countries and the burden placed on those countries,

1. EXPRESSES its concern at the continuing massacre which constitutes a tragedy in terms of human suffering and loss of life and health;
2. EXPRESSES its solidarity with the people of Rwanda and neighbouring countries;
3. THANKS all governments for the assistance provided and, in particular, the governments of the neighbouring countries of Burundi, Uganda, United Republic of Tanzania and Zaire for the assistance that they have provided for the refugees;
4. THANKS the World Health Organization and other United Nations agencies for their concern as well as health and humanitarian assistance, including the support provided to the refugees;
5. CALLS on Member States, national and international organizations and agencies to provide urgent financial, material and technical support to the neighbouring states in their efforts to provide emergency help to the refugee populations;
6. URGES the Director-General of the World Health Organization to bring to the attention of the Secretary-General of the United Nations the short- and long-term health effects of this tragedy;
7. REQUESTS the Director-General to mobilize adequate efforts and resources, in cooperation with other international organizations and agencies, to succour the civilian populations affected and to assist the neighbouring countries in their efforts to provide emergency assistance to the refugees;
8. REQUESTS the Director-General to determine programmes and resources that will assist in the re-establishment of health services in Rwanda once peace has been restored;
9. URGES all parties concerned to bring all efforts to bear in order to ensure an immediate cessation to the killing of innocent men, women and children.

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.30

Agenda item 32

12 May 1994

Health conditions of the Arab populations in the occupied Arab territories, including Palestine

The Forty-seventh 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 at Madrid on 30 October 1991, on the basis of Security Council resolutions 242 (1967) of 22 November 1967 and 338 (1973) of 22 October 1973, and the subsequent bilateral negotiations;

Expressing the hope that the peace talks among 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 Israel and the Palestine Liberation Organization, which provides for the transfer of authority to the Palestinian people during the interim period and in particular the responsibility for health services;

Recognizing the need for increased support and health assistance to the Arab populations in the occupied 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;

Aware that health development is difficult under occupation and best promoted in circumstances of peace and stability;

Recognizing the need for providing support and health assistance to the Arab populations in the occupied territories including the occupied Golan;

Having considered the report of the Director-General regarding this item,¹

1. EXPRESSES the hope that the peace talks will lead to the establishment of a just, lasting and comprehensive peace in the Middle East so that the Palestinian people can be responsible for their health services and develop their health plans and projects in order to participate with the people of the world in the achievement of WHO's objective of health for all by the year 2000;

¹ Document A47/30.

2. **AFFIRMS** that the transfer of responsibility for health to the Palestinian people will lead to the development of their health system, thereby enabling them to meet their needs by managing their own affairs and supervising their health services;
3. **URGES** Member States, international intergovernmental and nongovernmental organizations and regional and interregional organizations to assist rapidly and generously in the health development of the Palestinian people in the West Bank and Gaza and to do so in close cooperation with the Palestine Liberation Organization;
4. **THANKS** the Director-General for his efforts, and requests him to:
 - (1) provide the required technical assistance for facilitating the transfer of responsibility for health to the Palestinian people in the interim period, especially in the following:
 - (a) the carrying out of a comprehensive survey in order to identify the basic health issues to be dealt with;
 - (b) the development of an appropriate health system;
 - (c) the establishment of a comprehensive health insurance scheme;
 - (d) the development and strengthening of programmes for environmental health and protection;
 - (2) take action and make the necessary contacts in order to provide the required funds from various existing and extrabudgetary sources of funding for meeting the urgent health needs of the Palestinian people during the transitional period;
 - (3) continue his efforts to implement the special health assistance programme, gearing it to the requirements of meeting the health needs of the Palestinian people, taking into consideration the development of the comprehensive health plan for the Palestinian people;
 - (4) strengthen the role of the organizational unit at WHO headquarters on the health of the Palestinian people, and to follow up the provision of health assistance in order to improve the health conditions of the Palestinian people;
 - (5) report to the Forty-eighth World Health Assembly on the topics of the health assistance to the populations covered by this resolution;
5. **EXPRESSES** its gratitude to all Member States and to international governmental and nongovernmental organizations and invites them to provide the necessary assistance to meet the health needs of the Palestinian people.

Fourteenth plenary meeting, 12 May 1994
A47/VR/14

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世界衛生大會 決議

قرار جمعية الصحة العالمية

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

FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.31

Agenda item 33

12 May 1994

Salaries for ungraded posts and the Director-General

The Forty-seventh 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\$ 125 677 per annum before staff assessment, resulting in a modified net salary of US\$ 82 586 (dependency rate) or US\$ 74 721 (single rate);
2. ESTABLISHES the salary for the post of Deputy Director-General at US\$ 138 759 per annum before staff assessment, resulting in a modified salary of US\$ 90 043 (dependency rate) or US\$ 80 922 (single rate);
3. ESTABLISHES the salary for the Director-General at US\$ 171 709 per annum before staff assessment, resulting in a modified net salary of US\$ 108 824 (dependency rate) or US\$ 96 540 (single rate);
4. DECIDES that these adjustments in remuneration shall come into effect on 1 March 1994.

Fourteenth plenary meeting, 12 May 1994
A47/VR/14

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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

FORTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA47.32

Agenda item 20

12 May 1994

Onchocerciasis control through ivermectin distribution

The Forty-seventh World Health Assembly,

Noting the report by the Director-General on onchocerciasis control through ivermectin distribution;¹

Aware of the threat to health posed by onchocerciasis in endemic countries in the African Region, the Region of the Americas and the Eastern Mediterranean Region in which some 18 million people suffer from the disease, including one million blind or severely visually disabled persons;

Recognizing with appreciation the success achieved by the Onchocerciasis Control Programme in West Africa, at present operating in 11 countries, with vector control and, in recent years, ivermectin distribution to selected populations;

Concerned that onchocerciasis is still a public health problem with serious socioeconomic consequences in the remaining endemic countries in the three regions concerned;

Appreciating that the disease can be brought under control through single annual doses of ivermectin, the drug provided free of charge by the manufacturer to countries where onchocerciasis is endemic;

Noting the recent initiatives for the control of onchocerciasis in the Americas, and the creation of an international nongovernmental organizations coordination group for ivermectin distribution, collaborating with WHO,

1. REQUESTS the Member States concerned:

- (1) to prepare national plans, if they do not already exist, for the control of onchocerciasis through vector control, where applicable, and the regular distribution of ivermectin to populations in need;
- (2) to take advantage of ivermectin distribution to strengthen primary health care, including appropriate health and public information;
- (3) to consider setting up mechanisms for collaboration with nongovernmental or other organizations through national coordinators, national committees or similar bodies, for support to, and coordination of, ivermectin distribution schemes;

¹ Document EB93/46.

