

directing council



PAN AMERICAN
HEALTH
ORGANIZATION

XXV Meeting

regional committee

WORLD
HEALTH
ORGANIZATION

XXIX Meeting



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INDEXED

Provisional Agenda Item 18

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RESOLUTIONS OF THE THIRTIETH WORLD HEALTH ASSEMBLY AND OF THE SIXTIETH SESSION
OF THE EXECUTIVE BOARD OF INTEREST TO THE REGIONAL COMMITTEE

The Director of the Pan American Sanitary Bureau submitted to the attention of the Executive Committee at its 78th Meeting the following resolutions (annexed) approved by the Thirtieth World Health Assembly and the Executive Board of WHO at its sixtieth session:

- WHA30.2 Seventy-fifth Anniversary of the Pan American Health Organization
- WHA30.5 Method of Establishment of the WHO Scale of Assessment
- WHA30.10 Reimbursement of Travelling Expenses and Payment of Per Diem for Members of the Executive Board
- WHA30.11 Reimbursement of Travelling Expenses for Attendance at the World Health Assembly
- WHA30.12 Members in Arrears in the Payment of their Contributions to an Extent which May Invoke the Provisions of Article 7 of the Constitution
- WHA30.14 Scale of Assessment for 1978
- WHA30.17 Future Organizational Study by the Executive Board
- WHA30.20 Biennial Programme Budget - Introduction of Biennial Budget Cycle
- WHA30.21 Biennial Programme Budget - Amendments to the Financial Regulations
- WHA30.22 Biennial Programme Budget - Amendments to the Rules of Procedure of the Health Assembly

- WHA30.23 Development of Programme Budgeting and Management of WHO's Resources at Country Level
- WHA30.30 Programme Budget Policy
- WHA30.31 Appropriation Resolution for the Financial Year 1978
- WHA30.33 Coordination within the United Nations System - General Matters
- WHA30.39 Système International D'Unites - Use of SI Units in Medicine
- WHA30.40 Development and Coordination of Biomedical and Health Services Research
- WHA30.42 Special Programme for Research and Training in Tropical Diseases
- WHA30.43 Technical Cooperation
- WHA30.46 Information Systems and Services
- WHA30.48 The Role of Nursing/Midwifery Personnel in Primary Health Care Teams
- WHA30.49 Promotion and Development of Training and Research in Traditional Medicine
- WHA30.50 Method of Work of the Health Assembly and of the Executive Board
- WHA30.51 The Role of the Health Sector in the Development of National and International Food and Nutrition Policies and Plans
- WHA30.53 Expanded Programme on Immunization
- WHA30.54 Regional Production of Vaccines for Expanded Programme on Immunization
- EB60.R4 Technical Cooperation Among Developing Countries

The Executive Committee, after hearing the presentation of the Director on the subject, approved the following resolution:

THE EXECUTIVE COMMITTEE,

Having examined Document CE78/10 containing resolutions of the Thirtieth World Health Assembly and of the sixtieth session of the Executive Board; and

Having taken note of the information provided by the Director concerning the activities being carried out in the various fields,

RESOLVES:

1. To take note of the resolutions of the Thirtieth World Health Assembly and of the sixtieth session of the Executive Board contained in Document CE78/10.
2. To transmit these resolutions to the Directing Council at its XXV Meeting for information and any action the Council deems appropriate.

Annex

THIRTIETH WORLD HEALTH ASSEMBLY

WHA30.2

10 May 1977

SEVENTY-FIFTH ANNIVERSARY OF THE PAN AMERICAN HEALTH ORGANIZATION

The Thirtieth World Health Assembly,

Considering that 2 December 1977 will mark the seventy-fifth anniversary of the foundation of the Pan American Health Organization, the oldest intergovernmental public health organization in the world;

Considering that the Pan American Health Organization is the regional organization for the Americas of the World Health Organization;

Bearing in mind resolution XXX of the XXIV Meeting of the Directing Council of the Pan American Health Organization/XXVIII Meeting of the Regional Committee for the Americas of the World Health Organization;

RESOLVES

- (1) to congratulate all the Member Governments of the Pan American Health Organization on the occasion of the seventy-fifth anniversary of the Pan American Health Organization;
- (2) to congratulate the Pan American Health Organization on this special occasion for its accomplishments as part of the World Health Organization;
- (3) to urge Member Governments of both the Pan American Health Organization and the World Health Organization to recognize this special event in the life of the Pan American Health Organization.

Eighth plenary meeting, 10 May 1977
A30/VR/8

10 May 1977

METHOD OF ESTABLISHMENT OF
THE WHO SCALE OF ASSESSMENT

The Thirtieth World Health Assembly,

Having considered the recommendations of the Executive Board on the method of establishment of the WHO scale of assessment;

Recalling resolutions WHA8.5, WHA24.12 and WHA26.21;

Noting resolution 3228 (XXIX) adopted by the United Nations General Assembly at its twenty-ninth session;

DECIDES to abolish the per capita ceiling principle in the formulation and establishment of rates of assessment, commencing with the WHO scale of assessment for 1978.

Eighth plenary meeting, 10 May 1977
A30/VR/8

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10 May 1977

REIMBURSEMENT OF TRAVELLING EXPENSES AND PAYMENT
OF PER DIEM FOR MEMBERS OF THE EXECUTIVE BOARD

The Thirtieth World Health Assembly,

Noting the discussions in the Executive Board at its fifty-ninth session with regard to travel and per diem payments for members of the Executive Board;

Recalling resolutions WHA22.5 and WHA28.38;

1. DECIDES that, with effect from 1 January 1978, members of the Executive Board be reimbursed for their actual travelling expenses between their normal residence and the place of the meeting of the Executive Board, or its committees, the maximum reimbursement to be restricted to the equivalent of one economy/tourist return air ticket from the capital city of the Member to the place of the meeting, except that reimbursement of actual travel expenses for the Chairman of the Board will continue to be on the basis of a first-class air ticket;
2. DECIDES that per diem payments to members of the Executive Board will, in addition to covering periods of necessary travel to and from the place of the meeting and attendance at the place of the meeting, include an additional day's per diem for those members who arrive at least one full day before the opening of the meeting and up to two additional days' per diem for those members for whom the scheduled flight time to the place of the meeting exceeds eight hours and who make a stop-over during travel or arrive at least two full days before the opening of the meeting.

