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RESOLUTIONS AND OTHER ACTIONS OF THE FORTY-FIRST WORLD HEALTH ASSEMBLY OF INTEREST TO THE REGIONAL COMMITTEE FOR THE AMERICAS

The Forty-first World Health Assembly, meeting in Geneva, Switzerland, from 2 to 13 May 1988, appointed a new Director-General and passed 34 resolutions concerning many important program, financial and other issues. This document is a synopsis of resolutions which, in the judgment of the Director, are of particular importance to the Regional Committee for the Americas. The Executive Committee, at its 101st Meeting in June 1988, considered a similar document. In a brief discussion, the Committee called special attention to Resolution WHA41.27, "The Role of Epidemiology in Attaining Health for All," underscoring the importance of this discipline and suggesting that WHO should include, in the group of experts to be convened to advise on the issue, members from developing countries in the Region of the Americas. Also, it was observed that a new incentive scheme to promote timely payment of assessed contributions, Resolution WHA41.12, would benefit primarily those Member Countries that had sufficient funds at the right moment to avail themselves of the incentive. As the benefits of this scheme will not be realized until 1992, there is time to observe the effect of this plan on payments in the interim.

The Regional Committee is requested to offer its own analysis of the significance of these resolutions for the Member Countries of the Region as well as for the Secretariat.

Annex

RESOLUTIONS AND OTHER ACTIONS OF THE FORTY-FIRST WORLD HEALTH ASSEMBLY OF INTEREST TO THE REGIONAL COMMITTEE FOR THE AMERICAS

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I. INTRODUCTION

The Forty-first World Health Assembly (WHA41) was held in Geneva, Switzerland, from 2 to 13 May 1988. During its deliberations, the WHA41 considered the work of the Executive Board since the last World Health Assembly, appointed a new Director-General, considered the Report of the Technical Discussions on Leadership Development for Health for All, passed 34 resolutions, celebrated the 40th Anniversary of WHO (in which Dr. Guillermo Soberón, President of the XXXII Meeting of the PAHO Directing Council, spoke on behalf of the Region of the Americas) and commemorated the Tenth Anniversary of the Declaration of Alma-Ata (at which Dr. Norman Gay, Chairman of the PAHO Executive Committee, represented the Region of the Americas).

The following is a synopsis of the work of the WHA41. Only those resolutions considered to be of 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 Directing Council, Regional Committee for the Americas, and are so noted with cross references. All of the resolutions are included in Appendix I, in numerical order. Other items of interest are also presented.

II. DIRECTOR-GENERAL

Having served as Director-General of WHO from 1973 to 1988, Dr. Halfdan T. Mahler was honored by the WHA41, which declared him Director-General Emeritus as from the date of his retirement (Resolution WHA41.3). The many tributes paid to him noted his personal qualities, his staunch stand for the health of people everywhere, particularly the underprivileged, his moral conscience and his inspired leadership of WHO.

Dr. Hiroshi Nakajima, presently the WHO Regional Director for the Western Pacific, was appointed by WHA41 as the new Director-General for a five-year term beginning 21 July 1988 (Resolutions WHA41.1 and WHA41.2). His first address to the World Health Assembly is included as Appendix II.

III. PROGRAM POLICY MATTERS

1. AIDS: Avoidance of Discrimination in Relation to HIV-Infected People and People with AIDS (Resolution WHA41.24)

Since the initiation of WHO's Global Program on AIDS, the issue of discrimination in relation to HIV-infected people or people with AIDS has been actively debated. In general, concern for the protection of the

rights of infected or ill people with AIDS has been an implicit component of WHO's guidelines for the development of national prevention and control programs. This resolution now formalizes the concerns for the rights of HIV-infected people and those with AIDS, urging Member Countries to foster a spirit of understanding and compassion for them, to protect their human rights and dignity, to avoid discrimination and stigmatization of them, to ensure the confidentiality of HIV testing, and to promote the availability of confidential counseling and other support services. It also underscores the responsibility of individuals not to put themselves or others at risk of infection with HIV. These same principles were embodied in the resolution adopted last year by the Regional Committee for the Americas, especially in relation to international travelers.

Since early 1987, when PAHO/AMRO actively began to promote the development of national AIDS prevention and control programs, Member Countries have been called upon to incorporate anti-discrimination policies in such programs. With the adoption of this resolution, more explicit provisions will be urged for incorporation in national medium-term programs. A comprehensive report on regional activities and strategies related to AIDS prevention and control is presented in Document CD33/21, for consideration under agenda item 5.1.

2. Global Eradication of Poliomyelitis by the Year 2000 (Resolution WHA41.28

The Director-General, in the spirit of the celebration of WHO's Fortieth Anniversary, challenged the Member Countries to commit themselves to eradicating poliomyelitis by the year 2000. Rising to the occasion, the members of the World Health Assembly adopted this goal, stressing their collective will to eliminate this disease and, in the process, to strengthen their expanded immunization programs and, in turn, the development of their health infrastructures.

The resolution stresses:

a) The need to intensify efforts in countries where poliomyelitis is still present and which have low vaccination coverage;

b) For the countries which do not have the disease, the need to still be aware of the problem and to offer cooperation to the countries in need;

c) The permanent need to intensify epidemiological surveillance through notification, identification and investigation, both of isolated cases and for the control of outbreaks.

At the Regional level, the goal to eradicate the disease by 1990 was announced in 1985. The Program's accomplishments are reported in Document CD33/12) under agenda item 5.2. The experience achieved by the

countries in the Region of the Americas should be transmitted to the countries which are now undertaking this goal. The strategies developed so far and the joint efforts of UNICEF, Rotary International, the Inter-American Development Bank, bilateral assistance agencies (e.g., USAID and CIDA) and PAHO/WHO should be a model to be followed in other Regions.

3. Strengthening Primary Health Care (Resolution WHA41.34)

To mark the Tenth Anniversary of the Declaration of Alma-Ata, an international meeting, sponsored by WHO, was held in Riga, USSR, in March 1988. At the conclusion of that meeting, a statement entitled "Alma-Ata: Reaffirmed at Riga" (see Annex III) was adopted, stating that the principles of the Declaration remain valid for all countries at all stages of development and that their application should be maintained after the year 2000. Although progress has been made over the last 10 years, there are still many countries in which the health situation is still highly unsatisfactory. Thus, progress must be accelerated while at the same time Member Countries must be prepared to continue their efforts beyond the year 2000.

The resolution adopted on "Strengthening Primary Health Care" calls on the Director-General to intensify program activities, particularly in regard to research and development on primary health care (for which a feasibility study on establishing a special program is requested); to give particular emphasis to supporting the least-developed countries; and to mobilize resources, both from within the regular budget and from extrabudgetary sources, for program implementation. The Regional Committees are requested to pay particular attention to the monitoring and evaluation of the strategies of health for all.

The Regional Committee for the Americas is considering the report from this Region (Document CD33/22) on progress toward health for all, using the WHO common framework for monitoring, under agenda item 5.8. This report will be forwarded to the Executive Board for its review in January 1989.

One of the underlying themes in the resolution is an emphasis on "district" health systems as an optimal way to organize and provide primary health care as an integral part of national health systems. In this regard, the Regional Committee, under agenda item 5.6 (Document CD33/14), is considering the Organization's policy for developing and strengthening local health systems as a strategy for transforming national health systems so that they can better meet the needs of the people.

4. Special Program of Research, Development and Research Training in Human Reproduction (Resolution WHA41.9)

The Special Programme of Research, Development and Research Training in Human Reproduction has contributed to the Region of the Americas in strengthening research development in the field of human

reproduction since 1973. However, a substantial increase of coordination and joint collaboration in activities, both technical and financial, has been achieved in the past five years. Presently, an average of $2 million a year is expended within the Region. These funds are distributed among research studies, task forces, collaborating centers, research training and institutional development.

The content of Resolution WHA41.9 is important because it reiterates mandates already approved by PAHO's Directing Council (Regional Committee for the Americas) related to the Organization's action policy with respect to population matters. Some of the important points to be stressed are: the promotion of ethical practices in the field of human reproduction activities; the protection of the health and rights of individuals in different social and cultural settings; the recognition of the close relationship between family planning and health and development; the necessity to integrate family planning activities into maternal and child health programs; the continued assessment of existing contraceptives and the acceleration of the development of new ones; and the need for rapid and widespread application of the results of research in countries' national health strategies and programs.

The coordination of global research efforts and the promotion of scientific and technical cooperation between developed and developing countries has strengthened research capabilities and contributed to increasing national self-reliance in all aspects of human reproduction, especially those aimed at meeting developing countries' needs in primary health care.

One hundred sixty-five Latin American, Caribbean and North American institutions are participating in the program. One hundred seventy-five fellowships have been awarded.

Out of 25 collaborating centers, five are located in Latin America. Cuba and Mexico are donor countries and the United States of America and Argentina are elected members of the Advisory Committee.

The approval of co-sponsorship of the Program by the World Bank, UNFPA, and UNDP will strengthen the financial capabilities of the Program, and the Region could benefit from additional available resources.

The Regional Committee for the Americas will have the opportunity to consider the work of the Special Program under agenda item 2.6 as it selects one Member Government from the Region for membership on the Policy and Coordination Committee.

5. Infant and Young Child Nutrition (Resolution WHA41.11)

Expressing concern regarding infant and young child nutrition in general as well as the prevention and control of vitamin A and iodine deficiency disorders, the World Health Assembly made a special point of the decline in breastfeeding in many countries.

The resolution which was adopted requests the Director-General to continue to collaborate with Member Countries and other international organizations to identify and assess principal nutrition and dietary problems, to establish effective nutritional surveillance systems, to analyze and apply information about the nutritional status of their populations; to monitor the prevalence and duration of breastfeeding; to develop recommendations regarding diet; to provide legal and technical assistance regarding national codes of marketing of breast milk substitutes; and to design and implement collaborative studies.

A complete discussion of regional policy in regard to food and nutrition is presented in Document CD33/23, which is being considered by the Regional Committee under Agenda Item 5.7. Consistent with Resolution WHA41.11, the regional program focuses not only on malnutrition but also on the problems of specific nutritional deficiencies, including vitamin A and iodine deficiencies. It should be noted that there is no reference in Resolution WHA41.11 to iron deficiency, which is another serious deficiency among many populations in the Region of the Americas. Furthermore, although a decreasing trend in breastfeeding is cited, it should be noted that the availability of food in general, and intrahousehold food distribution and consumption in particular, are equally important considerations.

Relevant to the resolution on infant and young child nutrition, the PAHO/AMRO regional program is already carrying out the following activities:

- Updating information on national and regional trends in regard to protein-energy malnutrition (wasting and stunting), breastfeeding and weaning practices, and specific nutritional deficiencies (iodine, iron and vitamin A). A data bank is being developed in coordination with WHO/Geneva and RORIAN members.

- Strengthening food and nutrition surveillance systems in support of decision-making processes (policy formulation and planning, program management, monitoring and evaluation).

- Participating in the FAO/UNICEF/WHO Interagency Program for Nutritional Surveillance, including the organization of the International Conference on Food and Nutrition Surveillance in the Americas, Mexico City, 5-9 September 1988.

- Designing and testing useful indicators, evaluating survey methodologies and standardizing of data presentation (anthropometry, dietary intake, food prices, etc.) for the surveillance of nutrition trends and problems (under- and over-weight and specific deficiencies).

- Continuing participation in the Joint WHO/UNICEF Nutrition Support Program (JNSP) (Bolivia, Dominica, Ecuador, Haiti, Nicaragua, Peru and St. Vincent). A proposal is being made for expanding the Iodine Deficiency Disorders Control Program, currently being discussed with the JNSP/Global Management Group, and the Primary Health Care/Food and Nutrition Program, focusing on local food production schemes, education and communication in food and nutrition, and social participation.

- Supporting and developing breastfeeding and sound weaning practices, including development of training modules for health personnel and community workers.

- Through JNSP and other community programs, developing support for improved health and social status of women in relation to infant and young child nutrition.

- Monitoring the implementation/adaptation of the International Code of Marketing for Breast-milk Substitutes within the Member Countries in the Americas.

6. Drug Policy (Resolutions WHA41.16, WHA41.17 and WHA41.18)

WHO's revised drug strategy was reviewed by the Forty-first World Health Assembly which expressed satisfaction with the Organization's progress based on previous Resolutions WHA37.33 and WHA39.27 in spite of severe financial constraints. In adopting Resolution WHA41.16 on the Rational Use of Drugs, the Assembly invited agencies and organizations inside and outside the United Nations system to support developing countries in setting up and carrying out programs aimed at ensuring the rational use of drugs, and requested governments, pharmaceutical manufacturers, and the Director-General to cooperate in the detection and prevention of the export, import and smuggling of falsely labeled, spurious, counterfeit or substandard pharmaceutical preparations. The Assembly also requested the Director-General to implement the remaining components of the revised drug strategy which has been delayed solely due to the lack of financial resources, seeking the necessary extrabudgetary resources. The areas requiring further strengthening are education and training in the rational use of drugs and education of the public in appropriate drug use.

It should be noted that, in the Region of the Americas, subregional projects in Central America include activities in all these areas. Priority actions in essential drugs within the framework of the Andean initiative (see agenda item 5.5) include a subregional project proposal on rational drug use for which the Action Program on Essential Drugs will assist in obtaining funds. PAHO/WHO also has initiated activities in the area of education and training in the rational use of drugs, improving prescribing practices and patient compliance. A Regional program for the training of government and industry inspectors

implemented with the cooperation of the U.S. Food and Drug Administration will facilitate establishing or improving national programs to detect and prevent the export, import or smuggling of counterfeit, substandard or falsely labeled pharmaceutical products.

The Assembly also endorsed Ethical Criteria for Medicinal Drug Promotion (Resolution WHA41.17), which were developed by an international group of experts on the understanding that they constitute general principles. These principles can be adapted by any government to suit its own political, economic, cultural, social, educational, scientific and technical situation, and to suit its own national laws and regulations, disease profile, therapeutic traditions and level of health system development.

Member Countries are urged to take account of these ethical criteria to ensure that medicinal drug promotion supports the rational use of drugs. Pharmaceutical manufacturers, distributors, the promotion industry, health personnel, teaching institutions, professional associations, consumer groups, and the professional and general media are requested to adopt measures based on these criteria as appropriate to their spheres of competence, activities and area of responsibilities.

The Regional Program will assist in disseminating these criteria and will provide technical cooperation in the use of these criteria as it works with national drug regulatory agencies as well as with industry, professional associations and universities.

The Assembly also revised the text of the Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce (Resolution WHA41.18) to include veterinary products administered to animals from which food will be prepared and to include raw materials for use in the finished dosage form already included in the certification scheme, among other amendments. Revisions in the text are being disseminated.

The Regional Program has been promoting the extensive use of the WHO Certification Scheme among countries in the Americas, not only for regional commerce but also at the interregional level. The provisions of the WHO Scheme have been incorporated into the technical requirements of the joint purchasing program of selected essential drugs for Central America and Panama (FORMED).

7. Tobacco or Health (Resolution WHA41.25)

Because of the dangers of tobacco use, previous World Health Assemblies have called on the Director-General to strengthen the Organization's program on Tobacco or Health. In response, the Director-General convened an advisory group to make specific proposals for the implementation of an action plan by WHO. The advisory group came to the conclusion that a special action program was the only practical

way of responding to the pandemic of diseases caused by tobacco and of implementing the resolutions of the World Health Assembly. Rather than adopting the specific recommendations of the advisory group, the Forty-first World Health Assembly requested the Director-General to draw up a plan of action, bearing the report in mind, and to submit the plan to the next meeting of the Executive Board, through its Program Committee.