(4) to make full use of the existing application procedure for obtaining ivermectin for public health purposes free of charge from the manufacturer;

2. REQUESTS the Director-General:

(1) to pursue actively the initiatives taken for onchocerciasis control through ivermectin distribution, in consultation with collaborating nongovernmental and other organizations and interested institutions;

(2) to develop further and disseminate rapid epidemiological methods for assessment and mapping of onchocerciasis in the remaining countries where it is endemic;

(3) to determine the most appropriate sustainable modalities of delivery, including evaluation of the cost effectiveness in relation to vector control;

(4) to ensure technical cooperation with those countries for the development of national plans for onchocerciasis control;

(5) to promote further and coordinate potential support for ivermectin distribution to combat onchocerciasis with other specialized agencies and bodies of the United Nations system, such as UNICEF and the World Bank;

(6) to report back to the Executive Board and the Health Assembly on further progress made, as appropriate.

Fourteenth plenary meeting, 12 May 1994
A47/VR/14

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CSP24/25 (Eng.)
ANNEX II

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



**World Health Organization
Organisation mondiale de la Santé**

FORTY-SEVENTH WORLD HEALTH ASSEMBLY

Provisional agenda item 26.3

A47/21
2 May 1994

**Status of collection of assessed contributions
and status of advances to the Working Capital Fund**

Report by the Director-General

This report is presented to update the Director-General's report on the same subject to the ninety-third session of the Executive Board in January 1994 and to assist the Health Assembly in reviewing the financial position of the Organization.

1. The attached statement shows the status of collection of assessed contributions and the status of advances to the Working Capital Fund as at 30 April 1994. As required by resolution WHA16.20, the Director-General is submitting a separate report concerning those Members subject to the provisions of paragraph 2 of resolution WHA8.13, referring to the possible suspension of the voting rights of Members.

COLLECTION OF CONTRIBUTIONS, 1994 ASSESSMENTS (part 2, pages 2, 3 and 4 of the attached statement)

2. Collections of contributions payable in 1994 in respect of the effective working budget amount to US\$ 131 072 271, or 32.3% of the assessments on the Members concerned, as compared with 41.67% at the same time in 1993 and 45.67% in 1992.

STATUS OF ADVANCES TO THE WORKING CAPITAL FUND (part 3, pages 5 and 6)

3. Part 3, on pages 5 and 6 of the attached statement, shows the status of advances to the Working Capital Fund. With the exception of South Africa and Ukraine, all Members have paid their advances to the Working Capital Fund in full.

ARREARS OF CONTRIBUTIONS

4. On 1 January 1994 total arrears of contributions due for years prior to 1994 from Members actively participating in the work of the Organization amounted to US\$ 121 708 668. Payments received since that date amount to US\$ 17 088 321, reducing such arrears to US\$ 104 620 347 at 30 April 1994. The corresponding figure at 30 April 1993 was US\$ 106 491 904.

Contributions for which the Health Assembly authorized special arrangements (part 4, page 7)

4.1 This part of the report shows the status of the instalment payments due from certain Members under the provisions of resolutions WHA33.7, WHA37.6, WHA39.16 and WHA45.23 in the amount of US\$ 5 624 300.

Contributions due from other Members in respect of the effective working budget and unbudgeted assessments (part 5, page 8)

4.2 This part of the report shows other arrears of contributions due from Members in respect of the effective working budget for years prior to 1994 in the amount of US\$ 94 409 512, and the unbudgeted assessment of one formerly inactive Member in the amount of US\$ 4 586 535.

Contributions included in the Undistributed Reserve (part 6, page 9)

4.3 Part 6 of the report shows the unpaid contributions included in the Undistributed Reserve for the years prior to 1994.

MATTERS FOR THE PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY

5. The Health Assembly may wish to consider for possible adoption the text of the resolution recommended by the Executive Board in its resolution EB93.R14.¹

¹ Document EB93/1994/REC/1, p. 18.



STATEMENT SHOWING THE STATUS OF COLLECTION OF ANNUAL CONTRIBUTIONS
AND OF ADVANCES TO THE WORKING CAPITAL FUND AS AT 30 APRIL 1994

(Expressed in US dollars)

TABLEAUX INDIQUANT L'ETAT DU RECOUVREMENT DES CONTRIBUTIONS ANNUELLES
ET DES AVANCES AU FONDS DE ROULEMENT A LA DATE DU 30 AVRIL 1994

(En dollars des Etats-Unis)

1. SUMMARY

As of 30 April 1994, the rate of collection of contributions in respect of the effective working budget is lower than in 1993. Out of a total amount of \$ 405 782 500, \$ 131 072 271 or 32.3% has been collected, as compared to 41.67% in 1993. Whereas 52 Members had paid their contributions in full and 19 Members in part, 116 Members had not yet paid any part of their assessment.

1. RESUME

Au 30 avril 1994, le taux de recouvrement des contributions au budget effectif est moins élevé qu'en 1993. Pour un total de \$ 405 782 500 mis en recouvrement les encaissements atteignent \$ 131 072 271 soit 32.3% contre 41.67% en 1993. Alors que 52 Membres ont versé leur contribution en totalité et 19 en partie, 116 Membres n'ont encore fait aucun versement.

Payments may be made as follows:

Les sommes en cause peuvent être payées:

- (1) in US dollars to: or (2) in Swiss francs to:
en dollars des Etats-Unis à: ou en francs suisses à:

World Health Organization
Account No.1 ABA No.021080083
The Federal Reserve Bank of New York
33 Liberty Street
New York, N.Y. 10045
United States Of America

Organisation mondiale de la Santé
Compte No.44032-8-32
Banque Nationale Suisse
8022 Zurich
Suisse

or (3) partly in US dollars as in (1) above, and partly in Swiss francs
as in (2) above.

ou *en partie en dollars des Etats-Unis comme en (1) ci-dessus, et
en partie en francs suisses comme en (2) ci-dessus.*