Eighth plenary meeting, 10 May 1977
A30/VR/8

10 May 1977

REIMBURSEMENT OF TRAVELLING EXPENSES
FOR ATTENDANCE AT THE WORLD HEALTH ASSEMBLY

The Thirtieth World Health Assembly,

Noting the discussions in the Executive Board at its fifty-ninth session with regard to travel expenses for attendance at the Health Assembly;

Recalling resolution WHA28.38,

DECIDES that, with effect from 1 January 1978, each Member and Associate Member be reimbursed the actual travelling expenses of one delegate or representative only, the maximum reimbursement to be restricted to the equivalent of one economy/tourist return air ticket from the capital city of the Member to the place of the session; this provision shall be applied to other representatives entitled to reimbursement of travel expenses for attendance at the Health Assembly.

Eighth plenary meeting, 10 May 1977
A30/VR/8

10 May 1977

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

The Thirtieth World Health Assembly,

Having considered the report of the Ad Hoc Committee of the Executive Board on Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution;

Having noted that Bolivia, Chad, Democratic Kampuchea, the Dominican Republic and Grenada are in arrears to such an extent that it is necessary for the Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended;

Noting the payments now in progress from Bolivia;

Noting further that Chad and Grenada have made payments in 1976 since the last World Health Assembly;

Recognizing the efforts made by these three countries to liquidate their arrears; and

Noting that the Dominican Republic has made no payment to the Organization in respect of its assessed contributions since August 1975, and that as a result the Dominican Republic is in arrears for the balance of its 1972 contribution and its full contributions for the years 1973 to 1976, and as well for annual instalments for the years 1972 to 1975 in respect of consolidated arrears of contributions for the period 1965 to 1970,

1. DECIDES not to suspend the voting privileges of Bolivia, Chad, Democratic Kampuchea and Grenada at the Thirtieth World Health Assembly;
2. URGES all these Members to intensify the efforts now being made in order to achieve regularization of their position at the earliest possible date;
3. DECIDES to suspend the voting privileges of the Dominican Republic at the Thirtieth World Health Assembly;
4. URGES the Dominican Republic to regularize its position at an early date and to implement arrangements for settlement of its arrears as accepted by the Twenty-fifth World Health Assembly, thus enabling the Dominican Republic to resume its full participation in the work of the World Health Assembly; and
5. REQUESTS the Director-General to communicate this resolution to the Members concerned.

10 May 1977

SCALE OF ASSESSMENT FOR 1978

The Thirtieth World Health Assembly,

1. DECIDES that the scale of assessment for 1978 shall, subject to the provisions of paragraph 2 below, be as follows:

<u>Member</u>	<u>Scale</u> (percentage)
Afghanistan	0.02
Albania	0.02
Algeria	0.10
Angola	0.02
Argentina	0.81
Australia	1.48
Austria	0.61
Bahamas	0.02
Bahrain	0.02
Bangladesh	0.04
Barbados	0.02
Belgium	1.03
Benin	0.02
Bolivia	0.02
Botswana	0.02
Brazil	1.02
Bulgaria	0.13
Burma	0.02
Burundi	0.02
Byelorussian SSR	0.40
Canada	2.87
Cape Verde	0.02
Central African Empire	0.02
Chad	0.02
Chile	0.09
China	5.37
Colombia	0.11
Comoros	0.02
Congo	0.02
Costa Rica	0.02
Cuba	0.13
Cyprus	0.02
Czechoslovakia	0.85
Democratic Kampuchea	0.02
Democratic People's Republic of Korea	0.05
Democratic Yemen	0.02
Denmark	0.61
Dominican Republic	0.02
Ecuador	0.02

<u>Member</u>	<u>Scale</u> (percentage)
Egypt	0.08
El Salvador	0.02
Ethiopia	0.02
Fiji	0.02
Finland	0.41
France	5.53
Gabon	0.02
Gambia	0.02
German Democratic Republic	1.31
Germany, Federal Republic of	7.52
Ghana	0.02
Greece	0.38
Grenada	0.02
Guatemala	0.02
Guinea	0.02
Guinea-Bissau	0.02
Guyana	0.02
Haiti	0.02
Honduras	0.02
Hungary	0.34
Iceland	0.02
India	0.70
Indonesia	0.14
Iran	0.43
Iraq	0.10
Ireland	0.14
Israel	0.23
Italy	3.21
Ivory Coast	0.02
Jamaica	0.02
Japan	8.49
Jordan	0.02
Kenya	0.02
Kuwait	0.16
Lao People's Democratic Republic	0.02
Lebanon	0.03
Lesotho	0.02
Liberia	0.02
Libyan Arab Jamahiriya	0.17
Luxembourg	0.04
Madagascar	0.02
Malawi	0.02
Malaysia	0.09
Maldives	0.02
Mali	0.02
Malta	0.02
Mauritania	0.02
Mauritius	0.02
Mexico	0.76
Monaco	0.02
Mongolia	0.02
Morocco	0.05
Mozambique	0.02
Namibia	0.01
Nepal	0.02
Netherlands	1.33

<u>Member</u>	<u>Scale</u> (percentage)
New Zealand	0.28
Nicaragua	0.02
Niger	0.02
Nigeria	0.13
Norway	0.42
Oman	0.02
Pakistan	0.06
Panama	0.02
Papua New Guinea	0.02
Paraguay	0.02
Peru	0.06
Philippines	0.10
Poland	1.40
Portugal	0.20
Qatar	0.02
Republic of Korea	0.13
Romania	0.26
Rwanda	0.02
Samoa	0.02
Sao Tome and Principe	0.02
Saudi Arabia	0.24
Senegal	0.02
Sierra Leone	0.02
Singapore	0.08
Socialist Republic of Viet Nam	0.03
Somalia	0.02
South Africa	0.40
Southern Rhodesia	0.01
Spain	1.52
Sri Lanka	0.02
Sudan	0.02
Surinam	0.02
Swaziland	0.02
Sweden	1.16
Switzerland	0.94
Syrian Arab Republic	0.02
Thailand	0.10
Togo	0.02
Tonga	0.02
Trinidad and Tobago	0.02
Tunisia	0.02
Turkey	0.30
Uganda	0.02
Ukrainian SSR	1.50
Union of Soviet Socialist Republics	11.33
United Arab Emirates	0.08
United Kingdom of Great Britain and Northern Ireland	4.44
United Republic of Cameroon	0.02
United Republic of Tanzania	0.02
United States of America	25.00
Upper Volta	0.02
Uruguay	0.04
Venezuela	0.40
Yemen	0.02
Yugoslavia	0.38
Zaire	0.02
Zambia	0.02

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

Eighth plenary meeting, 10 May 1977
A30/VR/8

12 May 1977

FUTURE ORGANIZATIONAL STUDY
BY THE EXECUTIVE BOARD

The Thirtieth World Health Assembly,

Having considered the recommendation of the Executive Board in resolution EB59.R34 on the subject of the next organizational study,

1. DECIDES that the next subject of study shall be "The role of WHO expert advisory panels and committees and collaborating centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of WHO";
2. REQUESTS the Executive Board to report to the Thirty-second World Health Assembly on the study.