Part of the recommendations of the advisory group focused on regional actions to stimulate and support both national and cooperative regional activities for reducing tobacco use, including providing education and information materials suitable for regional and national use and promoting regional and national workshops.

In the Region of the Americas, smoking prevention is already an important component of an integrated approach to the prevention and control of noncommunicable diseases. The main objective of the PAHO/AMRO action program is to collaborate with Member Countries in developing and implementing national smoking control programs. The Regional Committee is considering this important health issue under agenda item 5.11 (Document CD33/24).

In the final analysis, it is essential that the Member Countries themselves take a leading role in developing smoking prevention and control programs, not only through the ministries of health but also in cooperation with all relevant social and economic sectors, as an integral part of efforts to prevent and control noncommunicable diseases.

8. The Role of Epidemiology in Attaining Health for All (Resolution WHA41.27)

The essential role of epidemiology in studying the causes and means of prevention of disease in health services research, information support, technology assessment, and the management and evaluation of health services was underscored by the World Health Assembly in this resolution. Member Countries are urged to make greater use of epidemiology; health professions schools are urged to ensure training in modern epidemiology; and the Director-General is requested to define the desired nature and scope of epidemiology in support of health for all strategies.

In the Region of the Americas the importance of the role of epidemiology, and the failure to take full advantage of its potential for the formulation of rational health policy and the management and evaluation of health services, have been recognized since the 1970s. Out of this concern PAHO organized the Seminar on Uses and Perspectives in Epidemiology, attended by about 100 epidemiologists and health planners of Latin America. Based on its conclusions, the XXX Directing Council (1984) adopted Resolution XVI to strengthen the use of epidemiology by PAHO/AMRO's Member Countries. The application of epidemiology in support of health planning and evaluation has started in many countries in the Region. Country activities have dealt specifically with training needs, which were also addressed at a regional conference held in Taxco, Mexico, last year.

Thus, in the Region of the Americas, Resolution WHA41.27 has the effect of reinforcing strategies and activities already in place at both regional and country levels. Since 1984, the regional program has provided technical cooperation to expand the practice of epidemiology and improve analytical capability for a) assessing the health status of the population, its determinants and trends in order to define priorities and strategies for health interventions; b) evaluating their impact; and c) generating and using health information to achieve a better understanding of the occurrence, distribution and determinants of health problems. The regional program also supports the capability to analyze the health situation and trends in the Member Countries and at the regional level in order to orient technical cooperation. This includes strengthening the capability to capture, use and make available data on health problems and their trends throughout the Region and, more specifically, surveillance of diseases subject to international regulations.

Regional actions for strengthening the practice of epidemiology in its expanded role and, in particular, for the revision and strengthening of training in epidemiology are now being carried out and will continue along the following lines:

a) Dissemination of Information: In addition to ongoing publication of the Epidemiological Bulletin, bibliographic and other reference materials on epidemiology and statistics will continue to be assembled and made available to the Member Countries. The Challenges of Epidemiology (Scientific Publication 505) should be a valuable tool towards this end.

b) Epidemiological Research will be supported to enhance the understanding of health-disease processes and their relationship to general living conditions of different geographically defined population groups, in order to facilitate the planning and evaluation of local health programs.

c) Training in Epidemiology and Statistics will include support for the assessment of training needs, curriculum building and institutional strengthening, with continued support for the network of schools of public health and departments of preventive and social medicine.

d) Health Situation Analysis will be further enhanced by strengthening of the national capability to collect, process, analyze and utilize mortality and morbidity data. Activities for better use of the International Classification of Diseases and for the preparation of its 10th Revision will also continue.

It is hoped that Resolution WHA41.27 will bring renewed attention to the need to strengthen epidemiology in its expanded role, and may lead to an increased demand for technical cooperation in this area.

9. Radionuclides in Food (Resolution WHA41.29)

Stemming from the serious nuclear accident in 1986 in which food, particularly dairy products, was contaminated with radionuclides, the World Health Assembly has called upon Member Countries to utilize the WHO guidelines for derived intervention levels regarding radionuclides in food and requests the Director-General to continue to cooperate with Member Countries in the development and strengthening of national capabilities for the protection of public health following radioactive contamination of food supplies.

After the nuclear accident in 1986, some of the milk products exported to countries in the Region of the Americas were contaminated with radionuclides. PAHO/AMRO collaborated with various governments of the Region in providing technical advice regarding radionuclides in powdered milk and other food products, based on WHO recommendations. Resulting from this experience, there is a need to establish capabilities for the rapid exchange of information during emergencies at the regional and country levels and for periodic radiation monitoring of food.

10. Report of the World Commission on Environment and Development (Resolution WHA41.15)

In 1983, the Secretary-General of the United Nations requested the World Commission on Environment to prepare a Global Study on Environment and Development with the objectives of proposing long-term environmental strategies for achieving sustainable development by the year 2000 and beyond; recommending ways that concern for the environment could be translated into greater cooperation among developing countries and between countries at different stages of economic and social development; and recommending means by which the international community can deal more effectively with environmental matters.

The Committee completed its work in 1987, the report of which was submitted to governmental bodies and United Nations agencies. This Report analyzes the complex problem of environment and development, particularly focussing on the concept of sustainability that is to ensure that development meets the needs of the present without compromising the ability of future generations to meet their own needs. Strategic approaches are discussed and institutional and legal frameworks are analyzed.

The report is significant in that it recognizes the problem in its global context and in the impact and interdependence of various aspects of human activities on the environment.

The link between environment and development has been recognized by PAHO/AMRO. Basic human needs of water supplies and sanitation remain the core activity of PAHO/AMRO's program at the regional and country level in the context of the International Drinking Water Supply and

Sanitation Decade (IDWSSD). Programmatic activities included water and sanitation problems in urban fringe and slum areas. Notwithstanding the above, attention is being paid to the problems of environmental pollution which arise from development in this Region. The creation of the Pan American Human Ecology Center in Mexico strengthens regional action in relation to the problems of environmental pollution and its effect on health. Furthermore, several countries, such as Brazil, Venezuela, Mexico, Colombia and Chile, have initiated comprehensive programs of environmental control with the assistance of this Program.

Finally, it is significant to note that PAHO/AMRO and the Inter-American Development Bank have established a joint work group to develop specific mechanisms for analysis of the environmental health impact of development projects before they are initiated.

IV. TECHNICAL DISCUSSIONS - Leadership Development for Health for All (Resolution WHA41.26)

Dame Nita Barrow of Barbados chaired the Technical Discussions on Leadership Development for Health for All, which explored three major questions:

- Why is leadership needed for Health for All?
- What can leadership do in support of Health for All?
- How can leadership be developed or enhanced?

The report of the discussions made specific recommendations to governments, nongovernmental organizations, educational institutions, WHO itself, and individuals on how to foster the right kinds of leaders in health. In particular, it called for governments and education authorities to pursue the training of current and future leaders for Health for All through all educational entry points, from primary schools through postgraduate education, and it urged effective strategies to promote communication for health.

The Region of the Americas has been giving special importance to the issue of leadership development. The emphasis has been on promoting leadership to facilitate an intersectoral dialogue about health. For this reason, emphasis has been given to the social, economic and political sciences in recognition of the need to improve the exercise of political leadership for health (based on a broader understanding of social problems) and to improve the ability to analyze and strengthen public policy in order to address the underlying problems in the health sector. During the Technical Discussions, a series of the activities that are being carried out in the Region of the Americas were presented, including:

- The application by health professions' educational institutions of the methodology of prospective analysis used to inculcate changes in education based on the principles of Health for All;

- The promotion of leadership for managing the problems of human resources development;

- The support for advanced training in public health as a joint effort of the Latin American and Caribbean Association for Public Health Education (ALAESP) and the Association of Schools of Public Health (ASPH);

- The residency program in international health;

- The search for new approaches and methodologies for continuing education, particularly on a descentralized basis and as a permanent process;

- The analysis of the leadership situation in the context of management of the health sector, involving the participation of ministries of health, social security institutions, universities, and legislative bodies.

The report concluded with a "Declaration of Personal Commitment" by the participants. This Declaration pledged the participants to generate a social conscience in people everywhere to the health conditions and needs of the underserved and to serve as prime movers for change. Consideration should be given to the dissemination of this Declaration to the Member Countries in the Region of the Americas.

The topic for the Technical Discussions to be held in conjunction with the Forty-second World Health Assembly (1989) is "The Health of Youth."

V. FINANCIAL POLICY MATTERS

1. WHO Financial Report for 1986-1987 (Resolution WHA41.5)

WHO encountered exceptional financial difficulties in the biennium 1986-1987 due to 1) payment delays and non-payment of assessments, and 2) the continued decline of the U.S. dollar against other currencies such as the Swiss franc and Danish krone. The Director-General implemented a contingency plan to reduce program implementation, which had the effect of creating a budget surplus, but in effect WHO incurred a serious income deficit. On the budget side, obligations totaled approximately $504 million against an effective working budget of $543 million. On the income side, obligations and exchange rate savings totaled about $508 million against budgetary income of $487 million, leaving an income deficit of $21 million. This income deficit was financed by full withdrawal of the balance in the Working Capital Fund, about $11 million, and exceptional borrowing from the Casual Income Account of $10 million. The rate of collections for 1986-1987 was only 88.4%, as compared to 94.4% in the previous biennium. This shortfall of 11.6% was the highest in WHO history. Non-payment by the United States of America of more than $38 million as of 31 December 1987 represented 7.9% of the shortfall of 11.6%.

Thus, the financial report reflects the difficult financial position of WHO during 1986-1987.

2. Assessed Contributions (Resolutions WHA41.6, WHA41.7, WHA41.12 and WHA41.20)

By the end of 1987, only 88 Member Countries had paid their current year contributions to the effective working budget in full, and 50 had made no payment towards their current year contributions. As noted above, this deterioration in payment of contributions has had a deleterious effect on the Organization, both in terms of program implementation and in terms of its financial health. The Member Countries are reminded that every effort should be made to pay these contributions as early as possible, recognizing that installments of contributions are payable in full on the first day of the year to which they relate (WHA41.6).

Given this situation, the Forty-first World Health Assembly adopted a statement of principles in regard to suspending the voting rights of a Member Country at a Health Assembly (WHA41.7). Two countries in the Region of the Americas will have their voting privileges suspended if, by the opening of the Forty-second World Health Assembly, they are still in arrears in the payment of their contributions and if the Executive Board has not previously found that they are faced with exceptional financial difficulties and that they have made a payment considered to be reasonable under the circumstances (WHA41.20). The Director-General, through the Regional Director, is to approach these Governments concerning the settlement of their arrearages.

A scheme to provide an incentive for the early payment of contributions to WHO was adopted (WHA41.12). In simplified terms, it uses an S curve formula to calculate interest income (one of the sources of casual income) credits based upon the dates quota payments are received and applies these credits against future year assessments. As a result, Member Countries making payments early will be assessed at lesser amounts in the second following biennium, and those making a late payment will be assessed at a slightly higher amount than would be the case under the current procedure. The system will go into effect for the 1992-1993 biennium, based on the records of payments made in 1989 and 1990.

3. Revised Appropriation Resolution for the Financial Period 1988-1989 (Resolution WHA41.10)

Due to the financial situation caused by reduced quota payments in 1986 and 1987, especially from WHO's largest contributor, reductions of over $35,000,000 were implemented by the Director-General in 1986-1987. This Region's share of the reduction was $4,377,000, or 7.6% of its $57,856,000 allocation.

At the time of the 1988-1989 program budget discussions at the May 1987 World Health Assembly the financial situation had not improved, and the Director-General submitted a $50,000,000 implementation reduction for 1988-1989. This Region's share of the reduction is $4,940,000, or 7.9% of its original $62,631,000 allocation.

The Director-General promised the May 1987 Assembly that, if the financial situation improved, he would propose a $25,000,000 reduction in the 1988-1989 effective working budget. During the May 1988 World Health Assembly, the Director-General informed the Members that the largest contributor had made substantial payments against its arrears. Due to this encouraging development, the Director-General proposed that the 1988-1989 effective working budget be reduced by $25,000,000, from $633,980,000 to $608,980,000. In addition, further casual income of $13,961,000 could be used to finance the 1988-1989 program budget, bringing the casual income amount to $38,961,000.

The Assembly approved Resolution WHA41.10 as a result of the improved financial situation. Assessments to Members were therefore reduced from $604,980,000 to $566,019,000, which meant that, instead of increasing 25.6% over 1986-1987, assessments would increase by 17.6%. The entire reduction in assessments would be applied to the contribution due from Members for 1989. The effective working budget would increase by 12.1% over 1986-1987 instead of the original increase of 16.7%.

The impact of this global $25,000,000 reduction on this Region is a reduction of $2,470,000. $967,000, or 39.1% of the reduction, is being made in Country Activities and $1,503,000 or 60.9% in Regional and Intercountry Activities. However, since the Director is proposing a program increase of $507,800 in Country Activities in the 1990-1991 WHO program budget, covered under agenda item 5.4, and a corresponding program reduction in Regional and Intercountry Activities, the actual reduction will be distributed as 81.4% to Regional and Intercountry Activities and 18.6% to Country Activities for the 1990-1991 biennium.

VI. ADMINISTRATIVE POLICY MATTERS

1. Real Estate Fund (Resolution WHA41.13)

Expenditures totaling $386,250 were authorized from the Real Estate Fund. Of this amount, $16,250 will be provided to the Region of the Americas to finance 25% of the costs of installing a cooling tower on the roof of the Regional Office in Washington. The remainder of the costs will be borne by the Region.

2. Salaries and Allowances for Ungraded Posts and the Director-General (Resolution WHA41.14)

The United Nations General Assembly has revised the rates of staff assessments used in conjunction with determining base salaries for staff in professional and higher categories in order to replenish its tax equalization fund. In light of this action, the Director-General decided to make similar changes in the WHO Staff Rules, resulting in purely technical adjustments to base salary levels amounting to no more than increases or decreases of US$1 to US$20 in the net level at the single rate. Resolution WHA41.14 conforms the salaries and allowances of the Director-General and other ungraded posts to these changes. A similar issue for the salary of the Director of PASB is being considered by the Regional Committee under agenda item 6.3.

VII. MISCELLANEOUS MATTERS

1. Implementation of Technical Cooperation among Non-Aligned and other Developing Countries (Resolution WHA41.30)

The resolution emphasizes the Organization's continuing commitment to technical cooperation among countries, especially among developing countries. It requests the Director-General to mobilize support for the efforts of Member Countries to carry out these vital activities of horizontal cooperation.

In the Region of the Americas, both programmatic and budgetary support is provided to stimulating and strengthening technical cooperation among countries. Over the past several years, the Executive Committee's Subcommittee on Planning and Programming has been evaluating these efforts, most recently by including the item "Technical Cooperation among Countries (TCC) in Subregional Initiatives: Central America and Panama" on the agenda of its December 1987 meeting. That item focussed on the utility of TCC in the joint purchase of drugs, agreements, related to border health conditions, development of managerial capacity and maintenance of physical resources.

2. The Embargo of Medical Supplies and its Effect on Health (Resolution WHA41.31)

Based on his credo that WHO has an obligation to help people everywhere, under any conditions, whenever it can, the Director-General sent a note to the Eighty-first Executive Board that he can and has taken the measures necessary to ensure the provision of supplies which have been embargoed, either from the withholding Member Country, if it agrees to provide the supplies through WHO, or from another Member Country. The Eighty-first Executive Board adopted Decision (3) in which it concurred

with the observations of the Director-General and requested him to take the necessary measures to ensure the provision of medical supplies to any Member Country that has notified him that it is being deprived of such supplies by another Member Country. The Forty-first World Health Assembly confirmed these principles, which are the same as those governing the actions of the Regional Director for the Americas.