2. STATUS OF COLLECTION OF CONTRIBUTIONS IN RESPECT
OF THE 1994 ASSESSMENTS

2. ETAT DU RECOUVREMENT DES CONTRIBUTIONS FIXEES POUR 1994

Members and Associate Members	Assessments Sommes fixeés (US\$)	Cash receipts and credits given Encaissements et credits bonifiés (US\$)	Balances due Sommes restant à payer (US\$)	Membres et Membres associés
I. Contributions in respect of the Effective Working Budget				I. Contributions relatives au Budget effectif
AFGHANISTAN	40,765	-	40,765	AFGHANISTAN
ALBANIA	40,430	40,340	90	ALBANIE
ALGERIA	648,305	648,305	-	ALGERIE
ANGOLA	40,355	-	40,355	ANGOLA
ANTIGUA AND BARBUDA	41,070	-	41,070	ANTIGUA-ET-BARBUDA
ARGENTINA	2,299,915	368,935	1,930,980	ARGENTINE
ARMENIA	533,910	-	533,910	ARMENIE
AUSTRALIA	5,916,825	5,916,825	-	AUSTRALIE
AUSTRIA	2,964,155	1,709,123	1,255,032	AUTRICHE
AZERBAIJAN	862,470	-	862,470	AZERBAIDJAN
BAHAMAS	82,140	82,140	-	BAHAMAS
BAHRAIN	120,730	120,730	-	BAHREIN
BANGLADESH	40,215	40,215	-	BANGLADESH
BARBADOS	39,960	-	39,960	BARBADE
BELARUS	1,927,420	-	1,927,420	BELARUS
BELGIUM	4,264,210	-	4,264,210	BELGIQUE
BELIZE	40,455	-	40,455	BELIZE
BENIN	40,485	-	40,485	BENIN
BHUTAN	40,115	40,115	-	BHOUTAN
BOLIVIA	40,535	595	39,940	BOLIVIE
BOSNIA AND HERZEGOVINA	164,280	-	164,280	BOSNIE-HERZEGOVINE
BOTSWANA	39,980	-	39,980	BOTSWANA
BRAZIL	6,406,910	-	6,406,910	BRESIL
BRUNET DARUSSALAM	118,040	118,040	-	BRUNET DARUSSALAM
BULGARIA	523,355	123,500	399,855	BULGARIE
BURKINA FASO	40,880	-	40,880	BURKINA FASO
BURUNDI	41,070	-	41,070	BURUNDI
CAMBODIA	41,070	-	41,070	CAMBODGE
CAMEROON	40,690	-	40,690	CAMEROUN
CANADA	12,195,635	12,195,635	-	CANADA
CAPE VERDE	40,525	-	40,525	CAP-VERT
CENTRAL AFRICAN REPUBLIC	41,070	-	41,070	REPUBLIQUE CENTRAFRICAINE
CHAD	41,070	-	41,070	TCHAD
CHILE	328,560	-	328,560	CHILI
CHINA	3,033,905	3,033,905	-	CHINE
COLOMBIA	516,895	516,895	-	COLOMBIE
COMOROS	41,070	-	41,070	COMORES
CONGO	191,070	-	191,070	CONGO
COOK ISLANDS	40,470	-	40,470	ILES COOK
COSTA RICA	39,370	-	39,370	COSTA RICA
COTE D'IVOIRE	82,080	-	82,080	COTE D'IVOIRE
CROATIA	533,910	-	533,910	CROATIE
CUBA	369,630	-	369,630	CUBA
CYPRUS	79,755	79,755	-	CHYPRE
CZECH REPUBLIC	1,453,130	1,453,130	-	REPUBLIQUE TCHEQUE
DEMOCRATIC PEOPLE'S REP. OF KOREA	198,925	198,925	-	REP. POPULAIRE DEM. DE COREE
DENMARK	2,541,840	2,541,840	-	DANEMARK
DJIBOUTI	40,765	-	40,765	DJIBOUTI
DOMINICA	40,025	-	40,025	DOMINIQUE
DOMINICAN REPUBLIC	82,140	-	82,140	REPUBLIQUE DOMINICAINE
ECUADOR	123,210	-	123,210	EQUATEUR
EGYPT	283,040	-	283,040	EGYPTE
EL SALVADOR	41,070	-	41,070	EL SALVADOR
EQUATORIAL GUINEA	41,070	-	41,070	GUINEE EQUATORIALE
ESTONIA	287,490	-	287,490	ESTONIE
ETHIOPIA	39,860	39,860	-	ETHIOPIE
FIJI	39,915	39,915	-	FIDJI
FINLAND	2,236,420	2,236,420	-	FINLANDE
FRANCE	24,536,500	-	24,536,500	FRANCE
GABON	81,120	-	81,120	GABON
GAMBIA	41,065	-	41,065	GAMBIE
GEORGIA	862,470	-	862,470	GEORGIE
GERMANY	35,420,831	33,020,831	2,399,999	ALLEMAGNE
GHANA	40,575	-	40,575	GHANA
GREECE	1,351,300	1,000,001	351,299	GREECE
GRENADA	41,070	-	41,070	GRENADA
GUATEMALA	82,140	-	82,140	GUATEMALA
GUINEA	41,070	-	41,070	GUINEE
GUINEA-BISSAU	41,070	-	41,070	GUINEE-BISSAU
GUYANA	41,070	26,052	15,018	GUYANA
HAITI	41,070	-	41,070	HAITI
HONDURAS	41,070	-	41,070	HONDURAS
HUNGARY	715,450	715,450	-	HONGRIE
ICELAND	119,795	119,795	-	ISLANDE
INDIA	1,416,515	708,258	708,257	INDE
INDONESIA	640,410	640,410	-	INDONESIE
IRAQ (ISLAMIC REPUBLIC OF)	3,121,030	-	3,121,030	IRAQ (REPUBLIQUE ISLAMIQUE D')
IRAQ	533,910	-	533,910	IRAQ
IRELAND	726,370	726,370	-	IRLANDE
ISRAEL	889,530	500,000	389,530	ISRAEL
ITALY	16,889,020	12,249,474	4,639,546	ITALIE
JAMAICA	40,030	-	40,030	JAMAIQUE
JAPAN	48,987,070	-	48,987,070	JAPON
JORDAN	40,110	-	40,110	JORDANIE
KAZAKHSTAN	1,396,375	-	1,396,375	KAZAKHSTAN
KENYA	41,070	-	41,070	KENYA
KIRIBATI	39,935	-	39,935	KIRIBATI
KUWAIT	984,140	984,140	-	KOWEIT
KYRGYZSTAN	246,420	-	246,420	KIRGHIZISTAN
LAO PEOPLE'S DEMOCRATIC REPUBLIC	42,960	-	42,960	REP. DEMOCRATIQUE POPULAIRE LAO
LATVIA	533,910	-	533,910	LETTONIE
LEBANON	41,065	7,686	33,379	LIBAN
LESOTHO	40,430	11,972	28,458	LESOTHO
LIBERIA	41,070	-	41,070	LIBERIA
LIBYAN ARAB JAMAHIRIYA	944,605	-	944,605	JAMAHIRIYA ARABE LIBYENNE
LITHUANIA	616,050	-	616,050	LITUANIE
LUXEMBOURG	238,970	238,970	-	LUXEMBOURG
MADAGASCAR	40,435	-	40,435	MADAGASCAR
MALAWI	40,450	-	40,450	MALAWI
MALAYSIA	480,630	480,630	-	MALAISIE
MALDIVES	39,895	39,895	-	MALDIVES
MALI	40,365	-	40,365	MALI