Tenth plenary meeting, 12 May 1977
A30/VR/10

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12 May 1977

BIENNIAL PROGRAMME BUDGET

INTRODUCTION OF BIENNIAL BUDGET CYCLE

The Thirtieth World Health Assembly,

Having considered the report of the Director-General on the introduction of a biennial budget cycle as well as the recommendation of the Executive Board in resolution EB51.R51 that a programme and budget for a biennial period be introduced as soon as possible;

Noting that the necessary enabling amendments of Articles 34 and 55 of the Constitution, which were adopted by the Twenty-sixth World Health Assembly in resolution WHA26.37, came into force on 3 February 1977 upon acceptance by two-thirds of the Member States;

Confirming the desirability of introducing biennial budgeting as an integral part of biennial programming in WHO;

Considering that the first biennium for which biennial budgeting could become effective is the 1980-1981 biennium, until which time the transitional measures introduced in resolution WHA26.38 should remain in force;

1. DECIDES that the programme budget of WHO shall cover a two-year period beginning with the biennium 1980-1981 and shall be reviewed and approved by the Health Assembly on a two-year basis;
2. DECIDES that all prior resolutions and decisions of the Health Assembly shall be construed as conforming to this resolution.

Tenth plenary meeting, 12 May 1977
A30/VR/10

12 May 1977

BIENNIAL PROGRAMME BUDGET
AMENDMENTS TO THE FINANCIAL REGULATIONS

The Thirtieth World Health Assembly,

Recognizing the need to adapt the Financial Regulations to the decision taken in resolution WHA30.20 to adopt a biennial budget cycle in WHO;

Considering that the assessed contributions of Member States should be remitted in two annual parts at the beginning of each year of the biennium;

Considering further that the programme budget should provide consolidated budget estimates for the biennium and that interim accounts should be prepared for the first year of the biennium and final accounts should be prepared for the full biennium;

Having considered the amendments to the Financial Regulations proposed by the Director-General;

1. ADOPTS the amendments to the Financial Regulations as contained in Annex I¹ to the Director-General's report;
2. DECIDES that the amendments shall come into force insofar as shall be required to implement a biennial budget cycle for the biennium 1980-1981, and shall enter fully into force on 1 January 1980.

Tenth plenary meeting, 12 May 1977
A30/VR/10

¹ As revised by the Committee in respect of paragraph 9.2 of the Financial Regulations.

12 May 1977

BIENNIAL PROGRAMME BUDGET

AMENDMENTS TO THE RULES OF PROCEDURE
OF THE HEALTH ASSEMBLY

The Thirtieth World Health Assembly,

Recognizing the need to adapt the Rules of Procedure of the Health Assembly to the decision taken in resolution WHA30.20 to adopt a biennial budget cycle in WHO;

ADOPTS the following additions and amendments to the Rules of Procedure of the Health Assembly:

Introductory note: insert: "'Financial period' - to a period of two consecutive calendar years beginning with an even-numbered year."

Rule 5, paragraph (c): delete and replace by:

"any items pertaining to the budget for the next financial period and to reports on the accounts for the preceding year or period;"

Rule 97: in the opening phrase, delete the words "at each regular session";

in paragraph (a) replace "year" by "period";

in paragraph (b) replace "year" by "period";

in paragraph (c) delete the word "annual"; replace "the report of the auditor" by "reports of the auditor"; replace "year" by "year or period".

Tenth plenary meeting, 12 May 1977
A30/VR/10

12 May 1977

DEVELOPMENT OF PROGRAMME BUDGETING AND
MANAGEMENT OF WHO'S RESOURCES AT COUNTRY LEVEL

The Thirtieth World Health Assembly,

Recalling resolution WHA25.23, which adopted for WHO a form of programme budget presentation based on the principles of a programme-oriented approach to planning, budgeting and management;

Recognizing the desirability of extending the principles of such programme budgeting to the planning, development and presentation of technical cooperation programmes with governments and to the management of WHO's resources at country level;

Emphasizing the need for close collaboration between WHO and Member States in the development of well-defined country health programmes within which individual projects and activities can subsequently be planned in detail and implemented in relation to overall programme objectives and in close harmony with national health programme processes;

Recognizing the importance of effective planning, implementation, reporting, accounting and evaluation of individual projects which form the basis of programmes of the World Health Organization in accordance with the principles of programme budgeting;

Realizing also the problems of preparing in advance an accurate and realistic list of projects supported by the Organization during the biennial budget cycle, by the time that programme budget is approved;

Having considered the report of the Director-General on development of programme budgeting and management of WHO's resources at country level, along with the relevant resolutions of the regional committees, and the recommendations of the Executive Board thereon;

1. ADOPTS the programme budgeting procedures and the form of budget presentation outlined in the report, whereby:

(1) in the early stages of the programme budget process, WHO and national authorities will collaborate in identifying and developing priority programmes for cooperation, directed towards attaining national health goals defined in country health programmes, and expressed in terms of a general programme rather than in the form of individual projects or detailed activities;

(2) technical cooperation programme proposals will be presented in regional programme budgets in the form of narrative country programme statements, supported by budgetary tables in which the country planning figures are broken down by programme so as to facilitate a programme-oriented review by the respective regional committees; this information on country programmes will no longer be republished as an information annex to the Director-General's proposed programme budget, provided that such regional material is available to delegates to the Health Assembly and members of the Board in connexion with review and approval of the WHO programme budget;

(3) detailed plans of operation or work, and budgetary estimates for individual projects and activities planned within defined health programmes, will be developed at a later stage, closer to and as a part of programme implementation at country level;

(4) adequate information on the implementation and completion of programmes and projects as well as information on their progress, efficiency, and effectiveness, will be made available to the delegates to the Health Assembly and members of the Executive Board in the context of the evaluation system under incremental development in WHO;

2. REQUESTS the Director-General to put the new programme budgeting procedure into effect for the forthcoming programme budget cycle, and to introduce the corresponding form of budget presentation in the proposed programme budget for 1980 and 1981.