3. Difficult Health Situation Experienced by the People of Panama (Resolution WHA41.32)

Reaffirming that health is an inalienable right of all peoples and concerned at the difficult health situation being experienced by the people of Panama at the time of the Forty-first World Health Assembly, the Assembly urged all Member Countries to refrain from taking measures which could be detrimental to the health of the population of Panama.

4. Conventions Concerning Nuclear Accidents (Decision 9)

The Forty-first World Health Assembly requested the Director-General to make the necessary arrangements for WHO's accession to the Convention on Early Notification of a Nuclear Accident and the Convention on Assistance in the Case of a Nuclear Accident or Radiological Emergency and to indicate that WHO is competent to act as the directing and coordinating authority in international health work in matters covered by these Conventions.

There is a wide range of conceivable accidents or incidents involving exposure to ionizing radiation, either from a nuclear reactor (there were 397 power reactors operating in 26 countries at the end of 1986) or from radioactive sources, for either industrial or medical purposes. The most recent nuclear power accident occurred in Chernobyl, USSR, in April 1986; in the Region of the Americas, there was a critical accident (which resulted in the death of a worker) in Argentina in 1984. Regarding encapsulated radioactive sources, two of the most serious accidents have also occurred in the American Region: in Ciudad Juarez, Mexico, in 1984 (where more than 4,000 people were exposed), and in Goiânia, Brazil, in 1987 (where the total number of people irradiated is still unknown, but where six people have already died from radiation sickness). In all these cases it is essential that the country provide notification of the accident immediately to prevent further exposure and/or contamination. Because of the catastrophic consequences of such an accident (with the associated financial burden), countries need to pool their resources and be prepared for such eventualities.

Partly as a consequence of the Chernobyl accident, WHO decided to expand its activities in radiation protection, especially the program on radiation emergency medical preparedness and assistance. The goal would be to set up a global WHO-coordinated network of institutions which could visit the accident site immediately to identify and isolate the source of

irradiation, make an assessment of likely exposures, recommend appropriate medical treatment, and assist in the development of procedures to strengthen the countries' abilities to manage such accidents by themselves.

PAHO/AMRO has been very active in radiation accident matters, not only in providing technical advice in the countries where the accidents have occurred, but also as the host of an International Symposium on Radiation Emergencies, organized in Washington, D.C., by the American Medical Association. In this meeting the Chernobyl medical experience was reviewed and an assessment was made of medical preparedness to handle comparable mass casualties in such a disaster. Cooperation in radiation accident training conferences has already been requested by several countries in this Region; the first will probably take place in Mexico. In the event of another emergency in the Region of the Americas, PAHO/AMRO's cooperation will be of an advisory nature.

5. Making Optimal Use of WHO's Resources

Committee A took up consideration of this agenda item based on the documents presented to the Eighty-first Executive Board and the decisions that the Executive Board had taken in January. In Decision (14), the Executive Board urged faithful implementation of resolutions of previous World Health Assemblies (WHA33.17 and WHA34.24) dealing with accountability at every level of the Organization and with the meaning of WHO's international health work. Furthermore, the decision stresses the importance of carrying out the new managerial arrangements expressed in the regional program budget policies and of carrying out the global and regional financial audits in policy and program terms. Although the Assembly took no action on this issue, the speakers expressed support for the position taken by the Executive Board. The Program Committee will continue to consider this issue at its meeting in October 1988.

In a related matter, the Executive Board in January 1988 had adopted Decision (15) requesting the Director-General to work out the details of, and to experiment with, a new system for the selection and rotation of WHO Representatives. This unified approach would involve the Director-General and the Regional Directors, collectively, in decisions on appropriate candidates for the position of WHO Representative, regardless of Region. Two or three candidates would be nominated for any vacancy that would not be filled by the reassignment of a serving Representative. The appropriate Regional Director would then consult with national authorities about the candidates.

In the Region of the Americas, all Representatives are the legal representatives of both PAHO and WHO. However, the Director of PAHO has exclusive authority to appoint all PAHO staff members (in accordance with the pertinent PAHO Staff Rules), including all PAHO/WHO Representatives who are on PAHO posts and paid exclusively with PAHO regular funds. For any individuals in WHO posts, an accommodation to the unique legal situation in the Americas should be incorporated into the new system that is to be devised.

6. Executive Board Membership

The Forty-first World Health Assembly elected 10 Member States entitled to designate a person to serve on the Executive Board. From the Region of the Americas, Argentina and Nicaragua were elected. Concurrently, the terms of Dr. Maureen Law, designated by Canada, and Dr. Roberto Menchaca, designated by Cuba, expired.

7. Forty-second World Health Assembly

The Forty-second World Health Assembly will convene in Geneva, Switzerland, on Monday, 8 May 1989, at 12:00 noon.

Appendices

DECISIONS AND RESOLUTIONS OF THE FORTY-FIRST WORLD HEALTH ASSEMBLY

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE

WHA41/DIV/5

17 May 1988

FORTY-FIRST WORLD HEALTH ASSEMBLY

DECISIONS AND LIST OF RESOLUTIONS

I. DECISIONS

(1) Composition of the Committee on Credentials

The Forty-first World Health Assembly appointed a Committee on Credentials consisting of delegates of the following 12 Member States: Bahrain; Benin; Brazil; German Democratic Republic; Indonesia; Kenya; Netherlands; Paraguay; Portugal; Samoa; Sudan; and Togo.

(First plenary meeting, 2 May 1988)
(A41/VR/1)

(2) Composition of the Committee on Nominations

The Forty-first World Health Assembly elected a Committee on Nominations consisting of delegates of the following 24 Member States: Australia; Bulgaria; Burma; China; Colombia; Comoros; Congo; Cyprus; Ethiopia; France; Guatemala; Guyana; Italy; Liberia; Mexico; Morocco; Mozambique; Qatar; Somalia; Sri Lanka; Union of Soviet Socialist Republics; United Kingdom of Great Britain and Northern Ireland; United States of America; and Zimbabwe.

(First plenary meeting, 2 May 1988)
(A41/VR/1)

(3) Election of officers of the Forty-first World Health Assembly

The Forty-first World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers:

President: Professor D. Ngandu-Kabeya (Zaire)

Vice-Presidents:

Professor M. A. Matin (Bangladesh), Dr C. Hernández Gil (Spain), Dr P. Papageorghiou (Cyprus), Dr T. Maoate (Cook Islands), Dr E. Mohs (Costa Rica)

(Second plenary meeting, 2 May 1988)
(A41/VR/2)

(4) Election of officers of the main committees

The Forty-first World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers of the main committees:

COMMITTEE A: Chairman, Professor A. R. Y. Abdul Razak (Kuwait)
COMMITTEE B: Chairman, Dr T. Mork (Norway)

(Second plenary meeting, 2 May 1988)
(A41/VR/2)

The main committees subsequently elected the following officers:

COMMITTEE A: Vice-Chairmen, Professor H. Huyoff (German Democratic Republic) and Mr G. Perdomo (Colombia)

Rapporteur, U Mya Than (Burma)

COMMITTEE B: Vice-Chairmen, Dr Z. Jakab (Hungary) and Dr M. M. Law (Canada)

Rapporteur, Dr Sung Woo Lee (Republic of Korea)

(First meetings of Committees A and B, 3 May 1988)

(5) Establishment of the General Committee

The Forty-first World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the delegates of the following 16 countries as members of the General Committee: Barbados; Bhutan; China; Cuba; France; Gabon; Ghana; Iraq; Nigeria; Peru; Qatar; Union of Soviet Socialist Republics; United Kingdom of Great Britain and Northern Ireland; United States of America; Zambia; and Zimbabwe.

(Second plenary meeting, 3 May 1988)
(A41/VR/2)

(6) Adoption of the agenda

The Forty-first World Health Assembly adopted the provisional agenda prepared by the Executive Board at its eighty-first session with the addition of one item and one sub-item, and the deletion of four items.

(Third plenary meeting, 3 May 1988)
(A41/VR/3)

(7) Verification of credentials

The Forty-first World Health Assembly recognized the validity of the credentials of the following delegations:

Members

Afghanistan; Albania; Algeria; Angola; Antigua and Barbuda; Argentina; Australia; Austria; Bahamas; Bahrain; Bangladesh; Barbados; Belgium; Benin; Bhutan; Bolivia; Botswana; Brazil; Brunei Darussalam; Bulgaria; Burkina Faso; Burma; Burundi; Cameroon; Canada; Cape Verde; Central African Republic; Chad; Chile; China; Colombia; Comoros; Congo; Cook Islands; Costa Rica; Côte d'Ivoire; Cuba; Cyprus; Czechoslovakia; Democratic Kampuchea; Democratic People's Republic of Korea; Democratic Yemen; Denmark; Djibouti; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Ethiopia; Finland; France; Gabon; Gambia; German Democratic Republic; Germany, Federal Republic of; Ghana; Greece; Grenada; Guatemala; Guinea; Guinea-Bissau; Haiti;[1] Honduras; Hungary; Iceland; India; Indonesia; Iran (Islamic Republic of); Iraq; Ireland; Israel; Italy; Jamaica; Japan; Jordan; Kenya; Kiribati; Kuwait; Lao People's Democratic Republic; Lebanon; Lesotho; Liberia; Libyan Arab Jamahiriya; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Mauritania; Mauritius; Mexico; Monaco; Mongolia; Morocco; Mozambique; Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; Norway; Oman; Pakistan; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Romania; Rwanda; Saint Vincent and the Grenadines; Samoa; San Marino; Sao Tome and Principe; Saudi Arabia; Senegal; Seychelles; Sierra Leone; Singapore; Solomon Islands; Somalia; Spain; Sri Lanka; Sudan; Suriname; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Thailand; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Uganda; Union of Soviet Socialist Republics; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Tanzania; United States of America; Uruguay; Venezuela; Viet Nam; Yemen; Yugoslavia; Zaire; Zambia; and Zimbabwe.

Associate Member

Namibia

(Fifth and fourteenth plenary meetings, 4 and 11 May 1988)
(A41/VR/5 and A41/VR/14)

(8) Report of the Director-General on the work of WHO in 1986-1987

The Forty-first World Health Assembly, after reviewing the Director-General's report on the work of the Organization in 1986-1987,[2] noted with satisfaction the manner in which the Organization's programme for this biennium had been implemented.

(Thirteenth plenary meeting, 9 May 1988)
(A41/VR/13)

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[1] Credentials provisionally accepted.

[2] The Work of WHO, 1986-1987: Biennial report of the Director-General. Geneva, World Health Organization, 1988.

(9) Conventions concerning nuclear accidents

The Forty-first World Health Assembly, having considered the Convention on Early Notification of a Nuclear Accident and the Convention on Assistance in the Case of a Nuclear Accident or Radiological Emergency, adopted in Vienna on 26 September 1986, requests the Director-General to make the necessary arrangements for the Organization's accession to both Conventions, indicating - in accordance with Article 12.5(c) and Article 14.5(c), respectively - that WHO is competent to act as the directing and coordinating authority in international health work in matters covered by the Conventions, and to provide related assistance upon the request or acceptance of governments, without prejudice to the national competence of each of its Member States.

(Fourteenth plenary meeting, 11 May 1988)
(A41/VR/14)

(10) Election of Members entitled to designate a person to serve on the Executive Board

The Forty-first World Health Assembly, after considering the recommendations of the General Committee,[1] elected the following as Members entitled to designate a person to serve on the Executive Board: Argentina; Austria; Czechoslovakia; India; Iran (Islamic Republic of); Libyan Arab Jamahiriya; Mozambique; Nicaragua; Tonga; and United Kingdom of Great Britain and Northern Ireland.

(Fourteenth plenary meeting, 11 May 1988)
(A41/VR/14)

(11) Annual report of the United Nations Joint Staff Pension Board for 1986

The Forty-first World Health Assembly noted the status of the operations of the Joint Staff Pension Fund, as indicated by the annual report of the United Nations Joint Staff Pension Board for the year 1986 and as reported by the Director-General.[2]

(Fifteenth plenary meeting, 13 May 1988)
(A41/VR/15)

(12) Appointment of representatives to the WHO Staff Pension Committee

The Forty-first World Health Assembly appointed Sir John Reid, in a personal capacity, as member of the WHO Staff Pension Committee, and the member of the Executive Board designated by the Government of the Libyan Arab Jamahiriya as alternate member of the Committee, the appointments being for a period of three years.

(Fifteenth plenary meeting, 13 May 1988)
(A41/VR/15)

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[1] Document A41/28.

[2] Document A41/15.

(13) Reports of the Executive Board on its eightieth and eighty-first sessions

The Forty-first World Health Assembly, after reviewing the Executive Board's reports on its eightieth[1] and eighty-first sessions,[2] approved the reports; commended the Board on the work it had performed; and expressed its appreciation of the dedication with which the Board had carried out the tasks entrusted to it. It requested the President to convey the thanks of the Health Assembly in particular to those members of the Board who would be completing their terms of office immediately after the closure of the Assembly.

(Fifteenth plenary meeting, 13 May 1988)
(A41/VR/15)

(14) Selection of the country in which the Forty-second World Health Assembly will be held

The Forty-first World Health Assembly, in accordance with Article 14 of the Constitution, decided that the Forty-second World Health Assembly would be held in Switzerland.

(Fifteenth plenary meeting, 13 May 1988)
(A41/VR/15)

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[1] Document EB80/1987/REC/1.

[2] Documents EB81/1988/REC/1 and EB81/1988/REC/2.

II. RESOLUTIONS

WHA41.1 - Appointment of the Director-General

WHA41.2 - Contract of the Director-General

WHA41.3 - Expression of appreciation to Dr Halfdan T. Mahler

WHA41.4 - Amendments to the Rules of Procedure of the World Health Assembly

WHA41.5 - Financial report and audited financial statements for the financial period 1 January 1986 - 31 December 1987 and report of the External Auditor to the World Health Assembly

WHA41.6 - Status of collection of assessed contributions and status of advances to the Working Capital Fund

WHA41.7 - Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution: Statement of Principles

WHA41.8 - Health conditions of the Arab population in the occupied Arab territories, including Palestine

WHA41.9 - Special Programme of Research, Development and Research Training in Human Reproduction

WHA41.10 - Revised appropriation resolution for the financial period 1988-1989

WHA41.11 - Infant and young child nutrition

WHA41.12 - Incentive scheme to promote timely payment of assessed contributions by Members

WHA41.13 - Real Estate Fund

WHA41.14 - Salaries and allowances for ungraded posts and the Director-General

WHA41.15 - Report of the World Commission on Environment and Development

WHA41.16 - Rational use of drugs

WHA41.17 - Ethical criteria for medicinal drug promotion

WHA41.18 - WHO certification scheme on the quality of pharmaceutical products moving in international commerce

WHA41.19 - Traditional medicine and medicinal plants

WHA41.20 - Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution

WHA41.21 - Health and medical assistance to Lebanon

WHA41.22 - Health assistance to refugees and displaced persons in Cyprus

WHA41.23 - Liberation struggle in southern Africa: assistance to the front-line States, Lesotho and Swaziland.