2. STATUS OF COLLECTION OF CONTRIBUTIONS IN RESPECT OF THE 1994 ASSESSMENTS

2. ETAT DU RECOUVREMENT DES CONTRIBUTIONS FIXEES POUR 1994

Members and Associate Members	Assessments Sommes fixées (US\$)	Cash receipts and credits given Encaissements et crédits bonifiés (US\$)	Balances due Sommes restant à payer (US\$)	Membres et Membres associés
MALTA	39,795	39,795	-	MALTE
MARSHALL ISLANDS	40,470	-	40,470	ILES MARSHALL
MAURITANIA	41,070	-	41,070	MAURITANIE
MAURITIUS	39,890	39,890	-	MAURICE
MEXICO	3,524,610	-	3,524,610	MEXIQUE
MICRONESIA (FEDERATED STATES OF)	40,500	-	40,500	MICRONESIE (ETATS FEDERES DE)
MONACO	39,820	39,820	-	MONACO
MONGOLIA	39,915	39,915	-	MONGOLIE
MOROCCO	122,115	-	122,115	MAROC
MOZAMBIQUE	39,935	595	39,340	MOZAMBIQUE
MYANMAR	39,790	39,790	-	MYANMAR
NAMIBIA	39,935	39,935	-	NAMIBIE
NEPAL	39,855	-	39,855	NEPAL
NETHERLANDS	5,844,270	5,844,270	-	PAYS-BAS
NEW ZEALAND	914,735	914,735	-	NOUVELLE-ZELANDE
NICARAGUA	41,070	-	41,070	NICARAGUA
NIGER	41,070	-	41,070	NIGER
NIGERIA	819,230	-	819,230	NIGERIA
NORWAY	2,151,550	2,151,550	-	NORVEGE
OMAN	121,360	121,360	-	OMAN
PAKISTAN	245,975	-	245,975	PAKISTAN
PANAMA	82,140	-	82,140	PANAMA
PAPUA NEW GUINEA	41,045	-	41,045	PAPOUASIE-NOUVELLE-GUINEE
PARAGUAY	80,090	-	80,090	PARAGUAY
PERU	246,420	-	246,420	PEROU
PHILIPPINES	287,470	32,583	254,887	PHILIPPINES
POLAND	1,889,130	-	1,889,130	POLOGNE
PORTUGAL	817,595	-	817,595	PORTUGAL
PUERTO RICO	41,055	-	41,055	PORTO RICO
QATAR	205,350	-	205,350	QATAR
REPUBLIC OF KOREA	2,768,240	-	2,768,240	REPUBLIQUE DE COREE
REPUBLIC OF MOLDOVA	616,050	-	616,050	REPUBLIQUE DE MOLDOVA
ROMANIA	698,190	-	698,190	ROUMANIE
RUSSIAN FEDERATION	26,824,270	-	26,824,270	FEDERATION DE RUSSIE
RWANDA	40,515	-	40,515	RWANDA
SAINT KITTS AND NEVIS	39,960	-	39,960	SAINT-KITTS-ET-NEVIS
SAINT LUCIA	39,890	39,890	-	SAINTE-LUCIE
SAINT VINCENT AND THE GRENADINES	40,340	5,165	35,175	SAINT-VINCENT-ET-GRENADINES
SAMOA	40,310	-	40,310	SAMOA
SAN MARINO	39,855	39,855	-	SAINT-MARIN
SAO TOME AND PRINCIPE	39,970	39,970	-	SAO TOME-ET-PRINCIPE
SAUDI ARABIA	3,749,645	-	3,749,645	ARABIE SAOUDITE
SENEGAL	40,830	-	40,830	SENEGAL
SEYCHELLES	41,035	-	41,035	SEYCHELLES
SIERRA LEONE	41,070	-	41,070	SIERRA LEONE
SINGAPORE	480,890	-	480,890	SINGAPOUR
SLOVAKIA	726,565	726,565	-	SLOVAQUIE
SLOVENIA	369,630	369,630	-	SLOVENIE
SOLOMON ISLANDS	41,070	-	41,070	ILES SALOMON
SOMALIA	41,070	-	41,070	SOMALIE
SPAIN	7,784,740	7,784,740	-	ESPAGNE
SRI LANKA	40,060	40,060	-	SRI LANKA
SUDAN	40,480	40,480	-	SOUDAN
SURINAME	41,070	-	41,070	SURINAME
SHAZILAND	39,830	10,606	29,224	SHAZILAND
SMEDEN	4,322,835	4,322,835	-	SUEDE
SWITZERLAND	4,551,955	4,551,955	-	SUISSE
SYRIAN ARAB REPUBLIC	160,060	160,060	-	REPUBLIQUE ARABE SYRIENNE
TAJIKISTAN	205,350	-	205,350	TADJIKISTAN
THAILAND	438,595	438,595	-	THAILANDE
THE FORMER YUGOSLAV REP OF MACEDONIA	82,140	-	82,140	L'EX-REP YUGOSLAVE DE MACEDOINE
TOGO	40,380	-	40,380	TOGO
TOKELAU	41,010	-	41,010	TOKELAU
TONGA	39,775	39,775	-	TONGA
TRINIDAD AND TOBAGO	203,115	-	203,115	TRINITE-ET-TOBAGO
TUNISIA	120,875	-	120,875	TUNISIE
TURKEY	1,069,110	250,000	819,110	TURQUIE
TURKMENISTAN	246,420	-	246,420	TURKMENISTAN
TUVALU	41,070	27,380	13,690	TUVALU
UGANDA	41,555	-	41,555	UGANDA
UKRAINE	7,556,865	-	7,556,865	UKRAINE
UNITED ARAB EMIRATES	852,895	-	852,895	EMIRATS ARABES UNIS
UNITED KINGDOM	19,744,585	19,744,585	-	ROYAUME-UNI
UNITED REPUBLIC OF TANZANIA	37,810	-	37,810	REPUBLIQUE-UNIE DE TANZANIE
UNITED STATES OF AMERICA	104,319,920	-	104,319,920	ETATS-UNIS D'AMERIQUE
URUGUAY	159,850	-	159,850	URUGUAY
UZBEKISTAN	1,026,745	-	1,026,745	OUZBEKISTAN
VANUATU	40,515	-	40,515	VANUATU
VENEZUELA	1,923,220	-	1,923,220	VENEZUELA
VIET NAM	39,950	39,950	-	VIET NAM
YEMEN	61,070	-	61,070	YEMEN
YUGOSLAVIA	574,980	-	574,980	YUGOSLAVIE
ZAIRE	41,070	-	41,070	ZAIRE
ZAMBIA	40,500	40,500	-	ZAMBIE
ZIMBABWE	40,360	40,360	-	ZIMBABWE
Total: Contributions in respect of the Effective Working Budget	405,782,500	131,072,271 (32.30%)*	274,710,229	Total: Contributions relatives au Budget effectif