Tenth plenary meeting, 12 May 1977
A30/VR/10

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16 May 1977

PROGRAMME BUDGET POLICY

The Thirtieth World Health Assembly,

Recalling resolutions WHA28.75 and WHA28.76 on technical cooperation with developing countries, and in particular resolution WHA29.48, which requests the Director-General to reorient the working of the Organization with a view to ensuring that allocations of the regular programme budget reach the level of at least 60% in real terms towards technical cooperation and provision of services by 1980;

Stressing the critical role, for the achievement of the ultimate health objectives of WHO, of socially relevant technical cooperation programmes, directed towards defined national health goals, that further national self-reliance and contribute directly and significantly to the improvement of the health status of the populations served;

Emphasizing the need for Member States to collaborate to increase the effectiveness of technical cooperation and to make better use of WHO;

Having considered the report of the Director-General on policy and strategy for the development of technical cooperation¹ and the recommendations of the Executive Board thereon, and in particular new trends in programme development and implementation in WHO and the proposed reorientation of the programme budget for 1978-1979 as well as the implications for 1980-1981 and later years;

Noting the phased reduction of posts and of certain establishment and other costs, including the phasing out of projects that have outlived their utility, in order to make substantial resources available for new and expanded programmes of technical cooperation during 1978-1981;

1. APPROVES the programme budget strategy proposed by the Director-General to enhance the coordinating role of WHO and within that approach to reorient the work of the Organization towards increased, effective technical cooperation with and services to governments;
2. AFFIRMS that the proposed strategy provides a basis for full response to the programme budget policy directives of resolutions WHA28.75, WHA28.76 and WHA29.48;
3. REQUESTS the Executive Board to continue in its future reviews of programme budgets to pay special attention to the reorientation of programme budget policy necessary to give full effect to resolutions WHA28.75, WHA28.76 and WHA29.48;

¹ WHO Official Records, No. 238, 1977, Part II, Appendix 1, Annex I (p. 181).

² WHO Official Records, No. 238, 1977, Part II, Chapter I (p. 114).

4. REQUESTS the Director-General to continue to develop and orient all the activities of WHO towards increased social relevance and benefit to the populations served;

5. URGES Member States to collaborate and make full use of their Organization for the international promotion of increased, effective technical cooperation in the field of health.

Twelfth plenary meeting, 16 May 1977
A30/VR/12

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16 May 1977

APPROPRIATION RESOLUTION FOR THE FINANCIAL YEAR 1978¹

The Thirtieth World Health Assembly

RESOLVES to appropriate for the financial year 1978 an amount of US\$ 187 215 110 as follows:

A.

Appropriation section	Purpose of appropriation	Amount US\$
1.	Policy organs	3 056 900
2.	General management, coordination and development	17 118 285
3.	Development of comprehensive health services . .	24 527 839
4.	Health manpower development	20 873 990
5.	Disease prevention and control	36 235 524
6.	Promotion of environmental health	8 165 580
7.	Health information and literature	15 987 400
8.	General service and support programmes	20 800 800
9.	Support to regional programmes	18 233 682
	Effective working budget	165 000 000
10.	Transfer to Tax Equalization Fund	18 445 900
11.	Undistributed reserve	3 769 210
	Total	187 215 110

B. Amounts not exceeding the appropriations voted under paragraph A shall be made available for the payment of obligations incurred during the period 1 January to 31 December 1978, in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial year 1978 to sections 1-10.

¹

In accordance with Rule 72 of the Rules of Procedure, any decision on the amount of the effective working budget shall be made by a two-thirds majority of the Members present and voting.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made, this percentage being established in respect of section 2 exclusive of the provision made for the Director-General's and Regional Directors' Development Programme (\$ 8 516 000).

The Director-General is also authorized to apply amounts not exceeding the provision for the Director-General's and Regional Directors' Development Programme to those sections of the effective working budget under which the programme expenditure will be incurred. Any other transfers required shall be made in accordance with the provisions of Financial Regulation 4.5. All transfers between sections shall be reported to the Executive Board at its next session.

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

(i)	estimated reimbursement of programme support costs for activities financed from extrabudgetary funds	US\$ 2 600 000
(ii)	casual income in the amount of	US\$ 3 000 000
	Total	<u>US\$ 5 600 000</u>

thus resulting in assessments on Members of US\$ 181 615 110. In establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that require staff members of WHO to pay taxes on their WHO emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization.

Twelfth plenary meeting, 16 May 1977
A30/VR/12

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COORDINATION WITHIN THE UNITED NATIONS SYSTEM - GENERAL MATTERS

United Nations Water Conference

The Thirtieth World Health Assembly,

Having considered the report of the Director-General on the United Nations Water Conference;¹

Noting the recommendations made by that Conference, particularly with respect to community water supply and the priority given to the provision of safe water supply and sanitation for all by the year 1990; the priority areas for action within the framework of the Plan of Action formulated by the United Nations Water Conference; the actions to be undertaken at national level as well as through international cooperation; and the proposal that 1980-1990 be designated as the International Drinking Water Supply and Sanitation Decade;

Recalling resolutions WHA29.45, WHA29.46 and WHA29.47 concerning directly and indirectly the interests of WHO with respect to the provision of adequate and potable water and sanitary disposal of wastes;

Considering that previous mandates of the Organization, as stated most recently by the Twenty-ninth World Health Assembly in the resolutions referred to above, and the ongoing and planned programmes of WHO in the field of community water supply and sanitation enable the Organization, making maximum possible use of its national collaborating institutions, to play a leading role in implementing the relevant recommendations of the United Nations Water Conference, including the request to WHO to monitor the progress of Member States towards the attainment of safe water supply and sanitation for all by the year 1990, through technical cooperation with individual Member States and in cooperation with other concerned organizations, institutions and programmes of the United Nations system,

1. URGES Member States:

(a) to appraise as a matter of urgency the status of their community water supply, sanitation facilities and services and their control;

(b) to formulate within the context of national development policies and plans by 1980 programmes with the objectives of improving and extending those facilities and services to all people by 1990 with particular attention to specific elements such as:

(i) the elaboration of sector development policies and plans through comprehensive studies of the national water supply sector;

(ii) the development of alternative approaches and materials so as to suit best the particular conditions of the country;

(iii) the identification and preparation of investment projects;

¹ Document A30/28 Add.2 and Corr.1.