WHA41.24 - AIDS: avoidance of discrimination in relation to HIV-infected people and people with AIDS

WHA41.25 - Action programme on tobacco or health

WHA41.26 - Leadership development for health for all

WHA41.27 - The role of epidemiology in attaining health for all

WHA41.28 - Global eradication of poliomyelitis by the year 2000

WHA41.29 - Radionuclides in food: WHO guidelines for derived intervention levels

WHA41.30 - Implementation of technical cooperation among non-aligned and other developing countries

WHA41.31 - The embargo of medical supplies and its effect on health care

WHA41.32 - Difficult health situation experienced by the people of Panama

WHA41.33 - Health assistance to the people of Afghanistan

WHA41.34 - Strengthening primary health care

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FORTY-FIRST WORLD HEALTH ASSEMBLY

WHA41.1

Agenda item 14.1

4 May 1988

APPOINTMENT OF THE DIRECTOR-GENERAL

The Forty-first World Health Assembly,

On the nomination of the Executive Board,

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

Fifth plenary meeting, 4 May 1988
A41/VR/5

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FORTY-FIRST WORLD HEALTH ASSEMBLY

WHA41.2

Agenda item 14.2

4 May 1988

CONTRACT OF THE DIRECTOR-GENERAL

The Forty-first World Health Assembly,

I

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

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

II

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

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

Fifth plenary meeting, 4 May 1988
A41/VR/5

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.4

Agenda item 10 9 May 1988

AMENDMENTS TO THE RULES OF PROCEDURE OF THE WORLD HEALTH ASSEMBLY

The Forty-first World Health Assembly,

Considering resolution WPR/RC38.R8 of the Regional Committee for the Western Pacific and decision EB81(16);

ADOPTS the following amendments to the Rules of Procedure of the World Health Assembly:

Rule 24

Replace the word "twenty-four" by "twenty-five" in the first and second paragraphs.

Rule 31

Replace the word "twenty-four" by "twenty-five" in the first sentence of the first paragraph.

Thirteenth plenary meeting, 9 May 1988
A41/VR/13

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.5

Agenda item 27.1 11 May 1988

FINANCIAL REPORT AND AUDITED FINANCIAL STATEMENTS FOR THE FINANCIAL PERIOD 1 JANUARY 1986 - 31 DECEMBER 1987 AND REPORT OF THE EXTERNAL AUDITOR TO THE WORLD HEALTH ASSEMBLY

The Forty-first World Health Assembly,

Having examined the financial report and audited financial statements for the financial period 1 January 1986 - 31 December 1987 and the report of the External Auditor to the Health Assembly;[1]

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

ACCEPTS the Director-General's financial report and audited financial statements for the financial period 1 January 1986 - 31 December 1987 and the report of External Auditor to the Health Assembly.

Fourteenth plenary meeting, 11 May 1988
A41/VR/14

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[1] Document A41/6.

[2] Document A41/21.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.6

Agenda item 27.2 11 May 1988

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

The Forty-first World Health Assembly,

Noting with concern that as at 31 December 1987:

(a) the rate of collection in 1987 of current year contributions in respect of the effective working budget amounted to 78.47%, being the second-lowest rate since the year 1950;

(b) only 88 Members had paid their current year contributions to the effective working budget in full, and 50 Members had made no payment towards their current year contributions;

1. EXPRESSES concern at the alarming deterioration in the payment of contributions, which has had a deleterious effect on programme implementation and the financial situation during the current financial period;

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. URGES Members that systematically make a practice of late payment of contributions to take whatever steps may be necessary to ensure earlier payment;

4. REQUESTS the Director-General to draw the contents of this resolution to the attention of all Members.

Fourteenth plenary meeting, 11 May 1988
A41/VR/14

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.7

Agenda item 27.3 11 May 1988

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

The Forty-first World Health Assembly,

Recalling previous resolutions of the Health Assembly concerning Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution and, in particular, resolutions WHA8.13, WHA16.20 (part II) and WHA37.7 (paragraph 4);

ADOPTS the following statement of the principles that it intends henceforth to follow:

APPLICATION OF ARTICLE 7 OF THE CONSTITUTION IN THE CASE OF FAILURE TO MEET FINANCIAL OBLIGATIONS

1. Towards the end of the year preceding each Health Assembly, the Director-General will invite Members that will, unless corrective action is taken, be in arrears to an extent which would justify invoking Article 7 of the Constitution pursuant to resolution WHA8.13, to submit to the Executive Board a statement of their intentions as to the payment of arrears so that the Health Assembly, when it considers whether or not the right of vote of those Members is to be suspended, can make its decision on the basis of the statements of the Members and the recommendations of the Executive Board.

2. Unless there are exceptional circumstances justifying a different measure, the Health Assembly will adopt a decision, by a two-thirds majority pursuant to Rule 72 of the Rules of Procedure of the Health Assembly, under which the voting rights of a Member in arrears to the extent referred to in paragraph 1 above will be suspended as from the opening day of the following Health Assembly if at that time the Member is still in arrears to the extent referred to. If the Member is no longer in arrears to the said extent, the decision will lapse and the suspension will not take effect. Any suspension will be without prejudice to the right to request restoration pursuant to Article 7 of the Constitution.

Fourteenth plenary meeting, 11 May 1988
A41/VR/14

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.8

Agenda item 33 11 May 1988

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

The Forty-first 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;

Aware of its responsibility for ensuring proper health conditions for all peoples who suffer from exceptional situations, including foreign occupation and especially settler colonialism;

Affirming the principle that acquisition of territories by force is inadmissible and that any occupation of territories by force and the practice of repression and violence against the civilian population as well as acts of deportation and expulsion have serious repercussions on the health and psychosocial conditions of the people under occupation, including mental and physical health;

Expressing its deepest concern at the obstacles created by Israel to hamper the provision of basic health services and the establishment and strengthening of health centres and hospitals in the occupied Arab territories, including Palestine and the Golan;

Bearing in mind that the States parties to the Geneva Convention of 12 August 1949 are committed under Article I not only to respect the said Convention, but also to make sure that it is respected under all circumstances;

Recalling the United Nations resolution on the inalienable right of the Palestinian people to self-determination;

Recognizing the reasons behind the present uprising of the Palestinian people, affirming its support for the Arab population in the occupied Arab territories to enjoy freedom, health and security;

Affirming the right of Arab refugees and deportees to return to their land and property from which they were deported;

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

Expressing profound concern and disquiet at practices and measures resorted to by Israel in the occupied Arab territories at present;

Taking into consideration the report of the Special Committee of Experts on health conditions of the Arab population in the occupied Arab territories, including Palestine;[1]

Taking into consideration also the progress report of the Director-General on WHO collaborating centres in primary health care research in the occupied Arab territories;[2]

1. REAFFIRMS the right of the Palestinian people to have their own institutions that provide them with the health and social services required;

2. EXPRESSES ITS DEEPEST CONCERN at the deterioration of the health conditions of the population of the occupied Arab territories, including Palestine and the Golan;

3. AFFIRMS that the Israeli occupation is contradictory to the basic requirements for the development of an adequate health system to meet the needs of the population of the occupied Arab territories;

4. CONDEMNS Israel for its inhuman practices against the Arab populations in the occupied Arab territories and particularly against the Palestinian people in their present uprising, reflected in inflicting physical and psychological injury;

5. DEMANDS that Israel comply with the Geneva Convention of 1949 with respect to the Arab population under occupation;

6. CONDEMNS Israel for refusing to allow the Special Committee of Experts to visit the occupied Arab territories, including Palestine and the Golan, and demands that the Committee be allowed to perform its function of reviewing the health conditions of the inhabitants and submitting reports thereon to the World Health Assembly;

7. THANKS the Special Committee of Experts for its report and requests that the Committee continue performing its duties and submit its report on the health conditions of the Arab inhabitants of the occupied Arab territories, including Palestine and the Golan, to the Forty-second World Health Assembly, with particular reference to the physical and psychological effects of the inhumane practices of the Israeli authorities against the Palestinian people in their uprising against occupation;

8. DEMANDS that Israel allow the entry of medical and relief supplies for Arab inhabitants of the occupied Arab territories, including Palestine, and allow all institutions, societies and organizations, whether local or international, to develop and promote health care services for inhabitants of the occupied Arab territories, including Palestine and the Golan;

9. THANKS the Director-General for his efforts to implement Health Assembly resolutions and requests him:

(1) to take the necessary measures to enable the Special Committee of Experts to visit the occupied Arab territories and present its report to the Forty-second World Health Assembly;

(2) to collaborate and coordinate further with the Arab States concerned and with the Palestine Liberation Organization regarding the provision of the necessary assistance to the inhabitants of the occupied Arab territories, including Palestine;

(3) to provide further assistance to the centres that train cadres working in the health field, and train more Palestinian workers in that field, in order to develop primary health care services in the occupied Arab territories;

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[1] Document A41/9.

[2] Document A41/20.

(4) to continue the development of and further support to the health centres that are under the direct supervision of WHO in the occupied Arab territories and to strengthen their services;

(5) to provide financial and moral support to all local, Arab and international institutions, societies and organizations that seek to establish hospitals and health units in the occupied Arab territories;

(6) to present a report to the Forty-second World Health Assembly on the implementation of this resolution and measures that could be taken by it if Israel should persist in its refusal to implement Health Assembly resolutions concerning the health conditions of the Arab population of the occupied Arab territories, including Palestine;

10. THANKS all regional and international agencies and institutions for their assistance, in particular the United Nations Relief and Works Agency for Palestine Refugees in the Near East, and urges all Member States to support further those institutions.

Fourteenth plenary meeting, 11 May 1988
A41/VR/14

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.9

Agenda item 21 11 May 1988

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION

The Forty-first World Health Assembly,

Having considered the Director-General's progress report on the Special Programme of Research, Development and Research Training in Human Reproduction;

1. ENDORSES the policy guidelines outlined by the Director-General, with particular attention to the role of the Programme in:

(a) the continued assessment of existing technologies and the acceleration of the development of new technologies in fertility regulation;

(b) the building-up of national self-reliance in research on all aspects of human reproduction in developing countries to meet their specific needs in primary health care;

(c) promoting scientific and technical cooperation between developed and developing countries, and between developing countries;

(d) coordination of the global research effort in the field of reproductive health;

(e) promoting ethical practices in the field of human reproduction research to protect the health and rights of individuals in different social and cultural settings;

2. REAFFIRMS the close relationship between family planning, health and development, and the necessity to integrate family planning activities with those of maternal and child health;

3. EMPHASIZES the importance of ensuring the rapid and widespread application of the results of research supported by the Programme in countries' national health strategies and programmes;

4. APPROVES the co-sponsorship of the Programme by the World Bank, the United Nations Development Programme and the United Nations Population Fund, as outlined in the report of the Director-General;

5. URGES Member States to contribute, or to increase their contributions, to the Programme in order to accelerate the achievement of its objectives at the approved level.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.10

Supplementary Agenda item 1 11 May 1988

REVISED APPROPRIATION RESOLUTION FOR THE FINANCIAL PERIOD 1988-1989

The Forty-first World Health Assembly,

Noting the proposal of the Director-General and the recommendation of the Executive Board that an additional amount of US$ 13 961 000 of casual income available as at 31 December 1986 should be appropriated to help finance the 1988-1989 programme budget;

Noting also the proposal of the Director-General that the level of the effective working budget for the financial period 1988-1989 should be reduced by US$ 25 000 000;

DECIDES to amend the Appropriation Resolution for the financial period 1988-1989 (resolution WHA40.37) to read as follows:

"RESOLVES to appropriate for the financial period 1988-1989 an amount of US$ 679 590 300 as follows:

A.

Appropriation Section	Purpose of appropriation	Amount US$
1.	Direction, coordination and management ..	74 433 700
2.	Health system infrastructure	192 970 000
3.	Health science and technology: health promotion and care	110 239 600
4.	Health science and technology: disease prevention and control	86 223 900
5.	Programme support	145 112 800
	Effective working budget	608 980 000
6.	Transfer to Tax Equalization Fund	59 000 000
7.	Undistributed reserve	11 610 300
	Total	679 590 300

B. Amounts not exceeding the appropriations voted under paragraph A shall be available for the payment of obligations incurred during the financial period 1 January 1988 - 31 December 1989 in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial period 1988-1989 to sections 1-6.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made, this percentage being established in respect of section 1 exclusive of the provision made for the Director-General's and Regional Directors' Development Programme (US$ 10 163 000). The Director-General is also authorized to apply amounts not exceeding the provision for the Director-General's and Regional Directors' Development Programme to those sections of the effective working budget under which the programme expenditure will be incurred. All such transfers shall be reported in the financial report for the financial period 1988-1989. Any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.5.

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

	US $
(i) reimbursement of programme support costs by the United Nations Development Programme in the estimated amount of	4 000 000
(ii) casual income in the amount of	38 961 000
	42 961 000

thus resulting in assessments on Members of US$ 636 629 300. Notwithstanding the provision of Financial Regulation 5.3, the first annual instalment of the assessed contributions due from Members shall be US$ 325 438 350 and the second annual instalment of the assessed contributions due from Members shall be US$ 311 190 950. 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."

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.11

Agenda item 20 11 May 1988

INFANT AND YOUNG CHILD NUTRITION

The Forty-first World Health Assembly,

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

Recalling resolutions WHA33.32, WHA34.22 and WHA39.28 on infant and young child feeding and nutrition, and resolutions WHA37.18 and WHA39.31 on the prevention and control of vitamin A deficiency and xerophthalmia, and of iodine deficiency disorders;

Concerned at continuing decreasing breast-feeding trends in many countries, and committed to the identification and elimination of obstacles to breast-feeding;

Aware that appropriate infant and young child nutrition could benefit from further broad national, community and family interventions;

1. COMMENDS governments, women's organizations, professional associations, consumer and other nongovernmental groups, and the food industry for their efforts to promote appropriate infant and young child nutrition, and encourages them, in cooperation with WHO, to support national efforts for coordinated nutrition programmes and practical action at country level to improve the health and nutrition of women and children;

2. URGES Member States:

(1) to develop or enhance national nutrition programmes, including multisectoral approaches, with the objective of improving the health and nutritional status of their populations, especially that of infants and young children;

(2) to ensure practices and procedures that are consistent with the aim and principles of the International Code of Marketing of Breast-milk Substitutes, if they have not already done so;

3. REQUESTS the Director-General to continue to collaborate with Member States, through WHO regional offices and in collaboration with other agencies of the United Nations system, especially FAO and UNICEF:

(1) in identifying and assessing the main nutrient and dietary problems, developing national strategies to deal with them, applying these strategies, and monitoring and evaluating their effectiveness;

(2) in establishing effective nutritional status surveillance systems in order to ensure that all the main variables which collectively determine nutritional status are properly addressed;

(3) in compiling, analysing, managing and applying information that they have gathered on the nutritional status of their populations;

(4) in monitoring, together with other maternal and child health indicators, changes in the prevalence and duration of full and supplemented breast-feeding with a view to improving breast-feeding rates;

(5) in developing recommendations regarding diet, including timely complementary feeding and appropriate weaning practices, which are appropriate to national circumstances;

(6) in providing legal and technical assistance, upon request from Member States, in the drafting and/or the implementation of national codes of marketing of breast-milk substitutes, or other similar instruments;

(7) in designing and implementing collaborative studies to assess the impact of measures taken to promote breast-feeding and child nutrition in Member States.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.12

Agenda item 27.4 11 May 1988

INCENTIVE SCHEME TO PROMOTE TIMELY PAYMENT OF ASSESSED CONTRIBUTIONS BY MEMBERS

The Forty-first World Health Assembly,

Noting that in accordance with Financial Regulation 5.6 annual instalments of contributions are considered as due and payable in full as of the first day of the year to which they relate;

Recalling the past efforts of the Health Assembly, the Executive Board and the Director-General to ensure timely payment of contributions;

Noting the serious deterioration in the rate of payment of contributions in recent years;