* of contributions to the Effective Working Budget - the comparable percentages for 1993 and 1992 are } 41.67% & 45.67%
des contributions au Budget effectif - les pourcentages comparables pour 1993 et 1992 sont

**2. STATUS OF COLLECTION OF CONTRIBUTIONS IN RESPECT
OF THE 1994 ASSESSMENTS (Concluded)**

2. ETAT DU RECOUVREMENT DES CONTRIBUTIONS FIXEES POUR 1994 (Fin)

Members and Associate Members	Assessments Sommes fixees (US\$)	Cash receipts and credits given Encassements et credits bonifies (US\$)	Balances due Sommes restant a payer (US\$)	Membres et Membres associes
Brought forward	405,782,500	131,072,271	274,710,229	Report
II. Contribution of new Member				II. Contribution du nouveaux Membre
Total: Contribution of new Member	0	-	0	Total: Contribution du nouveaux Membre
III. Undistributed Reserve				III. Reserve non repartie
SOUTH AFRICA	1,642,800	-	1,642,800	AFRIQUE DU SUD
Total: Undistributed Reserve	1,642,800	-	1,642,800	Total: Reserve non repartie
Grand total	407,425,300	131,072,271	276,353,029	Total general

Entrea became a Member in July 1993 but will not be listed in this statement until the establishment of its rate of assessment by the World Health Assembly in May 1994.

l'Erythree est devenue Membre de l'Organisation en juillet 1993. Elle ne figurera cependant sur cette liste que lorsque l'Assemblée mondiale de la Santé aura fixe son taux de contribution en mai 1994.

3. STATUS OF ADVANCES TO THE WORKING CAPITAL FUND

3. ETAT DES AVANCES AU FONDS DE ROULEMENT

Members and Associate Members	Assessments Sommes fixes	Amounts received Sommes reçues	Balances due Sommes restant à payer	Membres et Membres associés
	(US\$)	(US\$)	(US\$)	
I. Advances from Active Members				I. Avances des Membres actifs
AFGHANISTAN	510	510	-	AFGHANISTAN
ALBANIA	510	510	-	ALBANIE
ALGERIA	6,680	6,680	-	ALGERIE
ANGOLA	510	510	-	ANGOLA
ANTIGUA AND BARBUDA	510	510	-	ANTIGUA-ET-BARBUDA
ARGENTINA	35,950	35,950	-	ARGENTINE
ARMENIA	8,040	8,040	-	ARMENIE
AUSTRALIA	79,080	79,080	-	AUSTRALIE
AUSTRIA	38,000	38,000	-	AUTRICHE
AZERBAIJAN	13,780	13,780	-	AZERBAIDJAN
BAHAMAS	510	510	-	BAHAMAS
BAHRAIN	510	510	-	BAHREIN
BANGLADESH	1,540	1,540	-	BANGLADESH
BARBADOS	510	510	-	BARBADE
BELARUS	17,980	17,980	-	BELARUS
BELGIUM	64,700	64,700	-	BELGIQUE
BELIZE	510	510	-	BELIZE
BENIN	510	510	-	BENIN
BHUTAN	510	510	-	BHOUTAN
BOLIVIA	510	510	-	BOLIVIE
BOSNIA AND HERZEGOVINA	2,260	2,260	-	BOSNIE-HERZEGOVINE
BOTSWANA	510	510	-	BOTSWANA
BRAZIL	69,860	69,860	-	BRESIL
BRUNEI DARUSSALAM	1,540	1,540	-	BRUNEI DARUSSALAM
BULGARIA	9,250	9,250	-	BULGARIE
BURKINA FASO	510	510	-	BURKINA FASO
BURUNDI	510	510	-	BURUNDI
CAMBODIA	510	510	-	CAMBODGE
CAMEROON	510	510	-	CAMEROUN
CANADA	155,070	155,070	-	CANADA
CAPE VERDE	510	510	-	CAP-VERT
CENTRAL AFRICAN REPUBLIC	510	510	-	REPUBLIQUE CENTRAFRICAINE
CHAD	510	510	-	TCHAD
CHILE	3,600	3,600	-	CHILI
CHINA	44,160	44,160	-	CHINE
COLOMBIA	5,650	5,650	-	COLOMBIE
COMOROS	510	510	-	COMORES
CONGO	510	510	-	CONGO
COOK ISLANDS	510	510	-	ILES COOK
COSTA RICA	1,030	1,030	-	COSTA RICA
COTE D'IVOIRE	1,540	1,540	-	COTE D'IVOIRE
CROATIA	7,330	7,330	-	CROATIE
CUBA	4,630	4,630	-	CUBA
CYPRUS	510	510	-	CYPRE
CZECH REPUBLIC	25,350	25,350	-	REPUBLIQUE TCHEQUE
DEMOCRATIC PEOPLE'S REP. OF KOREA	2,570	2,570	-	REP. POPULAIRE DEM. DE COREE
DENMARK	38,000	38,000	-	DANEMARK
DJIBOUTI	510	510	-	DJIBOUTI
DOMINICA	510	510	-	DOMINIQUE
DOMINICAN REPUBLIC	1,540	1,540	-	REPUBLIQUE DOMINICAINE
ECUADOR	1,030	1,030	-	EQUATEUR
EGYPT	3,600	3,600	-	EGYPTE
EL SALVADOR	510	510	-	EL SALVADOR
EQUATORIAL GUINEA	510	510	-	GUINEE EQUATORIALE
ESTONIA	4,590	4,590	-	ESTONIE
ETHIOPIA	510	510	-	ETHIOPIE
FIJI	510	510	-	FIDJI
FINLAND	24,140	24,140	-	FINLANDE
FRANCE	328,120	328,120	-	FRANCE
GABON	1,030	1,030	-	GABON
GAMBIA	510	510	-	GAMBIE
GEORGIA	13,200	13,200	-	GEORGIE
GERMANY	500,140	500,140	-	ALLEMAGNE
GHANA	1,030	1,030	-	GHANA
GREECE	20,030	20,030	-	GREECE
GRENADA	510	510	-	GRENADE
GUATEMALA	1,030	1,030	-	GUATEMALA
GUINEA	510	510	-	GUINEE
GUINEA-BISSAU	510	510	-	GUINEE-BISSAU
GUYANA	510	510	-	GUYANA
HAITI	510	510	-	HAITI
HONDURAS	510	510	-	HONDURAS
HUNGARY	11,300	11,300	-	HONGRIE
ICELAND	1,540	1,540	-	ISLANDE
INDIA	17,980	17,980	-	INDE
INDONESIA	6,680	6,680	-	INDONESIE
IRAN (ISLAMIC REPUBLIC OF)	29,270	29,270	-	IRAN (REPUBLIQUE ISLAMIQUE D')
IRAQ	6,170	6,170	-	IRAQ
IRELAND	9,250	9,250	-	IRLANDE
ISRAEL	11,300	11,300	-	ISRAEL
ITALY	188,450	188,450	-	ITALIE
JAMAICA	1,030	1,030	-	JAMAIQUE
JAPAN	520,160	520,160	-	JAPON
JORDAN	510	510	-	JORDANIE
KAZAKHSTAN	21,810	21,810	-	KAZAKHSTAN
KENYA	510	510	-	KENYA
KIRIBATI	510	510	-	KIRIBATI
KUWAIT	12,330	12,330	-	KOWEIT
KYRGYZSTAN	3,440	3,440	-	KIRGHIZISTAN
LAO PEOPLE'S DEMOCRATIC REPUBLIC	510	510	-	REP. DEMOCRATIQUE POPULAIRE LAO
LATVIA	8,040	8,040	-	LETTONIE
LEBANON	1,030	1,030	-	LIBAN
LESOTHO	510	510	-	LESOTHO
LIBERIA	510	510	-	LIBERIA
LIBYAN ARAB JAMAHIRIYA	12,840	12,840	-	JAMAHIRIYA ARABE LIBYENNE
LITHUANIA	9,180	9,180	-	LITUANIE
LUXEMBOURG	3,080	3,080	-	LUXEMBOURG
MADAGASCAR	510	510	-	MADAGASCAR
MALAWI	510	510	-	MALAWI
MALAYSIA	4,630	4,630	-	MALAISIE
MALDIVES	510	510	-	MALDIVES
MALI	510	510	-	MALI