- (iv) the improvement of the operation and maintenance of facilities, including the surveillance of drinking water quality;
- (v) the assessment of water resources, and their conservation;
- (vi) the prevention of pollution of water resources and spread of disease resulting from water resources exploitation;
- (vii) the improvement of manpower and management capabilities;

(c) to implement the programmes formulated in the preparatory period 1977-1980 during the decade 1980-1990 recommended by the United Nations Water Conference to be designated as the International Drinking Water Supply and Sanitation Decade;

(d) to ensure that people consume water of good quality by periodic inspections of water sources and treatment and distribution facilities, by improving public education programmes in the hygiene of water and wastes, and by strengthening the role of health agencies in this respect;

2. REQUESTS the Director-General:

(a) to collaborate with Member States in the above-mentioned activities, including the provision of specialized staff upon the request of Member States, with immediate efforts to be made for a rapid assessment of ongoing programmes and the extent to which they could usefully be expanded to meet the objectives recommended by the United Nations Water Conference;

(b) to revise as appropriate the review being undertaken in accordance with resolution WHA29.47 operative paragraph 5 (4), with a view to meeting the terms of the recommendation of the United Nations Water Conference concerning country plans for water supply and sanitation, and as a major contribution to the preparations for the proposed International Drinking Water Supply and Sanitation Decade;

(c) to ensure WHO's fullest participation in implementing the Plan of Action formulated by the United Nations Water Conference and in the actions to be undertaken during the proposed International Drinking Water Supply and Sanitation Decade, in close collaboration with the concerned organizations of the United Nations system, other intergovernmental bodies, and nongovernmental organizations;

(d) to reinforce if necessary WHO's longstanding ability, making maximum possible use of its national collaborating institutions, to play a leading role in the field of community water supply and sanitation in cooperation with the other concerned organizations of the United Nations system;

(e) to strengthen collaboration with multilateral and bilateral agencies and other donors regarding the provision of resources to Member States in the development of their water supply and sanitation programmes;

(f) to study the future organizational, staffing, and budgetary implications for the Organization, and the role it should assume in the light of the recommendations of the United Nations Water Conference; and

(g) to report on developments occurring in the light of the present resolution to a future Health Assembly under a separate agenda item.

SYSTEME INTERNATIONAL D'UNITES
USE OF SI UNITS IN MEDICINE

The Thirtieth World Health Assembly,

Having considered the report of the Director-General submitted in accordance with resolution WHA29.65,¹

Noting the wide endorsement, by international scientific organizations, that has been given to the Système international d'Unités (SI) developed by the Conférence générale des Poids et Mesures, the intergovernmental body responsible for units of measurement,

Noting further that the change to the use of SI units in medicine has already taken place or is now under way in several countries,

Mindful nevertheless of the confusion that can arise if new units of measurement are introduced without adequate preparation,

1. RECOMMENDS the adoption of the SI by the entire scientific community, and particularly the medical community throughout the world;
2. RECOMMENDS that, to minimize any confusion due to the simultaneous use of more than one system of units, the period of transition to the new system should not be unduly prolonged;
3. RECOMMENDS that, in addition to the scale in kilopascals, the millimetre (or centimetre) of mercury and the centimetre of water be retained for the time being on the scales of instruments for the measurement of the pressure of body fluids, pending wider adoption of the use of the pascal in other fields;
4. RECOMMENDS that, in making the change, institutions, scientific associations, and the like secure the best available advice and information, and give their personnel or members a course of intensive instruction in the theory and application of the SI prior to the time when the change takes effect;
5. RECOMMENDS that all medical schools, and schools providing training in disciplines related to medicine, include courses on the theory and use of the SI in their curricula;
6. REQUESTS the Director-General to assist the change by preparing a succinct, simple, and authoritative account of the SI that could be made available to Member States, medical associations, and medical journals.

Thirteenth plenary meeting, 18 May 1977
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¹ Document A30/16.

DEVELOPMENT AND COORDINATION OF BIOMEDICAL AND
HEALTH SERVICES RESEARCH

The Thirtieth World Health Assembly,

Having considered the Director-General's report¹ on Development and Coordination of Biomedical and Health Services Research;

1. THANKS the Director-General for his report;
2. NOTES with satisfaction the orientation of WHO's research promoting and coordinating activities in conformity with the Sixth General Programme of Work;²
3. ENDORSES the research policy guidelines outlined by the Director-General, with particular attention to:
 - (a) the role of WHO in strengthening national research capabilities, promoting international cooperation, and ensuring the appropriate transfer of existing and new scientific knowledge to those who need it;
 - (b) the emphasis on greater regional involvement in research, with the active participation of regional Advisory Committees on Medical Research;
 - (c) the setting of research goals and priorities in the regions in response to the expressed needs of Member States;
 - (d) the concept of Special Programmes for Research and Training in major mission-oriented programmes of the Organization;
 - (e) the keeping of an appropriate balance between biomedical and health services research;
4. REAFFIRMS that effective biomedical and health services research activities aimed at the solution of major health problems of Member States, especially of developing countries, play an important role in technical cooperation between the World Health Organization and Member States;
5. CONFIRMS the need to strengthen further the research development and coordination mechanisms outlined by the Director-General with emphasis on:
 - (a) close coordination between the regional and the global Advisory Committees on Medical Research in the long-term planning and development of the WHO research programme;

¹ Document A30/9.

² Sixth General Programme of Work Covering a Specific Period (1978-1983) - WHO Official Records No. 233, 1976, Annex 7.

- (b) collaboration with Medical Research Councils or analogous national research bodies to ensure effective coordination of national, regional and global research programmes;
- (c) utilization of research promotion mechanisms, such as scientific working groups, to ensure broadly based participation of the scientific community in the planning, implementation and evaluation of WHO's research programmes;
- (d) increased technical cooperation with, and between, research institutions of Member countries to carry out collaborative research and training and improve communication between scientists;
- (e) developing and strengthening research into the more efficient deployment of resources within health care delivery systems, especially on a national and regional basis;
- (f) broadening the basis of advice and support for Health Services Research by extending the membership of the Advisory Committee on Medical Research and related Committees and the WHO Collaborating Centres to include social, management and other sciences;
- (g) increasing the number of Collaborating Centres in the field of health services research, and ensuring the strengthening of this research;
- (h) achieving a balanced geographical distribution for Collaborating Centres for biomedical and health services research;

6. REQUESTS the Director-General to further elaborate the WHO long-term programme in the field of development and coordination of biomedical and health services research, taking into account the suggestions of the Advisory Committee on Medical Research, of Regional Committees and Regional Advisory Committees on Medical Research, as well as the forecasts of developments in medical science and health practice in Member States, and to report his further proposals to the Executive Board and to the World Health Assembly.