Having been informed of the Joint Inspection Unit's recommendation to the effect that the governments which have met all their financial obligations concerning the payment of contributions should benefit from any surpluses to be credited to them, proportionate to the scale of contributions and in accordance with the timing of their payment during the previous budgetary period;

Agreeing that some incentive should be provided to Members to encourage them to advance the date of payment of their contributions;

Considering that the proposals made by the Director-General and endorsed by the Executive Board for an incentive scheme to promote timely payment of assessed contributions by Members are appropriate in the context of WHO's financial mechanisms;

1. DECIDES that an incentive scheme to promote timely payment of assessed contributions by Members to the Organization's regular budget as proposed by the Director-General and the Executive Board shall be effective as from the programme budget for 1992-1993, to be approved in 1991, based upon the record of Members' payments of assessed contributions in the years 1989 and 1990 and the record of the casual income earned in those two years and subjected to the scheme;

2. DECIDES FURTHER that, pursuant to this incentive scheme and to the extent that casual income is appropriated to help finance the budget, the component of such casual income consisting of interest earned shall be apportioned among Members in the form of credits against their gross assessments in accordance with an S-curve formula which takes into account not only the scale of assessments but also the dates and amounts of the payments of assessed contributions made by Members in respect of and during each year of the two-year period prior to the year in which a programme budget is adopted;

3. CONFIRMS that, as in the past, casual income exclusive of interest earned, which is appropriated to help finance the regular budget, will continue to be apportioned to Members in accordance with the WHO scale of assessments;

4. DECIDES to amend the text of Financial Regulation 5.3 to read as follows:

> 5.3 The Health Assembly shall adopt a total budget level and scale of assessments for the following financial period. The assessed contributions of Members based on the scale of assessments shall be divided, after applying credits due to Members in accordance with any financial incentive scheme that may be adopted by the Health Assembly, into two equal annual instalments, the first of which shall relate to the first year and the second of which shall relate to the second year of the financial period. In the first year of the financial period, the Health Assembly may decide to amend the scale of assessments to be applied to the second year of the financial period.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.13

Agenda item 31 11 May 1988

REAL ESTATE FUND

The Forty-first World Health Assembly,

Having considered resolution EB81.R3 and 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 1988 to 31 May 1989;[1]

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, and paragraphs 27 and 28 of the addendum to that report,[2] at the estimated cost of US$ 386 250;

2. AGREES in principle that the Regional Director for the Eastern Mediterranean pursue negotiations with the Egyptian authorities concerning the extension of the Regional Office building in Alexandria.

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[1] Document EB81/1988/REC/1, Annex 2, part 1.

[2] Document EB81/1988/REC/1, Annex 2, part 2.

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FORTY-FIRST WORLD HEALTH ASSEMBLY

WHA41.14

Agenda item 32

11 May 1988

SALARIES AND ALLOWANCES FOR UNGRADED POSTS AND THE DIRECTOR-GENERAL

The Forty-first 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$ 95 100 per annum before staff assessment, resulting in a modified net salary of US$ 59 203 (dependency rate) or US$ 53 891 (single rate);

2. ESTABLISHES the salary for the post of Deputy Director-General at US$ 106 769 per annum before staff assessment, resulting in a modified net salary of US$ 65 320 (dependency rate) or US$ 58 892 (single rate);

3. ESTABLISHES the salary for the Director-General at US$ 131 981 per annum before staff assessment, resulting in a modified net salary of US$ 78 430 (dependency rate) or US$ 69 178 (single rate);

4. DECIDES that these adjustments in remuneration shall be effective from 1 April 1988.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.15

Agenda item 34.1 11 May 1988

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM - GENERAL MATTERS

Report of the World Commission on Environment and Development

The Forty-first World Health Assembly,

Welcoming the report of the World Commission on Environment and Development, entitled Our common future, and calling particular attention to its conclusions and recommendations as they relate to the mandate of WHO;

Noting United Nations General Assembly resolution 42/187 of 11 December 1987, transmitting to all governments and to the governing bodies of the organs, organizations and programmes of the United Nations system the report of the World Commission on Environment and Development, and inviting them to take account of the analysis and recommendations contained in the report in determining their policies and programmes;

Noting further that, in the same resolution, the General Assembly called upon the governing bodies of the organs, organizations and programmes of the United Nations system to review their policies, programmes, budgets and activities aimed at contributing to sustainable development;

1. REQUESTS the Director-General, the Executive Board and its Programme Committee, in preparing the programme budget for the biennium 1990-1991, to take into account the recommendations in the report of the World Commission on Environment and Development in all relevant programme areas, in order to contribute to sustainable development;

2. FURTHER REQUESTS the Director-General to submit to the eighty-third session of the Executive Board a progress report on WHO's contribution to the international efforts towards sustainable development as a contribution to the report to be submitted to the forty-fourth session of the United Nations General Assembly in accordance with operative paragraph 18 of General Assembly resolution 42/187.

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FORTY-FIRST WORLD HEALTH ASSEMBLY

WHA41.16

Agenda item 23

13 May 1988

RATIONAL USE OF DRUGS

The Forty-first World Health Assembly,

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

Having reviewed the report of the Executive Board on the implementation of WHO's revised drug strategy, aimed at ensuring the rational use of drugs;

1. NOTES with satisfaction that, in spite of severe financial constraints, the revised drug strategy is being carried out almost in its entirety, the implementation of the remaining components having been delayed solely due to lack of resources;

2. CONGRATULATES all parties concerned that have fulfilled their responsibilities in compliance with resolution WHA39.27, and encourages them to continue to do so;

3. INVITES bilateral agencies, multilateral agencies inside and outside the United Nations system, and voluntary organizations, to support developing countries in setting up and carrying out programmes aimed at ensuring the rational use of drugs, particularly essential drugs programmes, and thanks those that are already doing so;

4. REQUESTS governments and pharmaceutical manufacturers to cooperate in the detection and prevention of the increasing incidence of the export or smuggling of falsely labelled, counterfeited or substandard pharmaceutical preparations

5. REQUESTS the Director-General:

(1) to implement the remaining components of the revised drug strategy, seeking extrabudgetary resources in addition to those in the regular budget to this end;

(2) to include in his biennial reports to the Health Assembly information on the implementation of the revised drug strategy, and to provide reports thereon to the Executive Board from time to time, as necessary;

(3) to initiate programmes for the prevention and detection of the export, import and smuggling of falsely labelled, spurious, counterfeited or substandard pharmaceutical preparations, and to cooperate with the Secretary-General of the United Nations in such cases when the provisions of the international drug treaties are violated.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.17

Agenda item 23 13 May 1988

ETHICAL CRITERIA FOR MEDICINAL DRUG PROMOTION

The Forty-first World Health Assembly,

Recalling resolutions WHA21.41 and WHA39.27;

Having considered the report of the Executive Board concerning the ethical criteria for medicinal drug promotion based on a draft prepared by an international group of experts;

Convinced that observance of ethical criteria for medicinal drug promotion by all parties concerned will contribute to a more rational use of drugs;

1. THANKS the international group of experts for its work;

2. ENDORSES the ethical criteria for medicinal drug promotion that are annexed to this resolution, on the understanding that they constitute general principles that could be adapted by governments to countries' circumstances as appropriate to their political, economic, cultural, social, educational, scientific and technical situation, their national laws and regulations, disease profile, therapeutic traditions, and the level of development of their health system, and that they do not constitute legal obligations;

3. URGES Member States:

(1) to take account of these ethical criteria in developing their own appropriate measures to ensure that medicinal drug promotion supports the aim of improving health care through the rational use of drugs;

(2) to monitor and enforce, where appropriate, the implementation of the measures they have developed;

4. APPEALS to pharmaceutical manufacturers and distributors, the promotion industry, health personnel involved in the prescription, dispensing, supply and distribution of drugs, universities and other teaching institutions, professional associations, patient and consumer groups, the professional and general media (including publishers and editors of medical journals and related publications), and the public:

(1) to use these criteria as appropriate to their spheres of competence, activity and responsibility;

(2) to adopt measures based on these criteria as appropriate, and monitor and enforce their standards;

5. REQUESTS the Director-General:

(1) to ensure the wide dissemination of these criteria in all official languages;

(2) to follow the practice of these criteria and to report to the Executive Board from time to time as appropriate.

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ANNEX

ETHICAL CRITERIA FOR MEDICINAL DRUG PROMOTION

CONTENTS

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Introduction

1. Following the WHO Conference of Experts on the Rational Use of Drugs held in Nairobi in November 1985, WHO prepared a revised drug strategy which was endorsed by the Thirty-ninth World Health Assembly in May 1986 in resolution WHA39.27. This strategy includes, among other components, the establishment of ethical criteria for drug promotion based on the updating and extension of the ethical and scientific criteria established in 1968 by the Twenty-first World Health Assembly in resolution WHA21.41. The criteria that follow have been prepared in compliance with the above on the basis of a draft elaborated by an international group of experts.

Objective

2. The main objective of ethical criteria for medicinal drug promotion is to support and encourage the improvement of health care through the rational use of medicinal drugs.

Ethical criteria

3. The interpretation of what is ethical varies in different parts of the world and in different societies. The issue in all societies is what is proper behaviour. Ethical criteria for drug promotion should lay the foundation for proper behaviour concerning the

Annex

promotion of medicinal drugs, consistent with the search for truthfulness and righteousness. The criteria should thus assist in judging if promotional practices related to medicinal drugs are in keeping with acceptable ethical standards.

Applicability and implementation of criteria

4. These criteria constitute general principles for ethical standards which could be adapted by governments to national circumstances as appropriate to their political, economic, cultural, social, educational, scientific and technical situation, laws and regulations, disease profile, therapeutic traditions and the level of development of their health system. They apply to prescription and non-prescription medicinal drugs ("over-the-counter drugs"). They also apply generally to traditional medicines as appropriate, and to any other product promoted as a medicine. The criteria could be used by people in all walks of life; by governments; the pharmaceutical industry (manufacturers and distributors); the promotion industry (advertising agencies, market research organizations and the like); health personnel involved in the prescription, dispensing, supply and distribution of drugs; universities and other teaching institutions; professional associations; patients' and consumer groups; and the professional and general media (including publishers and editors of medical journals and related publications). All these are encouraged to use the criteria as appropriate to their spheres of competence, activity and responsibility. They are also encouraged to take the criteria into account in developing their own sets of ethical standards in their own field relating to medicinal drug promotion.

5. The criteria do not constitute legal obligations; governments may adopt legislation or other measures based on them as they deem fit. Similarly, other groups may adopt self-regulatory measures based on them. All these bodies should monitor and enforce their standards.

Promotion

6. In this context, "promotion" refers to all informational and persuasive activities by manufacturers and distributors, the effect of which is to induce the prescription, supply, purchase and/or use of medicinal drugs.

7. Active promotion within a country should take place only with respect to drugs legally available in the country. Promotion should be in keeping with national health policies and in compliance with national regulations, as well as with voluntary standards where they exist. All promotion-making claims concerning medicinal drugs should be reliable, accurate, truthful, informative, balanced, up-to-date, capable of substantiation and in good taste. They should not contain misleading or unverifiable statements or omissions likely to induce medically unjustifiable drug use or to give rise to undue risks. The word "safe" should only be used if properly qualified. Comparison of products should be factual, fair and capable of substantiation. Promotional material should not be designed so as to disguise its real nature.

8. Scientific data in the public domain should be made available to prescribers and any other person entitled to receive it, on request, as appropriate to their requirements. Promotion in the form of financial or material benefits should not be offered to or sought by health care practitioners to influence them in the prescription of drugs.

9. Scientific and educational activities should not be deliberately used for promotional purposes.

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Advertising

(a) Advertisements in all forms to physicians and health-related professionals

10. The wording and illustrations in advertisements to physicians and related health professionals should be fully consistent with the approved scientific data sheet for the drug concerned or other source of information with similar content. The text should be fully legible.

11. Some countries require that advertisements should contain full product information, as defined by the approved scientific data sheet or similar document, for a given period from the date of first promotion or for the full product life. Advertisements that make a promotional claim should at least contain summary scientific information.

12. The following list, based on the sample drug information sheet contained in the second report of the WHO Expert Committee on the Use of Essential Drugs[1] and appended for ease of reference, can serve as an illustration of the type of information that such advertisements should usually contain, among others:

- the name(s) of the active ingredient(s) using either international nonproprietary names (INN) or the approved generic name of the drug;
- the brand name;
- content of active ingredient(s) per dosage form or regimen;
- name of other ingredients known to cause problems;
- approved therapeutic uses;
- dosage form or regimen;
- side-effects and major adverse drug reactions;
- precautions, contra-indications and warnings;
- major interactions;
- name and address of manufacturer or distributor;
- reference to scientific literature as appropriate.

13. Where advertisements are permitted without claims (reminder advertisements), they ought to include at least the brand name, the international nonproprietary name or approved generic name, the name of each active ingredient, and the name and address of the manufacturer or distributor for the purpose of receiving further information.

(b) Advertisements in all forms to the general public

14. Advertisements to the general public should help people to make rational decisions on the use of drugs determined to be legally available without a prescription. While they should take account of people's legitimate desire for information regarding their health, they should not take undue advantage of people's concern for their health. They

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[1] WHO Technical Report Series, No. 722, 1985, p. 43.

should not generally be permitted for prescription drugs or to promote drugs for certain serious conditions that can be treated only by qualified health practitioners, for which certain countries have established lists. To fight drug addiction and dependency, scheduled narcotic and psychotropic drugs should not be advertised to the general public. While health education aimed at children is highly desirable, drug advertisements should not be directed at children. Advertisements may claim that a drug can cure, prevent, or relieve an ailment only if this can be substantiated. They should also indicate, where applicable, appropriate limitations to the use of the drug.

15. When lay language is used, the information should be consistent with the approved scientific data sheet or other legally determined scientific basis for approval. Language which brings about fear or distress should not be used.

16. The following list serves as an illustration of the type of information advertisements to the general public should contain, taking into account the media employed:

- the name(s) of the active ingredient(s) using either international nonproprietary names (INN) or the approved generic name of the drug;
- the brand name;
- major indication(s) for use;
- major precautions, contra-indications and warnings;
- name and address of manufacturer or distributor.

Information on price to the consumer should be accurately and honestly portrayed.

Medical representatives

17. Medical representatives should have an appropriate educational background. They should be adequately trained. They should possess sufficient medical and technical knowledge and integrity to present information on products and carry out other promotional activities in an accurate and responsible manner. Employers are responsible for the basic and continuing training of their representatives. Such training should include instruction regarding appropriate ethical conduct taking into consideration the WHO criteria. In this context, exposure of medical representatives and trainees to feedback from the medical and allied professions and from independent members of the public, particularly regarding risks, can be salutary.

18. Medical representatives should make available to prescribers and dispensers complete and unbiased information for each product discussed, such as an approved scientific data sheet or other source of information with similar content.

19. Employers should be responsible for the statements and activities of their medical representatives. Medical representatives should not offer inducements to prescribers and dispensers. Prescribers and dispensers should not solicit such inducements. In order to avoid over-promotion, the main part of the remuneration of medical representatives should not be directly related to the volume of sales they generate.

Free samples of prescription drugs for promotional purposes

20. Free samples of legally available prescription drugs may be provided in modest quantities to prescribers, generally on request.

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Free samples of non-prescription drugs to the general public for promotional purposes

21. Countries vary in their practices regarding the provision of free samples of non-prescription drugs to the general public, some countries permitting it, some not. Also, a distinction has to be made between provision of free drugs by health agencies for the care of certain groups and the provision of free samples to the general public for promotional purposes. The provision of free samples of non-prescription drugs to the general public for promotional purposes is difficult to justify from a health perspective. If this practice is legally permitted in any country, it should be handled with great restraint.