3. STATUS OF ADVANCES TO THE WORKING CAPITAL FUND (Concluded)

3. ETAT DES AVANCES AU FONDS DE ROULEMENT (Fin)

Members and Associate Members	Assessments Sommes fixes (US\$)	Amounts received Sommes reçues (US\$)	Balances due Sommes restant à payer (US\$)	Membres et Membres associés
MALTA	510	510	-	MALTE
MARSHALL ISLANDS	510	510	-	ILES MARSHALL
MAURITANIA	510	510	-	MAURITANIE
MAURITIUS	510	510	-	MAURICE
MEXICO	44,160	44,160	-	MEXIQUE
MICRONESIA (FEDERATED STATES OF)	510	510	-	MICRONESIE (ETATS FEDERES DE)
MONACO	510	510	-	MONACO
MONGOLIA	510	510	-	MONGOLIE
MOROCCO	2,570	2,570	-	MAROC
MOZAMBIQUE	510	510	-	MOZAMBIQUE
MYANMAR	510	510	-	MYANMAR
NAMIBIA	510	510	-	NAMIBIE
NEPAL	510	510	-	NEPAL
NETHERLANDS	89,860	89,860	-	PAYS-BAS
NEW ZEALAND	12,840	12,840	-	NOUVELLE-ZELANDE
NICARAGUA	510	510	-	NICARAGUA
NIGER	510	510	-	NIGER
NIGERIA	9,760	9,760	-	NIGERIA
NORWAY	25,680	25,680	-	NORVEGE
OMAN	510	510	-	OMAN
PAKISTAN	3,080	3,080	-	PAKISTAN
PANAMA	1,030	1,030	-	PANAMA
PAPUA NEW GUINEA	510	510	-	PAPOUASIE-NOUVELLE-GUINEE
PARAGUAY	510	510	-	PARAGUAY
PERU	3,600	3,600	-	PEROU
PHILIPPINES	4,630	4,630	-	PHILIPPINES
POLAND	36,460	36,460	-	POLOGNE
PORTUGAL	9,250	9,250	-	PORTUGAL
PORTO RICO	510	510	-	PORTO RICO
QATAR	1,560	1,560	-	QATAR
REPUBLIC OF KOREA	9,250	9,250	-	REPUBLIQUE DE COREE
REPUBLIC OF MOLDOVA	9,180	9,180	-	REPUBLIQUE DE MOLDOVA
ROMANIA	9,760	9,760	-	ROUMANIE
RUSSIAN FEDERATION	416,720	416,720	-	FEDERATION DE RUSSIE
RWANDA	510	510	-	RWANDA
SAINT KITTS AND NEVIS	510	510	-	SAINT-KITTS-ET-NEVIS
SAINT LUCIA	510	510	-	SAINTE-LUCIE
SAINT VINCENT AND THE GRENADINES	510	510	-	SAINT-VINCENT-ET-GRENADINES
SAMOA	510	510	-	SAMOA
SAN MARINO	510	510	-	SAINT-MARIN
SAO TOME AND PRINCIPE	510	510	-	SAO TOME-ET-PRINCIPE
SAUDI ARABIA	43,140	43,140	-	ARABIE SAOUDITE
SENEGAL	510	510	-	SENEGAL
SEYCHELLES	510	510	-	SEYCHELLES
SIERRA LEONE	510	510	-	SIERRA LEONE
SINGAPORE	4,630	4,630	-	SINGAPOUR
SLOVAKIA	12,670	12,670	-	SLOVAQUIE
SLOVENIA	5,070	5,070	-	SLOVENIE
SOLOMON ISLANDS	510	510	-	ILES SALOMON
SOMALIA	510	510	-	SOMALIE
SPAIN	97,050	97,050	-	ESPAGNE
SRI LANKA	510	510	-	SRI LANKA
SUDAN	510	510	-	SOU DAN
SURINAME	510	510	-	SURINAME
SWAZILAND	510	510	-	SWAZILAND
SWEDEN	66,240	66,240	-	SUEDE
SWITZERLAND	55,460	55,460	-	SUISSE
SYRIAN ARAB REPUBLIC	1,540	1,540	-	REPUBLIQUE ARABE SYRIENNE
TAJIKISTAN	3,440	3,440	-	TADJIKISTAN
THAILAND	4,110	4,110	-	THAILANDE
THE FORMER YUGOSLAV REP OF MACEDONIA	1,030	1,030	-	L'EX-REP YUGOSLAVE DE MACEDOINE
TOGO	510	510	-	TOGO
TOKELAU	510	510	-	TOKELAU
TONGA	510	510	-	TONGA
TRINIDAD AND TOBAGO	1,540	1,540	-	TRINITE-ET-TOBAGO
TUNISIA	1,560	1,560	-	TUNISIE
TURKEY	15,920	15,920	-	TURQUIE
TURKMENISTAN	3,450	3,450	-	TURKMENISTAN
TUVALU	510	510	-	TUVALU
UGANDA	510	510	-	UGANDA
UKRAINE	66,240	-	66,240	UKRAINE
UNITED ARAB EMIRATES	8,220	8,220	-	EMIRATS ARABES UNIS
UNITED KINGDOM	235,180	235,180	-	ROYAUME-UNI
UNITED REPUBLIC OF TANZANIA	510	510	-	REPUBLIQUE-UNIE DE TANZANIE
UNITED STATES OF AMERICA	1,283,700	1,283,700	-	ETATS-UNIS D'AMERIQUE
URUGUAY	2,060	2,060	-	URUGUAY
UZBEKISTAN	16,070	16,070	-	OUZBEKISTAN
VANUATU	510	510	-	VANUATU
VENEZUELA	27,730	27,730	-	VENEZUELA
VIET NAM	1,030	1,030	-	VIET NAM
YEMEN	1,020	1,020	-	YEMEN
YUGOSLAVIA	7,420	7,420	-	YUGOSLAVIE
ZAIRE	510	510	-	ZAIRE
ZAMBIA	510	510	-	ZAMBIE
ZIMBABWE	1,030	1,030	-	ZIMBABWE
Total I	5,117,320	5,051,080	66,240	Total I
II. Advance from inactive Member				II. Avance de Membre inactif
SOUTH AFRICA	20,540	20,460	80	AFRIQUE DU SUD
Total II	20,540	20,460	80	Total II
Grand total	5,137,860	5,071,540 (98.71%)*	66,320	Total general