Thirteenth plenary meeting, 18 May 1977
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**SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN
TROPICAL DISEASES**

The Thirtieth World Health Assembly,

Having considered the progress report¹ submitted by the Director-General, pursuant to resolution WHA29.71, on the Special Programme for Research and Training in Tropical Diseases;

Having further taken cognizance of the views expressed by the Executive Board on this Programme and of the recommendations made in resolution EB59.R31.

Considering that the most appropriate environment to conduct research and training activities is in the countries affected by the diseases in question;

Emphasizing again the need for national research and training institutions in every region to participate fully in the global networks of the collaborating centres of the Special Programme;

1. NOTES with satisfaction the progress made towards the establishment of the programme and in the development of its initial activities in cooperation with UNDP, the World Bank and the Member States;
2. EXPRESSES its appreciation of the generous contributions to the Special Programme made so far or pledged for the future;
3. URGES the Governments of Member States to (a) maximize their contributions and (b) on the other hand develop to the fullest possible extent national research and training institutions and facilities in support of the Programme;
4. REQUESTS the Director-General to identify and develop such institutions and facilities in countries of each region;
5. INVITES the Director-General:
 - (1) to use the budgetary provisions made for the 1978-1979 biennium according to priorities approved within the Special Programme;
 - (2) to use in the same way any budgetary provisions for the Special Programme which may be included in future programme budgets, starting with the 1980-1981 biennium;

¹ Document A30/11.

(3) to endeavour to ensure that contributions to the Special Programme originating from (a) a Tropical Diseases Research Fund which the World Bank has been requested to consider establishing and managing; (b) the WHO Voluntary Fund for Health Promotion; and (c) other agency funds such as the contributions made by the United Nations Development Programme, be made to the greatest extent possible without restrictions on the uses to which they may be put among the activities approved within the Programme;

6. FURTHER REQUESTS the Director-General to continue to report on the development of the Programme to the Executive Board and the World Health Assembly.

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TECHNICAL COOPERATION

The Thirtieth World Health Assembly,

Faced with the magnitude of health problems and the inadequate and intolerably inequitable distribution of health resources throughout the world today;

Considering that health is a basic human right and a world-wide social goal, and that it is essential to the satisfaction of basic human needs and the quality of life;

Reaffirming that the ultimate constitutional objective of the World Health Organization is the attainment by all peoples of the highest possible level of health;
and

Recalling resolutions WHA28.75, WHA28.76 and WHA29.48 on the principles governing technical cooperation with developing countries;

1. DECIDES that the main social target of governments and WHO in the coming decades should be the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;
2. CALLS UPON all countries urgently to collaborate in the achievement of this goal through the development of corresponding health policies and programmes at the national, regional and inter-regional level and the generation, mobilization and transfer of resources for health, so that they become more equitably distributed particularly among developing countries; and
3. REQUESTS the Executive Board and the Director-General to pursue the reorientation of the work of WHO for the development of technical cooperation and transfer of resources for health in accordance with one of the Organization's most important functions as the directing and coordinating authority in international health work.

INFORMATION SYSTEMS AND SERVICES

The Thirtieth World Health Assembly,

Recalling resolutions WHA27.32, and EB55.R56,

Recognising the necessity for rationalisation and re-allocation of the Organization's resources, and,

Bearing in mind the emphasis of WHO policy on improved planning of health services and the dependence of such progress on information systems and services,

1. EMPHASIZES the importance of adequate systems and services for the generation, collection and dissemination of statistical and other relevant information on health and socioeconomic matters, as the basis of better planned and effective health services,
2. URGES Member States to develop appropriate national health information systems and services to support the development, implementation and evaluation of their health services,
3. REQUESTS the Director-General:
 1. To ensure that the activities of WHO in the fields of statistical and other information systems and services will continue to have the necessary priority at headquarters and in the regions;
 2. To collaborate with Member States in the development of national health information systems and services; and
 3. To report in his annual report on progress in this field to a future Assembly.

Fourteenth plenary meeting, 19 May 1977
A30/VR/14

19 May 1977

THE ROLE OF NURSING/MIDWIFERY PERSONNEL IN
PRIMARY HEALTH CARE TEAMS

The Thirtieth World Health Assembly,

Bearing in mind resolution WHA28.88 on the development of primary health care;

Reaffirming the main principles contained in resolution WHA29.72 on health manpower development;

Having examined the Report of the Director-General on the Work of WHO in 1976, and noting particularly the expressed priority to be given to the rapid balanced increase in the numbers of health personnel and to the strengthening of facilities for this purpose;

Considering that comprehensive primary health care services involve not only treatment of the ill but also and more so the prevention of disease as well as the promotion and maintenance of health;

Considering that nursing/midwifery personnel as part of the health team have provided and continue to provide the greater part of health care in most health systems;

Considering that many Member States already have a sizeable pool of nursing/midwifery personnel possessing the necessary managerial, supervisory and teaching skills from which may be drawn teachers and supervisors of primary health care workers;

Considering that most of the primary health services particularly in developing countries are in the field of maternal and child health care and family planning in which different categories of nursing/midwifery personnel have traditionally been the primary sources of such services, under the general supervision of qualified physicians;

Considering that, within the range of nursing/midwifery skills and knowledge should be the ability to plan and organize with individuals and communities health care including vaccination programmes as well as aspects of self-care enabling them to become self-reliant; and

Recognizing that there are many alternatives that may be considered in the development of primary health care workers; one cost-effective alternative would be the redefinition and restructuring of nursing/midwifery roles and functions in relation to those of other members of the health team, in order to optimize their contribution to primary health care, including the implementation of programmes for immunization of babies and infants;

1. RECOMMENDS that Member States:

- (a) undertake a comprehensive review of the roles and functions of the different types of personnel including nursing/midwifery personnel within the context of national health programmes, particularly the aspects relating to health teams in primary health care to achieve a satisfactory balance;

(b) redress the imbalance in the production and utilization of different types of health manpower in such a way that a more rational increase is effected in the supply of the different types of nursing/midwifery personnel to be developed in harmony with that of the other categories of health manpower to respond to the pressing needs of primary health care including vaccinations programmes;

(c) utilize more effectively existing nursing/midwifery personnel by involving them, together with the representatives of other categories of health manpower, in the planning and management of primary health care and vaccination programmes and as teachers and supervisors of primary health care workers.