Symposia and other scientific meetings

22. Symposia are useful for disseminating information. The objective scientific content of such meetings should be paramount, and presentations by independent scientists and health professionals are helpful to this end. Their educational value may be enhanced if they are organized by scientific or professional bodies.

23. The fact of sponsorship by a pharmaceutical manufacturer or distributor should be clearly stated in advance, at the meeting and in any proceedings. The latter should accurately reflect the presentations and discussions. Entertainment or other hospitality, and any gifts offered to members of the medical and allied professions, should be secondary to the main purpose of the meeting and should be kept to a modest level.

24. Any support to individual health practitioners to participate in any domestic or international symposia should not be conditional upon any obligation to promote any medicinal product.

Post-marketing scientific studies, surveillance and dissemination of information

25. Post-marketing clinical trials for approved medicinal drugs are important to ensure their rational use. It is recommended that appropriate national health authorities be made aware of any such studies and that relevant scientific and ethical committees confirm the validity of the research. Intercountry and regional cooperation in such studies may be useful. Substantiated information on such studies should be reported to the appropriate national health authorities and disseminated as soon as possible.

26. Post-marketing scientific studies and surveillance should not be misused as a disguised form of promotion.

27. Substantiated information on hazards associated with medicinal drugs should be reported to the appropriate national health authority as a priority, and should be disseminated internationally as soon as possible.

Packaging and labelling

28. Appropriate information being important to ensure the rational use of drugs, all packaging and labelling material should provide information consistent with that approved by the country's drug regulatory authority. Where one does not exist or is rudimentary, such material should provide information consistent with that approved by the drug regulatory authority of the country from which the drug is imported or other reliable sources of information with similar content. Any wording and illustration on the package and label should conform to the principles of ethical criteria enunciated in this document.

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Information for patients: package inserts, leaflets and booklets

29. Adequate information on the use of medicinal drugs should be made available to patients. Such information should be provided by physicians or pharmacists whenever possible. When package inserts or leaflets are required by governments, manufacturers or distributors should ensure that they reflect only the information that has been approved by the country's drug regulatory authority. If package inserts or leaflets are used for promotional purposes, they should comply with the ethical criteria enunciated in this document. The wording of the package inserts or leaflets, if prepared specifically for patients, should be in lay language on condition that the medical and scientific content is properly reflected.

30. In addition to approved package inserts and leaflets wherever available, the preparation and distribution of booklets and other informational material for patients and consumers should be encouraged as appropriate. Such material should also comply with the ethical criteria enunciated in this document.

Promotion of exported drugs

31. Ethical criteria for the promotion of exported drugs should be identical with those relating to drugs for domestic use. It is desirable that exporting and importing countries that have not already done so should use the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce.

Annex

Appendix

SAMPLE DRUG INFORMATION SHEET[1]

Drug information sheets

Various types of information are needed by prescribers and consumers to ensure the safe and effective use of drugs. The following list is a sample that should be adjusted to meet the needs and abilities of the prescriber.

(1) International Nonproprietary Name (INN) of each active substance.

(2) Pharmacological data: a brief description of pharmacological effects and mechanism of action.

(3) Clinical information:

  (a) Indications: whenever appropriate, simple diagnostic criteria should be provided.

  (b) Dosage regimen and relevant pharmacokinetic data:

    - average and range for adults and children;
    - dosing interval;
    - average duration of treatment;
    - special situations, e.g., renal, hepatic, cardiac, or nutritional insufficiencies that require either increased or reduced dosage.

  (c) Contra-indications.

  (d) Precautions and warnings (reference to pregnancy, lactation, etc.).

  (e) Adverse effects (quantify by category, if possible).

  (f) Drug interactions (include only if clinically relevant; drugs used for self-medication should be included).

  (g) Overdosage:

    - brief clinical description of symptoms;
    - non-drug treatment and supportive therapy;
    - specific antidotes.

(4) Pharmaceutical information:

  (a) Dosage forms.

  (b) Strength of dosage form.

  (c) Excipients.

  (d) Storage conditions and shelf-life (expiry date).

  (e) Pack sizes.

  (f) Description of the product and package.

  (g) Legal category (narcotic or other controlled drug, prescription or non-prescription).

  (h) Name and address of manufacturer(s) and importer(s).

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[1] Reproduced from The use of essential drugs: second report of the WHO Expert Committee on the Use of Essential Drugs (WHO Technical Report Series, No. 722, 1985, p. 43).

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.18

Agenda item 23 13 May 1988

WHO CERTIFICATION SCHEME ON THE QUALITY OF PHARMACEUTICAL PRODUCTS MOVING IN INTERNATIONAL COMMERCE

The Forty-first World Health Assembly,

Taking note of previous resolutions on the question;

Having examined the Director-General's report on the rational use of drugs, and in particular the proposed amendments to the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce;

Noting the fact that, in any case of obvious doubt, any Member State may request the Organization for assistance in finding an independent collaborating centre to carry out batch tests for the purposes of quality control;

1. ADOPTS the attached revised text of the expanded WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce;

2. INVITES Member States which are not yet participating in the Scheme to do so;

3. RECOMMENDS to Member States that they implement as far as possible all the provisions of the expanded WHO Certification Scheme;

4. REQUESTS the Director-General to report, in the context of his report on WHO's revised drug strategy to a future World Health Assembly, on the progress accomplished in the implementation of the expanded WHO Certification Scheme.

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ANNEX

CERTIFICATION SCHEME ON THE QUALITY OF PHARMACEUTICAL PRODUCTS MOVING IN INTERNATIONAL COMMERCE

Part I - Certification of a Pharmaceutical Product

1. For the purpose of this Certification Scheme "pharmaceutical product" means any medicine intended for human use, or a veterinary product administered to food-producing animals, presented in its finished dosage form or as a starting material for use in such a dosage form, when it is subject to control by legislation in the exporting Member State and in the importing Member State. It should be noted that, as a matter of policy, some Member States do not inspect manufacturers of starting materials, while in other countries such inspection is limited to selected active ingredients.

2. A pharmaceutical product exported or imported under this Certification Scheme would be certified by the competent authority of the exporting Member State on a Certificate of a Pharmaceutical Product, issued at the request of the interested party, to be sent to the competent authority of the importing Member State, which would decide to grant or to refuse the authorization for sale or distribution of the certified product, or to make the authorization conditional on the submission of supplementary data.

3. The issue of the Certificate of a Pharmaceutical Product would be subject to the conditions required by the competent authority of the exporting Member State in order to certify that:

(a) the product is authorized for sale or distribution within the exporting Member State (if not, the reasons therefore would be stated on the certificate); and

(b) the manufacturing plant in which the product is produced is subject to inspection at suitable intervals to show that the manufacturer conforms to requirements for good practices in manufacture and quality control, as recommended by the World Health Organization, in respect of products to be sold or distributed within the country of origin or to be exported.

A suggested layout of a Certificate of a Pharmaceutical Product with explanatory notes is attached.

4. Certification of individual batches of pharmaceutical products and substances is only undertaken exceptionally by the competent authorities of Member States. Even then, it is rarely applied other than to vaccines and other biologicals. If certificates of individual batches of a product covered by a Certificate of a Pharmaceutical Product are required, such certificates could be issued either by the manufacturer or by the competent authority of the exporting Member State, according to the nature of the product and the requirements of the exporting Member State or of the importing Member State. The batch certificate would indicate the name and dosage form of the product, the batch number, the expiry date and storage conditions, a reference to the Certificate of a Pharmaceutical Product, and a statement that the batch conforms either to the requirements of the competent authority for sale or distribution within the exporting Member State (with reference to the authorization) or, as the case may be, to published specifications, or to established specifications to be provided by the manufacturer. The certificate could also include data on packaging, labelling, nature of the container, the date of manufacture, results of analysis and on stability, and other information such as an approved technical summary of the data regarding safety and efficacy on which the domestic marketing authorization is based.

Annex

Part II - Exchange of Information

1. Upon the request of the competent authority of the Member State into which a pharmaceutical product covered by this Certification Scheme is to be or has been imported, the competent authority of the exporting Member State should provide:

(a) information on the implementation of the Requirements for Good Practices in the Manufacture and Quality Control of Drugs as recommended by the World Health Organization;[1]

(b) information on controls of the product as exercised by the competent authority of the exporting Member State;

(c) the names and functions of the persons designated to sign certificates of individual batches of the product to be exported;

(d) copies of all information and labelling supplied with the product, as provided on packaging materials and package inserts, and whether directed to the prescriber or the patient, that have been approved by the competent authority in the exporting Member State, together with the date(s) on which such approval was accorded.

Information on general and specific standards for quality control of the product to be exported, in so far as they are required to comply with legislative provisions of the importing Member State, could also be supplied with the consent of the manufacturer.

2. In the case of quality defects of products imported under this Certification Scheme that are considered to be of a serious nature by the importing country, not attributable to local conditions and circumstances, and appearing after the introduction of a particular batch into the importing Member State, the competent authority should notify the occurrence, together with the relevant facts, to the competent authority of the exporting Member State that had issued the Certificate for the product concerned, with a request to institute inquiries. Conversely, if the competent authority of the exporting Member State ascertains serious quality defects, that competent authority should notify the competent authority of the importing Member State.

Part III - Participating Member States

1. Each Member State agreeing to participate in the Certification Scheme shall communicate (a) the name and address of its principal authority to be considered as competent within the meaning of the Certification Scheme, and (b) any significant reservations relating to its participation, to the Director-General of the World Health Organization, who would notify all other Member States.

2. Exporting Member States participating in the Certification Scheme shall ensure that:

(a) authorization for sale or distribution of pharmaceutical products is subject to appropriate testing measures, by the competent authority, designed to ensure their quality and stability, and that adequate laboratory facilities are available for this purpose;

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[1] It is realized that in some countries this may require the consent of the manufacturer.

Annex

(b) the pharmaceutical industry is obliged to conform to requirements for good practices in the manufacture and quality control of drugs as recommended by the World Health Organization;

(c) the competent authority is empowered to conduct appropriate investigations to ensure that manufacturers conform to the requirements referred to in (b), including, for example, the examination of records and the taking of samples;

(d) the inspectors in the services of its competent authority have appropriate qualifications and experience.

3. Exporting Member States participating in the Certification Scheme should, whenever possible, ensure that the international nonproprietary names, whenever available, are used in the description of the composition of the product on the Certificates and, as far as possible, appear on the labelling of pharmaceutical products to be exported under the Certification Scheme.

Annex

CERTIFICATE OF A PHARMACEUTICAL PRODUCT[1]
(Proposed layout)

Name and dosage form of product: .....
Name and amount of each active ingredient:[2] .....
.....
.....
Manufacturer, and/or when applicable, the person responsible for placing the product on the market: .....
.....
Address(es): .....

It is certified that:

_ This product has been authorized to be placed on the market for use in this country.
Number of permit and date of issue (if applicable): .....
.....

_ The enclosed documents constitute the complete text of all labelling and prescribing information which is authorized for use in this country.

_ This product has not been authorized to be placed on the market for use in this country for the following reasons: .....
.....
.....

It is also certified that (a) the manufacturing plant in which the product is produced is subject to inspections at suitable intervals and (b) the manufacturing conforms to requirements for good practices in the manufacture and quality control, as recommended by the World Health Organization, in respect of products to be sold or distributed within the country of origin or to be exported. (See Explanatory Notes.)

....
(Signature of designated authority) (Place and date)

Explanatory Notes

Certificate of a Pharmaceutical Product

This certificate is intended to define the status of the pharmaceutical product and its manufacturer in the exporting country. It is issued by the competent authority in the exporting country in accordance with the requirements of the competent authority of the importing country. It may be required by the importing country at the time of the first importation and subsequently if confirmation or updating is required.

The requirements for good practices in the manufacture and quality control of drugs mentioned in the certificate refer to the text adopted by the Twenty-eighth World Health Assembly in its resolution WHA28.65 (see WHO Official Records, No. 226, 1975, Annex 12, Part 1).

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[1] The certificate is intended to be product specific. The approved information for different dosage forms of the same active substance frequently differs in fundamental aspects. Confusion will inevitably arise if information relating to different products, or even different dosage forms, is attached to the same certificate.

[2] Use, whenever possible, international nonproprietary names (INNs) or national nonproprietary names.

Annex

Batch certificates

Certification of individual batches of a pharmaceutical product or substance is only undertaken exceptionally by the competent authorities of Member States. Even then, it is rarely applied other than to vaccines and other biologicals. If certificates of individual batches of products covered by a Certificate of a Pharmaceutical Product is required, such certificates could be issued either by the manufacturer or by the competent authority of the exporting Member State, according to the nature of the product and the requirements of the exporting Member State or of the importing Member State. The batch certificate would indicate the name and dosage form of the product, the batch number, the expiry date and storage conditions, a reference to the Certificate of a Pharmaceutical Product and a statement that the batch conforms either to the requirements of the competent authority for sale or distribution within the exporting Member State (with reference to the authorization) or, where appropriate, to published specifications or to established specifications to be provided by the manufacturer. The certificate could also include data on packaging, labelling, nature of the container, the date of manufacture, results of analysis, stability data and other information such as an approved technical summary of the data regarding safety and efficacy on which the domestic marketing authorization is based.

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FORTY-FIRST WORLD HEALTH ASSEMBLY

WHA41.19

Agenda item 23

13 May 1988

TRADITIONAL MEDICINE AND MEDICINAL PLANTS

The Forty-first World Health Assembly,

Recalling resolutions of the Health Assembly concerning traditional medicine in general (WHA40.33) and medicinal plants in particular (WHA31.33);

Realizing that, as a consequence of the loss of plant diversity around the world, many of the plants that provide traditional and modern drugs are threatened with extinction;

Commending the Director-General for having taken the initiative of convening an International Consultation on the Conservation of Medicinal Plants, in association with the International Union for the Conservation of Nature and Natural Resources and the World Wildlife Fund;

Noting that the Consultation resulted in the adoption of the Chiang Mai Declaration reaffirming commitment to the collective goal of "Health for All by the Year 2000" through the primary health care approach, and to the principles of conservation and sustainable development outlined in the World Conservation Strategy;[1]

Endorsing the call for international cooperation and coordination to establish programmes for the conservation of medicinal plants, to ensure that adequate quantities are available for future generations;

1. URGES Member States:

(1) to examine the situation with regard to their indigenous medicinal plants;

(2) to take effective measures to ensure their conservation and encourage their sustainable utilization;

2. REQUESTS the Director-General:

(1) to promote intercountry meetings for the dissemination of knowledge and the exchange of experience on the subject;

(2) to collaborate with Member States in the design and implementation of programmes for the conservation and sustainable utilization of medicinal plants;

(3) to report on the progress achieved to a subsequent World Health Assembly.

Fifteenth plenary meeting, 13 May 1988
A41/VR/15

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[1] Document A41/INF.DOC./8.

FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.20

Agenda item 27.3 13 May 1988

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

Replace the draft resolution proposed in paragraph 5 of document A41/8 by the following text:

The Forty-first World Health Assembly,

Having considered the report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Forty-first 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]

Having noted that Benin, Chad, Comoros, Dominican Republic, Equatorial Guinea, Grenada, Guatemala, Liberia, Libyan Arab Jamahiriya, Saint Lucia, and Sierra Leone were in arrears at the time of the opening of the 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;

Having been informed that as a result of payments made by Chad and the Libyan Arab Jamahiriya after the opening of the Forty-first World Health Assembly, these two Member States each owe amounts which are less than the amounts due from each of them for the preceding two full years;

Noting that Equatorial Guinea, Grenada, Liberia and Saint Lucia have either communicated with the Director-General prior to the opening of the Forty-first World Health Assembly indicating their intention to settle their arrears or have made some payments towards their contributions prior to that date;

Noting further that Benin, Comoros, Dominican Republic, Guatemala and Sierra Leone have neither communicated to the Director-General prior to the opening of the Forty-first World Health Assembly their intention to settle their arrears nor made any payments towards their contributions prior to that date;

1. EXPRESSES serious concern at the number of Members in recent years which have been in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution;

2. URGES the Members concerned to regularize their position at the earliest possible date;

3. FURTHER URGES those Members which have not communicated their intention to settle their arrears to do so as a matter of urgency;

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[1] Document A41/8.

4. REQUESTS the Director-General to approach, through the Regional Directors, 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 having given the Members concerned an opportunity to explain their situation to the Board, to report to the Forty-second World Health Assembly on the situation with respect to the payment of contributions;

6. DECIDES:

(1) that if, by the time of the opening of the Forty-second World Health Assembly, Benin, Comoros, Dominican Republic, Guatemala and Sierra Leone 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, unless the Executive Board has previously found that the Member concerned is faced with exceptional difficulties and the Member has made a payment considered by the Board to be reasonable in the circumstances;

(2) that any suspension which takes effect as aforesaid shall continue until the arrears of the Member State concerned have been reduced, at the next and subsequent Health Assembly sessions, 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 State to request restoration of its voting privileges in accordance with Article 7 of the Constitution.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.21

Agenda item 34.2 13 May 1988

HEALTH AND MEDICAL ASSISTANCE TO LEBANON

The Forty-first World Health Assembly,

Recalling resolutions WHA29.40, WHA30.27, WHA31.26, WHA32.19, WHA33.23, WHA34.21, WHA35.19, WHA36.23, WHA37.25, WHA38.26, WHA39.12 and WHA40.21 on health and medical assistance to Lebanon;

Taking note of United Nations General Assembly resolutions 33/146 of 20 December 1978, 34/135 of 14 December 1979, 35/85 of 5 December 1980, 36/205 of 16 December 1981, 37/163 of 17 December 1982, 38/220 of 20 December 1983, 39/197 of 17 December 1984, 40/229 of 17 December 1985, 41/196 of 8 December 1986 and 42/199 of 11 December 1987 on international assistance for the reconstruction and development of Lebanon, calling on the specialized agencies, organs and other bodies of the United Nations to expand and intensify programmes of assistance within the framework of the needs of Lebanon;

Having examined the Director-General's report[1] on the action taken by WHO, in cooperation with other international bodies, for emergency health and medical assistance to Lebanon in 1987 and the first quarter of 1988;

Aware that the situation arising from the increase in the numbers of wounded, handicapped and displaced persons and the paralysis of economic activities requires urgent health and medical assistance;

Aware that the increased financial burden upon the State, coinciding with the alarming drop in budgetary revenue, requires assistance to the health services that are the responsibility of the State;

Noting the health and medical assistance provided by the Organization to Lebanon during 1987-1988;

1. EXPRESSES its appreciation to the Director-General for his continuous efforts to mobilize health and medical assistance to Lebanon;

2. EXPRESSES also its appreciation to all the international agencies, organs and bodies of the United Nations, and to all governmental and nongovernmental organizations, for their cooperation with WHO in this regard;

3. CONSIDERS that the growing health and medical problems in Lebanon, which have recently reached a critical level, constitute a source of great concern and necessitate thereby a continuation and substantial expansion of programmes of health and medical assistance to Lebanon;

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[1] Document A41/12 Rev.1.

4. REQUESTS the Director-General to continue and expand substantially the Organization's programmes of health, medical and relief assistance to Lebanon and to allocate for this purpose, as far as possible, funds from the regular budget and other financial resources;

5. CALLS UPON the specialized agencies, organs and bodies of the United Nations, and on all governmental and nongovernmental organizations, to intensify their cooperation with WHO in this field, and in particular to put into operation the recommendations of the report on the reconstruction of the health services of Lebanon;

6. CALLS UPON Member States to increase their technical and financial support for relief operations and the reconstruction of the health services of Lebanon in consultation with the Ministry of Health in Lebanon;

7. CALLS UPON donors, as far as possible, to direct their assistance in cash or in kind to the Ministry of Health, which has responsibility for the hospitals, dispensaries and public health services;

8. REQUESTS the Director-General to report to the Forty-second World Health Assembly on the implementation of this resolution.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.22

Agenda item 34.3 13 May 1988

HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN CYPRUS

The Forty-first World Health Assembly,

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;

Recalling resolutions WHA28.47, WHA29.44, WHA30.26, WHA31.25, WHA32.18, WHA33.22, WHA34.20, WHA35.18, WHA36.22, WHA37.24, WHA38.25, WHA39.11 and WHA40.22;

Noting all relevant United Nations General Assembly and Security Council resolutions on Cyprus;

Considering that the continuing health problems of the refugees and displaced persons in Cyprus call for further assistance;

1. NOTES with satisfaction the information provided by the Director-General[1] on health assistance to refugees and displaced persons in Cyprus;

2. EXPRESSES its appreciation for all the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus to obtain the funds necessary for the Organization's action to meet the health needs of the population of Cyprus;

3. REQUESTS the Director-General to continue and intensify health assistance to refugees and displaced persons in Cyprus, in addition to any assistance made available within the framework of the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus, and to report to the Forty-second World Health Assembly on such assistance.

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[1] *Document* A41/13.

FORTY-FIRST WORLD HEALTH ASSEMBLY

WHA41.23

Agenda item 34.4

13 May 1988

LIBERATION STRUGGLE IN SOUTHERN AFRICA: ASSISTANCE TO THE FRONT-LINE STATES, LESOTHO AND SWAZILAND

The Forty-first World Health Assembly,

Considering that the front-line States continue to suffer from the consequences of military, political and economic destabilization by South Africa which hamper their economic and social development;

Considering that the front-line States have to accept enormous sacrifices to rehabilitate and develop their health infrastructure which has suffered as a result of destabilization by South Africa;

Considering also resolutions AFR/RC31/R12 and AFR/RC32/R9 of the Regional Committee for Africa, which call for a special programme for health cooperation with the People's Republic of Angola;

Recalling resolutions WHA39.24 and WHA40.23 adopted at the Thirty-ninth and Fortieth Assembly respectively;

Bearing in mind that the consequences of these destabilization activities still force the countries concerned to divert large amounts of financial and technical resources from their national health programmes to defence and reconstruction;

1. THANKS the Director-General for his report;[1]

2. RESOLVES that WHO shall:

(1) continue to take appropriate and timely measures to help the front-line States, Lesotho and Swaziland solve the acute health problems of the Namibian and South African refugees;

(2) continue to provide countries which are or have been targets of destabilization by South Africa with technical cooperation in the health field, for the rehabilitation of their damaged health infrastructures;

3. CALLS UPON the Member States, according to their capabilities, to continue to provide adequate health assistance to liberation movements recognized by the Organization of African Unity and to the front-line States (Angola, Botswana, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe) and Lesotho and Swaziland;

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[1] Document A41/14.

4. REQUESTS the Director-General:

(1) to intensify humanitarian assistance to national liberation movements recognized by the Organization of African Unity;

(2) to make use when necessary, of funds from the Director-General's Development Programme to assist the countries concerned to the problems arising both from the presence of the Namibian and South African refugees and displaced persons and from destabilization activities, as well as for the rehabilitation of their damaged health infrastructures;

(3) to report to the Forty-second World Health Assembly on the progress made in the implementation of this resolution.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.24

Agenda item 24 13 May 1988

AIDS: AVOIDANCE OF DISCRIMINATION IN RELATION TO HIV-INFECTED PEOPLE AND PEOPLE WITH AIDS

The Forty-first World Health Assembly,

Recalling resolution WHA40.26 on the global strategy for the prevention and control of AIDS, Economic and Social Council resolution 1987/75, and United Nations General Assembly resolution 42/8 on the prevention and control of AIDS;

Endorsing the London Declaration on AIDS Prevention unanimously adopted on 28 January 1988 by the World Summit of Ministers of Health on Programmes for AIDS Prevention;

Recognizing that AIDS is a global problem which poses a serious threat to humanity, and that urgent and worldwide action is required to implement WHO's global strategy to combat it;

Acknowledging with deep appreciation the work of WHO, through the Global Programme on AIDS, in directing and coordinating the global strategy;

Noting the medical, ethical, legal, socioeconomic, cultural and psychological implications of AIDS prevention and control programmes;

Recognizing the responsibility of Member States to safeguard the health of everyone and to control the spread of HIV infection through their national policies and programmes, taking into account their epidemiological situation, and in conformity with the global strategy;

Bearing in mind the responsibility of individuals not to put themselves or others at risk of infection with HIV;

Strongly convinced that respect for human rights and dignity of HIV-infected people and people with AIDS, and of members of population groups is vital to the success of national AIDS prevention and control programmes and of the global strategy;

1. URGES Member States, particularly in devising and carrying out national programmes for the prevention and control of HIV infection and AIDS:

(1) to foster a spirit of understanding and compassion for HIV-infected people and people with AIDS through information, education and social support programmes;

(2) to protect the human rights and dignity of HIV-infected people and people with AIDS and of members of population groups, and to avoid discriminatory action against and stigmatization of them in the provision of services, employment and travel;

(3) to ensure the confidentiality of HIV testing and to promote the availability of confidential counselling and other support services to HIV-infected people and people with AIDS;

(4) to include in any reports to WHO on national AIDS strategies information on measure being taken to protect the human rights and dignity of HIV-infected people and people with AIDS;

2. CALLS ON all governmental, nongovernmental and international organizations and voluntary bodies engaged in AIDS control programmes to ensure that their programmes take fully into account the health needs of all people as well as the health needs and dignity of HIV-infected people and people with AIDS;

3. REQUESTS the Director-General:

(1) to take all measures necessary to advocate the need to protect the human rights and dignity of HIV-infected people and people with AIDS, and of members of population groups;

(2) to collaborate with all relevant governmental, nongovernmental and international organizations and voluntary bodies in emphasizing the importance to the global strategy for the prevention and control of AIDS of avoiding discrimination against HIV-infected people and people with AIDS;

(3) to stress to Member States and to all others concerned the dangers to the health of everyone of discriminatory action against and stigmatization of HIV-infected people and people with AIDS and members of population groups, by continuing to provide accurate information on AIDS and guidance on its prevention and control;

(4) to report annually to the Health Assembly through the Executive Board on the implementation of this resolution.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.25

Agenda item 22 13 May 1988

ACTION PROGRAMME ON TOBACCO OR HEALTH

The Forty-first World Health Assembly,

Recalling resolutions WHA31.56, WHA33.35 and WHA39.14 and emphasizing the importance of ensuring that these resolutions are fully implemented;

Having considered the Director-General's report on Tobacco or Health,[1] the comments on it by the Executive Board[2] and the report of the Advisory Group on a WHO Global Action Plan on Tobacco or Health;[3]

Encouraged by the response to the first world no-smoking day on 7 April 1988;

REQUESTS the Director-General to draw up a plan of action, bearing in mind the recommendations of the Advisory Group and covering in particular:

(i) the special problems of developing countries which at present depend upon tobacco production as a major source of income;

(ii) targets and intervention plans including consideration of future no-smoking days, for example, on annual World Health Day;

(iii) the administrative and management structure including relations of this programme with other programmes of the Organization;

(iv) resource needs;

(v) sources of finance and other support

for submission, through the Programme Committee, to the eighty-third session of the Executive Board.

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[1] Document A41/4.

[2] Document EB81/1988/REC/2, pp. 36-43.

[3] Document A41/INF.DOC./6.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.26

Agenda item 12 13 May 1988

LEADERSHIP DEVELOPMENT FOR HEALTH FOR ALL

The Forty-first World Health Assembly,

Recalling resolution WHA30.43 and WHA34.36 by which the Member States of WHO have unanimously adopted a policy and Strategy for achieving the goal of health for all by the year 2000;

Noting the progress made at this midpoint between the adoption in 1978 of the Alma-Ata Declaration on Primary Health Care, which set a new course for action for health, and the year 2000, but also being aware of the need for accelerated progress to achieve the collectively agreed goal of health for all;

Stressing that accelerated progress will require an even greater involvement of people from all walks of life and mobilization of all potential resources in society in support of primary health care;

Recognizing that informed and committed leadership at all levels of society is crucial for harnessing this potential;

Recalling resolution WHA37.31 on the role of universities in the strategies for health for all; resolution WHA38.31 on collaboration with nongovernmental organizations in implementing the Strategy; resolution WHA39.7 on the evaluation of the Strategy; and resolution WHA39.22 on intersectoral action for health;

1. ENDORSES the Declaration of Personal Commitment[1] and the report on "Leadership development for Health for All" of the Technical Discussions held during the Forty-first World Health Assembly;[2]

2. AFFIRMS that enlightened and effective leadership is vital to intensify and sustain social and political action for health for all;

3. CALLS ON Member States:

(1) to develop leadership for health for all actively by using all educational entry points, and by sensitizing current leadership to the issues involved and generating continually new leadership, in order to accelerate progress towards health for all through primary health care;

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[1] See Annex 1.

[2] Document A41/Technical Discussions/7.

(2) to launch renewed efforts to increase understanding of health for all and primary health care, utilizing effective communication strategies, including sensitizing the leadership of the media to their social responsibility in promoting communication for health;

(3) to accelerate decentralization and socioeconomic and structural reforms which favour active involvement of people and encourage the emergence of leadership potential and provide opportunities for setting examples of effective leadership at all levels;

(4) to make renewed and innovative efforts to involve people and communities creatively so as to empower them, develop self-reliance and leadership at local level;

(5) to expand supportive partnerships with communities, nongovernmental organizations, educational institutions and other community-based organizations to bring their creativity and commitment to bear on the challenge of health for all;

4. CALLS ON the leadership of educational institutions and universities to demonstrate their commitment to achieve health for all through primary health care, by:

(1) accelerating changes in the curricula for the training of health and other professionals, including teachers, involved in health action to promote the value system of health for all and enhance the potential of leadership for health for all;

(2) shifting academic reward systems and providing career opportunities so as to acknowledge and encourage career academic commitments to primary health care;

(3) including in the curricula of institutions throughout the educational system from primary schools on, education for health, social values, attitude change and leadership development;

5. URGES the leadership of national and international nongovernmental organizations to expand their partnership with governments and educational institutions to accelerate progress towards health for all, and to use their flexibility and creativity in developing leadership potential and capacities at community level, involving particularly women and youth groups;

6. REQUESTS the Director-General:

(1) to publish the Declaration of Personal Commitment and the report on "Leadership development for health for all" of the Technical Discussions, and disseminate it widely to all governments, educational institutions and universities, nongovernmental and voluntary organizations, and other interested groups;

(2) to ensure the continuity and sustainability of the Leadership Development Initiative within WHO, building upon the strong beginnings already realized, and establishing other appropriate mechanisms so that it becomes an integral part of WHO's support for the Health for All Strategy, at all levels;

(3) to support the efforts of Member States, educational institutions and nongovernmental organizations in their endeavours to develop leadership to accelerate social and political action towards health for all through primary health care and encourage the use of WHO resources, particularly fellowships, for leadership development;

(4) to establish and foster a technical resource network drawn from educational institutions, and health leaders, to provide support to health for all and leadership development;

(5) to promote and encourage leadership potential through documenting and disseminating information on successful and innovative initiatives in primary health care, through creating incentives such as awards and recognition for such endeavours, and provide simplified and relevant documentation for lay people and community leadership;

(6) to evaluate the impact of the leadership development initiative in implementing the Global Strategy for Health for All in conjunction with the second evaluation of the Strategy in 1991, and to report thereon to the eighty-ninth session of the Executive Board and the Forty-fifth World Health Assembly in 1992.