*of advances from all Members and Associate Members.
des avances de tous les Membres et Membres associés.

4. OUTSTANDING CONTRIBUTIONS RELATING TO THE EFFECTIVE WORKING BUDGETS OF YEARS PRIOR TO 1994 FOR WHICH THE WORLD HEALTH ASSEMBLY AUTHORIZED SPECIAL ARRANGEMENTS

4. CONTRIBUTIONS DUES AU TITRE DU BUDGET EFFECTIF D'EXERCICES ANTERIEURS A 1994 POUR LESQUELLES L'ASSEMBLEE MONDIALE DE LA SANTE A AUTORISE DES ARRANGEMENTS SPECIAUX

Members and Associate Members	Year in which instalments are payable Annee au cours de laquelle les acomptes sont dus	Outstanding instalments payable in respect of consolidated arrears of contributions as of 1.1.1994 Acomptes restant a verser au titre des contributions arrierees consolidees au 1.1.1994 (US\$)	Payments received in 1994 Versements reçus en 1994 (US\$)	Balance of instalments payable Solde des acomptes à verser (US\$)	Membres et Membres associés
BELARUS arrangements in accordance with resolution WHA45.23	1997/06	908,361	-	908,361	BELARUS arrangements conformément à la résolution WHA45.23
Total		908,361	-	908,361	Total
CHAD arrangements in accordance with resolution WHA37.6	1990 1991 1992 1993 1994	11,177 11,177 11,177 11,177 11,177	- - - - -	11,177 11,177 11,177 11,177 11,177	TCHAD arrangements conformément à la résolution WHA37.6
Total		55,885	-	55,885	Total
DOMINICAN REPUBLIC arrangements in accordance with resolution WHA33.7	1985 1986 1987 1988 1989	14,048 25,683 25,683 25,683 25,682	- - - - -	14,048 25,683 25,683 25,683 25,682	REPUBLIQUE DOMINICAINE arrangements conformément à la résolution WHA33.7
Total		116,779	-	116,779	Total
ROMANIA arrangements in accordance with resolution WHA39.16	1991 1992 1993 1994 1995/96	222,958 222,958 222,958 222,958 445,916	222,958 - - - -	- 222,958 222,958 222,958 445,916	ROUMANIE arrangements conformément à la résolution WHA39.16
Total		1,337,748	222,958	1,114,790	Total
UKRAINE arrangements in accordance with resolution WHA45.23	1997/06	3,428,485	-	3,428,485	UKRAINE arrangements conformément à la résolution WHA45.23
Total		3,428,485	-	3,428,485	Total
Grand total		5,847,258	222,958	5,624,300	Total général

5. OTHER OUTSTANDING CONTRIBUTIONS RELATING TO:
 A) THE EFFECTIVE WORKING BUDGETS OF YEARS PRIOR TO 1994, AND
 B) UNBUDGETED ASSESSMENTS

5. AUTRES SOMMES DUES AU TITRE
 A) DES CONTRIBUTIONS AU BUDGET EFFECTIF D'EXERCICES ANTERIEURS A 1994, ET
 B) DES CONTRIBUTIONS NON INSCRITES AU BUDGET