2. REQUESTS the Director-General:

(a) to cooperate with Member States in redefining and restructuring the roles and functions of the different categories of nursing/midwifery personnel in the health teams so that they can meet, in an interdisciplinary approach, the needs of communities for primary health care as part of total community development;

(b) to intensify efforts to develop retraining and continuing education programmes for nursing/midwifery personnel consistent with the redefined and restructured roles and functions of the different members of the health teams;

(c) to provide nursing/midwifery personnel with the opportunities to develop the skills required to participate effectively in a multidisciplinary approach to the planning, management and execution of primary health care and vaccination programmes;

(d) to promote the further development of appropriate technologies, studies, research and experimentation;

(e) to re-examine and if necessary, develop within the structure of WHO the mechanisms through which the planning and implementation of such technical cooperation may be effected with Member States; and

(f) to report on the progress made to a future World Health Assembly.

PROMOTION AND DEVELOPMENT OF TRAINING AND
RESEARCH IN TRADITIONAL MEDICINE

The Thirtieth World Health Assembly,

Noting that the Primary Health Care in developing countries has not reached the bulk of populations;

Realizing that in developing countries it is important to make use of available health resources;

Recognizing that traditional systems of medicine in developing countries have a heritage of community acceptance, and have played and continue to play an important part in providing health care;

Noting that there are institutions of traditional systems of medicine in some developing countries engaged in providing health care, training and research;

Noting that WHO has already initiated studies on the use of traditional systems of medicine in its efforts to find alternative approaches to meet the basic health needs of the people in developing countries;

Considering that immediate, practical and effective measures to utilize traditional systems of medicine fully are necessary and highly desirable;

1. RECORDS with appreciation the efforts of WHO to initiate studies on the use of traditional systems of medicine in conjunction with modern medicine;
2. URGES interested Governments to give adequate importance to the utilization of their traditional systems of medicine with appropriate regulations as suited to their national health systems;
3. REQUESTS the Director-General to assist Member States to organize educational and research activities and to award fellowships for training in research techniques, for studies of health care systems and for investigating the technological procedures related to traditional/indigenous systems of medicine; and
4. FURTHER REQUESTS the Director-General and the Regional Directors to give high priority to technical cooperation for these activities and to consider the appropriate financing of these activities.

19 May 1977

METHOD OF WORK OF THE HEALTH ASSEMBLY AND OF THE EXECUTIVE BOARD

The Thirtieth World Health Assembly,

Having considered the recommendations of the Executive Board¹ concerning the method of work of the Health Assembly;

Noting with satisfaction the conclusions and decisions of the Board on the method of work of the Executive Board and related matters;

Believing that the proposals made for changes in respect of the proceedings of the Health Assembly would contribute towards further rationalizing and improving the work of the Assembly;

1. DECIDES that

(1) the subitem of Committee A's agenda dealing with the review of the proposed programme budget and of the Executive Board's report thereon should be entitled "Review of the proposed programme budget and of the report of the Executive Board thereon";

(2) Committee A, in its review of the proposed programme budget, should concentrate its attention on this programme budget and on the report containing the Executive Board's comments and recommendations on the programme budget proposals of the Director-General;

(3) Committee A should consider simultaneously the subitems on its agenda that relate to the effective working budget and to the Appropriation Resolution under a single subitem named "Consideration of the budget level and Appropriation Resolution for the financial year . . .", and should adopt a single draft resolution on this subject;

(4) the Board's representatives in Committee A should play a more active role in the discussion of matters relating to the proposed programme budget and to the views of the Executive Board thereon; and that this approach to the participation of the Board's representatives in the Health Assembly should apply to other items on which there are recommendations by the Board to the Health Assembly;

2. DECIDES further that

(1) the adoption by the Health Assembly and the Executive Board of resolutions relating to certain reports, elections, appointments and procedural decisions should be discontinued and replaced by "decisions" recorded in the Official Records under a collective heading.

¹ Resolution EB59.R8.

(2) when the Director-General is requested by the Health Assembly to submit new reports on subjects under discussion, the Assembly should in each case specify whether the response should be included in the Director-General's report on the work of WHO or in a separate document;

(3) chairmen of the main committees of the Health Assembly should be requested to bear in mind the need to guide the proceedings of their respective committees in such a way as to prevent the discussion on a particular agenda item straying from the substance of the matter under consideration, as provided for in the Rules of Procedure;

3. DECIDES also that this resolution supersedes those provisions of previous resolutions on the method of work of the Health Assembly which may be inconsistent with the terms of this resolution.

Fourteenth plenary meeting, 19 May 1977
A30/VR/14

THE ROLE OF THE HEALTH SECTOR IN THE DEVELOPMENT OF NATIONAL
AND INTERNATIONAL FOOD AND NUTRITION POLICIES AND PLANS

The Thirtieth World Health Assembly,

Having reviewed in detail the background document for the Technical Discussions¹ on "The Importance of National and International Food and Nutrition Policies for Health Development", and having reviewed the report of the Technical Discussions on this subject² held at the current session;

Recognizing that malnutrition is one of the major health problems in the world, becoming all the more evident as some communicable diseases are being controlled; and that dietary deficits in the developing countries and excesses and imbalances in developed countries continue to affect adversely the health of large sectors of the population in both groups of countries;

Recognizing the need also for improved quality and safety of food, particularly in relation to the process of industrialization;

Concerned with the inadequate attention and commitments being given by the health and other sectors in a great number of countries to improve this critical situation,

1. EXPRESSES its general agreement with the conclusions and recommendations that have emerged from the Technical Discussions;
2. URGES governments:
 - (1) to give higher priority to food and nutrition problems within their health programmes;
 - (2) to further develop multisectoral programmes specifically oriented to improve the nutritional situation of the population, and to improve the quality of food;
 - (3) to consider the food and nutritional implications of their development policies and plans;
 - (4) to give to these actions greater political, technical and financial support than heretofore;
 - (5) to pay attention to both qualitative and quantitative aspects of nutrition;

¹ Document A30/Technical Discussions/1.

² Document A30/Technical Discussions/4.

3. REQUESTS the Director-General:

(1) to take the additional necessary steps to strengthen the WHO nutrition programme in order that the Organization may play its legitimate role in the development and implementation of national and international food and nutrition policies and plans with the aim of:

(a) providing the necessary stimulus and technical cooperation to Member countries for improving the efficiency and effectiveness of their health services in health-related nutritional programmes;

(b) strengthening the research capacity and education and training in nutritional programmes with priority in the developing countries;

(c) eliminating the florid forms of malnutrition like kwashiorkor, marasmus and keratomalacia as public health problems at least by the turn of this century;

(d) identifying problem areas such as the interaction between malnutrition on the one hand and infection and productive capacity on the other, and hence integrating relevant action programmes;

(e) determining the most vulnerable population groups (groups at risk) in relation to the programmes for protecting the health of mothers and children and of the working population;

(f) establishing priorities in regard to health-related nutritional problems, according to the particular conditions of the country;

(g) developing systems for nutritional surveillance as a basis for action programmes and for their evaluation;

(h) developing systems for a control of contamination of foodstuffs by pesticides, mycotoxins, and other toxic substances;

(i) supporting the ministries of health in their efforts to introduce nutritional objectives in the national development plans, and to develop and implement multisectoral food and nutrition policies and programmes;

(2) to consult with Member States and relevant national and international agencies in order to obtain assistance in the development of intensified nutrition programmes, including the technical and financial aspects;

(3) to report on the progress being made on the implementation of this programme to the sixty-first session of the Executive Board and to the Thirty-first World Health Assembly.

Fourteenth plenary meeting, 19 May 1977
A30/VR/14

EXPANDED PROGRAMME ON IMMUNIZATION

The Thirtieth World Health Assembly,

Having considered the Director-General's progress report on the Expanded Programme on Immunization,¹ and taken cognizance of the funds allocated to the combined programme of small-pox eradication and expanded immunization contained in the proposed programme budget for 1978 and 1979,²

1. NOTES the continuing efforts made to develop the programme on country, regional, and global levels and the progress accomplished in pursuance of resolutions WHA27.57 and WHA29.63;
2. APPROVES the programme objectives and policy statement presented in the above progress report and particularly emphasizes the importance of the social and technical desiderata as inherent elements of effective and well-managed immunization programmes;
3. RECOMMENDS that Member States formulate specific plans for the development or maintenance of immunization activities on a long-term basis;
4. URGES the governments and appropriate scientific institutions to intensify scientific research in respect of development of better and more stable vaccines, improving vaccination techniques, including combined vaccination, as well as diagnosis, prophylaxis and treatment in cases of post-vaccination complications;
5. URGES the governments and agencies in a position to contribute funds or their equivalent in equipment and supplies to consider the limited resources available under the regular budget of the Organization and the continuous nature of the programme, and to provide maximum long-term support through the Voluntary Fund for Health Promotion (Special Account for the Expanded Programme on Immunization) or on a bilateral basis, to ensure country programming on a five to ten year basis;
6. RECOMMENDS that the Organization intensify its activities in coordinating, with UNICEF and donor sources, the procurement and distribution of vaccines used in the programme and in ensuring that these vaccines meet minimum standards of potency and stability;
7. REQUESTS the Director-General to collaborate closely with Member States in research and health education, and in developing, through training and field support, the management capabilities of senior and middle level supervisory personnel in order to establish effective and continuing systems of vaccine delivery that will lead to complete immunization coverages, particularly of the rural populations; and

¹ Document A30/13.

² WHO Official Records, No. 236, 1976.

8. REQUESTS the Director-General to keep the Health Assembly regularly informed of the progress made in the programme, particularly with regard to the number of countries having participated therein and its coverage of children.

Fourteenth plenary meeting, 19 May 1977
A30/VR/14

19 May 1977

REGIONAL PRODUCTION OF VACCINES FOR EXPANDED
PROGRAMME ON IMMUNIZATION

The Thirtieth World Health Assembly,

Noting that the children in developing countries constitute a significant proportion of the population, that the infant morbidity and mortality are high in these areas and that a very large proportion of these deaths are due to preventable communicable diseases;

Realizing that these morbidity and mortality rates can be effectively reduced by immunization as highlighted by the resolutions WHA27.57 and WHA29.63;

Considering that production of vaccines for immunization to meet the global requirements is inadequate and that regions should be self-sufficient in vaccine production to effectively implement the Expanded Programme on Immunization;

1. DRAWS attention to the importance of the policies of the Expanded Programme on Immunization with respect to promoting regional and national self-reliance for vaccine production as expressed in the progress report prepared by the Director-General;¹ and
2. URGES the Director-General and the Regional Directors to implement these policies as quickly as possible, taking particular note of the need to identify the centres which should develop regional vaccine production capabilities and to ensure that the latest technical expertise and the necessary resources are made available to them.

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A30/VR/14

¹ Document A30/13.

24 May 1977

TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES

The Executive Board,

Having considered the report on technical cooperation among developing countries (TCDC)¹ submitted by the Director-General in accordance with resolution EB59.R52;

Noting with satisfaction the action taken by WHO to collaborate with UNDP and other organs in furthering the concept of TCDC in compliance with the resolutions of the United Nations General Assembly and the Economic and Social Council and with resolution WHA29.41;

Recalling resolutions WHA28.75, WHA28.76, WHA29.48 and WHA30.43 on the principles governing technical cooperation with developing countries;

Welcoming the progress already made by developing countries in achieving self-reliance in health matters through cooperation for health development in the spirit of resolution EB57.R50;

Reiterating the importance for WHO to establish adequate methods and arrangements to facilitate cooperation among developing countries for the attainment by all their citizens by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;

1. NOTES with satisfaction the report of the Director-General and the action already taken to promote TCDC in WHO;
2. ENDORSES the proposals contained in this report for future action by WHO to promote and implement TCDC;
3. REQUESTS the Director-General to promote the implementation of these proposals in WHO's activities and programmes in the light of the discussion on them in the Board and to ensure that they are brought to the attention of the Regional Committees at their next sessions;
4. REQUESTS the Regional Committees to study these proposals and to examine further ways of promoting TCDC for health development as appropriate to the region;
5. RECOMMENDS active WHO participation in the preparatory activities for and in the deliberations of the World Conference on TCDC being organized by the United Nations in Buenos Aires in 1978;
6. URGES all Member States and particularly governments of the developing countries to give priority attention to TCDC principles and approaches in their health and related programmes, making use, as necessary, of the support of the Organization in its coordinating role in furthering technical cooperation among the developing countries; and
7. INVITES all Member States to participate actively in the Technical Discussions on technical cooperation in the field of health among developing countries to be held at the Thirty-second World Health Assembly.