Members and Associate Members	Balances due - Sommes restant dues						Membres et Membres associes	
	1984-1989 (US\$)	1990 (US\$)	1991 (US\$)	1992 (US\$)	1993 (US\$)	Total (US\$)		
ANGOLA				30,494	33,870	64,364	ANGOLA	
ANTIGUA AND BARBUDA		28,484	31,055	37,290	36,695	133,524	ANTIGUA-ET-BARBUDA	
ARMENIA				186,440	513,710	700,150	ARMENIE	
AZERBAIJAN				107,720	880,650	988,370	AZERBAIDJAN	
BOSNIA AND HERZEGOVINA				16,570	146,770	163,340	BOSNIE-HERZEGOVINE	
BRAZIL					5,479,963	5,479,963	BRESIL	
BURKINA FASO			21,743	37,185	36,590	95,518	BURKINA FASO	
BURUNDI	14,754	31,055	31,055	37,290	36,695	150,849	BURUNDI	
CAMBODIA	101,904	31,055	31,055	37,290	36,695	237,999	CAMBODGE	
CAMEROON				28,035	35,215	63,250	CAMEROUN	
CENTRAL AFRICAN REPUBLIC			921	37,110	36,515	74,546	REPUBLIQUE CENTRAFRICAINE	
CHAD		5,724	31,055	37,290	36,695	110,764	TCHAD	
CHILE					290,000	290,000	CHILI	
COMOROS	136,119	31,055	31,055	37,290	36,695	272,214	COMORES	
CONGO	90,136	227,055	227,055	266,290	265,695	1,076,231	CONGO	
COSTA RICA					12,731	12,731	COSTA RICA	
CROATIA					477,020	477,020	CROATIE	
CUBA				307,317	314,745	622,062	CUBA	
DJIBOUTI				15,873	35,805	51,678	DJIBOUTI	
DOMINICA					32,758	32,758	DOMINIQUE	
DOMINICAN REPUBLIC	320,730	93,170	93,170	111,865	73,385	692,320	REPUBLIQUE DOMINICAINE	
ECUADOR				60,541	110,080	170,621	EQUATEUR	
EL SALVADOR					36,695	36,695	EL SALVADOR	
EQUATORIAL GUINEA	76,281	31,055	31,055	37,290	36,695	212,376	GUINEE EQUATORIALE	
ESTONIA					220,160	220,160	ESTONIE	
GABON				13,057	73,385	86,442	GABON	
GAMBIA					14,235	14,235	GAMBIE	
GEORGIA				298,310	843,950	1,142,260	GEORGIE	
GRENADA					28,952	28,952	GRENADA	
GUATEMALA			62,107	74,575	73,385	210,067	GUATEMALA	
GUINEA				16,047	35,320	51,367	GUINEE	
GUINEA-BISSAU		20,268	31,055	37,290	36,695	125,308	GUINEE-BISSAU	
HAITI			31,055	35,670	35,075	101,800	HAITI	
HONDURAS				9,314	36,695	46,009	HONDURAS	
IRAN (ISLAMIC REPUBLIC OF)					2,755,235	2,755,235	IRAN (REPUBLIQUE ISLAMIQUE D')	
IRAQ	515,677	372,675	372,675	447,465	477,015	2,185,507	IRAQ	
KAZAKHSTAN				165,730	1,394,360	1,560,090	KAZAKHSTAN	
KENYA					11,853	36,695	48,548	KENYA
KIRIBATI					34,025	34,025	KIRIBATI	
KYRGYZSTAN				74,580	220,160	294,740	KIRGHIZISTAN	
LATVIA					531,890	531,890	LETONIE	
LIBERIA	55,272	31,055	31,055	37,290	36,695	191,367	LIBERIA	
LIBYAN ARAB JAMAHIRIYA					854,051	854,051	JAMAHIRIYA ARABE LIBYENNE	
LITHUANIA				492,570	587,100	1,079,670	LITUANIE	
MADAGASCAR					1,675	1,675	MADAGASCAR	
MALI					33,027	33,027	MALI	
MARSHALL ISLANDS					36	36	ILES MARSHALL	
MAURITANIA					36,108	36,108	MAURITANIE	
NIGER		14,706	31,055	37,290	36,695	119,746	NIGER	
NIGERIA				232,862	710,720	943,582	NIGERIA	
PAKISTAN					23,682	23,682	PAKISTAN	
PANAMA				35,460	75,385	108,845	PANAMA	
PERU				173,730	220,160	393,890	PEROU	
POLAND					1,313,266	1,313,266	POLOGNE	
REPUBLIC OF MOLDOVA				211,300	587,100	798,400	REPUBLIQUE DE MOLDOVA	
ROMANIA				708,272	623,790	1,332,062	ROUMANIE	
RUSSIAN FEDERATION				14,551,460	26,030,960	40,582,420	FEDERATION DE RUSSIE	
RWANDA					34,145	34,145	RWANDA	
SENEGAL			19,463	36,150	35,555	91,168	SENEGAL	
SEYCHELLES				11,040	34,225	45,265	SEYCHELLES	
SOLOMON ISLANDS					36,695	36,695	ILES SALOMON	
SOMALIA	28,158	31,055	31,055	37,290	36,695	164,253	SOMALIE	
SURINAME					37,290	37,290	SURINAME	
TAJIKISTAN				74,580	220,160	294,740	TADJIKISTAN	
TOGO					35,500	68,958	TOGO	
TRINIDAD AND TOBAGO					114,969	114,969	TRINITE-ET-TOBAGO	
TURKMENISTAN				24,860	220,160	245,020	TURKMENISTAN	
UKRAINE					4,256,450	4,256,450	UKRAINE	
UNITED STATES OF AMERICA					12,956,949	12,956,949	ETATS-UNIS D'AMERIQUE	
URUGUAY					146,775	146,775	URUGUAY	
UZBEKISTAN				372,890	1,027,420	1,400,310	OUZBEKISTAN	
VENEZUELA					1,323,463	1,323,463	VENEZUELA	
YEMEN			49,475	57,860	57,265	164,600	YEMEN	
YUGOSLAVIA			1,097,530	1,339,660	478,022	2,915,212	YOUGOSLAVIE	
ZAIRE			31,055	37,290	36,695	105,040	ZAIRE	
Total A	1,339,031	948,412	2,316,799	21,687,563	68,117,707	94,409,512	Total A	
UKRAINE				4,586,535		4,586,535	UKRAINE	
Total B				4,586,535		4,586,535	Total B	
Grand total	1,339,031	948,412	2,316,799	26,274,098	68,117,707	98,996,047	Total general	

6. UNPAID CONTRIBUTIONS INCLUDED IN THE UNDISTRIBUTED RESERVE FOR
YEARS PRIOR TO 1994
6. CONTRIBUTIONS IMPAYEES COMPRISES DANS LA RESERVE NON REPARTIE
POUR LES ANNEES ANTERIEURES A 1994

Member	Balances due - Sommes restant à payer						Membre	
	1966/88 (US\$)	1989 (US\$)	1990 (US\$)	1991 (US\$)	1992 (US\$)	1993 (US\$)		Total (US\$)
SOUTH AFRICA	15,292,415	1,211,280	1,366,475	1,366,475	1,640,715	1,467,700	22,345,060	AFRIQUE DU SUD
	15,292,415	1,211,280	1,366,475	1,366,475	1,640,715	1,467,700	22,345,060	