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Annex 1

DECLARATION OF PERSONAL COMMITMENT

We, the participants at the Technical Discussions on "Leadership Development for Health for All" (held in Geneva on 5-7 May 1988, during the Forty-First World Health Assembly), representing people from many walks of life, including governments, nongovernmental organizations, universities, educational institutions, voluntary agencies, United Nations agencies, make the following declaration:

I. We believe that:

- There is a need for greater concern and commitment to achieve the goal of Health for All by the Year 2000 through primary health care, among political, professional and community leaders;

- Building self-reliance and leadership capabilities at local level is the most important ingredient for sustained development and progress in health;

- The development of leadership that can be sustained as a continuing process at all levels is an important strategy to mobilize greater social and political commitment for the total Health-for-All movement.

II. We therefore commit ourselves and urge others in leadership and other strategic positions to adopt the following Five-point Personal Agenda for Action:

1. To inform ourselves, our colleagues, fellow-workers, community members and others about the fundamental values, principles and processes to achieve Health for All by the Year 2000 through primary health care, and to generate a social conscience in people to the health conditions and needs of the under-served, socially deprived and vulnerable population groups;

2. To make a serious review of progress towards the specific targets set in our respective countries, to identify where the critical needs and gaps are, and to provide leadership in identifying and implementing corrective actions;

3. To serve as prime movers for change, particularly in areas which fall within our respective roles, and to motivate others to accelerate the changes required in order to achieve the goal of Health for All;

4. To develop and promote partnerships and new alliances of support for health, including the professional associations, institutions of higher education, religious leaders, people's organizations, concerned nongovernmental organizations and individuals, philanthropic groups, the private sector and the media;

5. To promote self-reliance and enable others, particularly within the home and community level, to take greater responsibility for their own health and the health of their communities, through informing and educating them and developing their leadership potential.

III. We are convinced that additional courageous and innovative strategies and tactics will be needed to ensure that all people of the world will be covered by primary health care. Leadership development is one such strategy which provides new opportunities to inform and communicate, to expand partnerships among people - people who are empowered and motivated - who then take on new responsibilities for their health, the health of their families and of their communities.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.27

Agenda item 12 13 May 1988

THE ROLE OF EPIDEMIOLOGY IN ATTAINING HEALTH FOR ALL

The Forty-first World Health Assembly,

Noting the importance of epidemiology as a tool for the formulation of rational health policy;

Recognizing the essential role of epidemiology not only in studying the causes and means of prevention of disease but also in health systems research, information support, technology assessment, and the management and evaluation of health services;

Recalling that the role of epidemiology in the work of WHO has for many years been emphasized by the World Health Assembly;

Emphasizing the needs of Member States for relevant epidemiological input in preparing and updating their health-for-all strategies, defining related targets and monitoring and evaluating their attainment;

Noting with concern the discrepancy between the content of training in epidemiology in most schools of medicine, public health and other health sciences and the needs of Member States;

Encouraged by the interest shown by epidemiologists and their associations including the International Epidemiological Association in promoting the broader view of epidemiology encompassing consideration of economic, social, cultural and other factors relevant to contemporary health problems, and in promoting related training;

1. URGES Member States to make greater use of epidemiological data, concepts and methods in preparing, updating, monitoring and evaluating their health-for-all strategies;

2. APPEALS to schools of medicine, public health and other health sciences to ensure training in modern epidemiology that is relevant to countries' needs regarding their health-for-all strategies and, in particular, the needs of developing countries;

3 WELCOMES the involvement and willingness of many epidemiologists around the world to collaborate with WHO in promoting new trends in epidemiology and related training;

4. REQUESTS the Director-General:

(1) to convene as soon as possible a group of experts including adequate representation from developing countries to define the desired nature and scope of epidemiology in support of health-for-all strategies and related training in the expanded role of epidemiology;

(2) to report to the eighty-third Executive Board in January 1989 and to the Forty-second World Health Assembly on the implementation of this resolution, including the conclusions of the above-mentioned group of experts.

Fifteenth plenary meeting, 13 May 1988
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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.28

Agenda item 12 13 May 1988

GLOBAL ERADICATION OF POLIOMYELITIS BY THE YEAR 2000

The Forty-first World Health Assembly,

Appreciating the rapid progress being achieved by the Expanded Programme on Immunization, as evidenced by coverage for a third dose of poliomyelitis, or diphtheria/pertussis/tetanus vaccines of over 50% of children under the age of one year in developing countries, as well as by the prevention of the death of more than one million children from measles, neonatal tetanus or pertussis and the prevention of the crippling of nearly 200 000 children through poliomyelitis annually in these countries;

Confident that these coverage rates will continue to rise rapidly and be sustained, in pursuit of the goal endorsed by the Thirtieth World Health Assembly in 1977 (resolution WHA30.53) - the provision of immunization for all children of the world by 1990 - and will lead to further marked reductions in the incidence of most of the target diseases;

Aware that poliomyelitis is the target disease most amenable to global eradication, and that regional eradication goals by or before the year 2000 have already been set in the Regions of the Americas, Europe and the Western Pacific;

Recognizing that the global eradication of poliomyelitis by the year 2000, a goal cited in the Declaration of Talloires,[1] represents both a fitting challenge to be undertaken now, on the Organization's fortieth anniversary, and an appropriate gift, together with the eradication of smallpox, from the twentieth to the twenty-first century;

Noting:

(1) that achievement of the goal will depend on the political will of countries and the investment of adequate human and financial resources;

(2) that this achievement will be facilitated by the continued strengthening of the Expanded Programme on Immunization within the context of primary health care and by improving current poliomyelitis vaccines and clinical and laboratory surveillance;

(3) that efforts to eradicate poliomyelitis serve to strengthen other immunization and health services, especially those for women and children;

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[1] See document A41/10 Add.1: Collaboration within the United Nations System - General Matters: International collaboration for child survival and development.

1. DECLARES the commitment of WHO to the global eradication of poliomyelitis by the year 2000;

2. EMPHASIZES that eradication efforts should be pursued in ways which strengthen the development of the Expanded Programme on Immunization as a whole, fostering its contribution, in turn, to the development of the health infrastructure and of primary health care;

3. INVITES Member States which have covered at least 70% of their target populations with a protective course of poliomyelitis vaccine, and which continue to have cases of poliomyelitis, to formulate plans for the elimination of the indigenous transmission of wild poliomyelitis viruses in ways which strengthen and sustain their national immunization programmes;

4. ENCOURAGES Member States which have not yet attained a 70% coverage rate to accelerate their efforts so as to surpass this level as quickly as possible through means which also improve and sustain the coverage for the other vaccines included within the national immunization programme;

5. REQUESTS Member States which have confirmed the absence of the indigenous transmission of wild poliomyelitis viruses to sustain their success and to offer their technical expertise, their resources and support to countries still working to achieve this goal;

6. URGES all Member States:

(1) to intensify surveillance to ensure prompt identification and investigation of cases of poliomyelitis and control of outbreaks and accurate and timely reporting of cases at national and international levels;

(2) to make all possible efforts to permit the rehabilitation of as many as possible of the children who still become disabled by poliomyelitis;

7. THANKS the many partners already collaborating in the Expanded Programme on Immunization (including the United Nations agencies, multilateral and bilateral development agencies, private and voluntary groups and concerned individuals), especially UNICEF for its overall efforts and Rotary International for its Polio-Plus initiative, and requests them to continue to work together in support of national immunization programmes, including activities aimed at the eradication of poliomyelitis, and to ensure that adequate resources are available to accelerate and sustain these programmes;

8. REQUESTS the Director-General:

(1) to strengthen the technical capacities of WHO in order to be able to respond better to requests from governments for collaboration in:

(a) strengthening planning, training and supervision within national immunization programmes and undertaking country-specific evaluation to facilitate corrective action towards achieving this goal in countries with coverage of less than 70%;

(b) improving programme monitoring and evaluation at national, regional and global levels;

(c) improving national disease surveillance systems to permit the rapid control of outbreaks and the investigation and confirmation of clinical diagnoses of poliomyelitis through serological and virus isolation techniques;

(d) strengthening clinical laboratory services;

(e) improving the quality control and production of vaccines;

(2) to pursue efforts to promote the development and application of new vaccines, other new technologies and knowledge which will help to achieve the eradication goal;

(3) to seek from extrabudgetary contributions the additional resources required to support these activities;

(4) to submit regular plans and reports of progress concerning the poliomyelitis eradication effort through the Executive Board to the Health Assembly in the context of the progress being achieved by the Expanded Programme on Immunization.

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A41/VR/15

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.29

Agenda item 25 13 May 1988

RADIONUCLIDES IN FOOD: WHO GUIDELINES FOR DERIVED INTERVENTION LEVELS

The Forty-first World Health Assembly,

Having considered the report of the Director-General[1] on the work of WHO on guidelines for derived intervention levels concerning radioactive contamination of food;

Concerned by the potential hazards to health due to contamination of the food supply with radionuclides;

Recognizing the problem that such contamination poses to international trade in food;

Aware that the action undertaken by national authorities to protect the public following the serious nuclear accident in 1986 varied widely and caused considerable public confusion and concern;

Noting that most developing countries lack the means necessary for evaluation and control of radionuclide contamination of their environment and foodstuffs;

1. CALLS UPON Member States to utilize the WHO guidelines for derived intervention levels regarding radionuclides in food when developing their own plans and procedures for the protection of public health following accidental radioactive contamination of food supplies;

2. REQUESTS the Director-General:

(1) to continue to cooperate with Member States in the development and strengthening of national capabilities for the protection of public health following radioactive contamination of food supplies, including the development of derived intervention levels regarding radionuclides in food on the basis of the recommendations contained in the WHO guidelines, and the monitoring of food supplies;

(2) to provide support through WHO collaborating centres to Member States in case of radiological emergencies and in the preparation of plans and procedures for dealing with such emergencies;

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[1] Document EB81/1988/REC/1, Annex 11.

(3) to intensify collaboration with other relevant international organizations and agencies, such as IAEA, FAO and UNEP, in establishing capabilities for the rapid exchange of information during emergencies and for radiation monitoring during normal and emergency conditions, and in harmonizing approaches to measure and control radioactive contamination for the protection of public health.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.30

Agenda item 34.1 13 May 1988

IMPLEMENTATION OF TECHNICAL COOPERATION AMONG NON-ALIGNED AND OTHER DEVELOPING COUNTRIES

The Forty-first World Health Assembly,

Noting with great satisfaction the decisions taken by a group of Member States - the non-aligned and other developing countries - concerning the implementation of technical cooperation among developing countries;

Reiterating that peace and security are essential to health, and therefore condemning all actions that disturb other countries' peace and security;

Stressing the importance of the decisions adopted by the non-aligned and other developing countries regarding the need for countries to attain self-reliance through technical cooperation;

1. CONGRATULATES the non-aligned and other developing countries on their continuing political commitment and vigorous efforts to attain the goal of health for all through technical cooperation;

2. DEPLORES the interference of any country in other countries' self-reliance and their national social, economic and health development efforts;

3. REQUESTS the Director-General to mobilize support for these and other Member countries in the implementation of their strategies to achieve self-reliance through technical cooperation, and to keep the Health Assembly informed of the progress made.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.31

Agenda item 34.1 13 May 1988

THE EMBARGO OF MEDICAL SUPPLIES AND ITS EFFECT ON HEALTH CARE

The Forty-first World Health Assembly,

Mindful of the principle contained in the WHO Constitution stating that the health of all peoples is fundamental to the attainment of peace and security;

Reaffirming that the United Nations General Assembly resolution 2625 (D-XXV) concerning friendly and cooperative relations between countries is fully valid for the solution of the problems facing those countries;

Rejecting any embargo on medical supplies for political reasons;

Recalling the note by the Director-General[1] concerning the effects on people's health of withholding medical supplies and the Executive Board's decision on the subject;[2]

1. CONFIRMS the principles laid down by the Executive Board's decision EB81(3).

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[1] Document EB81/1988/REC/1, Annex 12.

[2] Decision EB81(3).

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.32

Agenda item 34.1 13 May 1988

DIFFICULT HEALTH SITUATION EXPERIENCED BY THE PEOPLE OF PANAMA

The Forty-first World Health Assembly,

Reaffirming that health is an inalienable right of all peoples;

Concerned at the difficult health situation now being experienced by the people of Panama;

1. URGES all Member States to refrain from taking measures which could be detrimental to the health of the population of Panama;

2. INVITES all States to intensify technical cooperation in the field of health, especially between developing countries, with the aim of attaining the goal of health for all by the year 2000.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.33

Agenda item 34.1 13 May 1988

HEALTH ASSISTANCE TO THE PEOPLE OF AFGHANISTAN

The Forty-first World Health Assembly,

Bearing in mind the principle set out in the WHO Constitution that health is fundamental to the attainment of peace and security;

Welcoming the signing of the Agreements on the settlement of the situation relating to Afghanistan in Geneva in April 1988;

Noting the appointment by the United Nations Secretary-General of a Special Coordinator of all activities of the United Nations system in respect of the emergency relief and rehabilitation needs relating to Afghanistan;

Taking into account the numerous health problems of the people of Afghanistan that require an urgent solution;

Being aware that the solution of these problems demands considerable logistic, financial, manpower and other resources;

1. URGES Member States, intergovernmental and nongovernmental international organizations to provide on a continuous basis additional resources to satisfy the basic and most urgent health requirements of the people of Afghanistan in order to assist in the implementation of WHO's health-for-all strategy;

2. REQUESTS the Director-General to cooperate with the United Nations Secretary-General's Special Coordinator by providing expanded health assistance to the people of Afghanistan, and making appropriate funds available for this purpose.

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FORTY-FIRST WORLD HEALTH ASSEMBLY WHA41.34

Agenda item 12 13 May 1988

STRENGTHENING PRIMARY HEALTH CARE

The Forty-first World Health Assembly,

Recalling resolution WHA30.43 in which it was decided that the main social target of governments and WHO should be the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;

Further recalling resolution WHA32.30 which endorsed the Declaration of Alma-Ata with its emphasis on primary health care and its integrated approach as the key to attaining health for all, and resolution WHA34.36 by which the Assembly adopted the Global Strategy for Health for All by the Year 2000;

Mindful of United Nations General Assembly resolution 36/43 which endorsed the Global Strategy for Health for All, urged all Member States to ensure its implementation as part of their multisectoral development efforts and requested all appropriate organizations and bodies of the United Nations system to collaborate with WHO in carrying it out;

Having considered the statement issued by a meeting in Riga, USSR in March 1988 to mark the tenth anniversary of the Declaration of Alma-Ata, known as "Alma-Ata: Reaffirmed at Riga";[1]

Recognizing that at this mid-point between the launching and the attainment of the goal of health for all by the year 2000, much progress has been made by many countries in parallel with the evolution of their social and economic situation, but that there remain a considerable number of countries in which the health situation and the means for improving it remain highly unsatisfactory 10 years after Alma-Ata;

Convinced of the importance of district health systems for the optimal organization and provision of primary health care as an integral part of national health systems and of the global health system constructed primarily by countries themselves with appropriate support by WHO, and of the need for research and development as a vital step in fostering the development of such care;

Recognizing further that the active participation of the people and the communities and their contribution is essential to the attainment of the goal of health for all;

1. ENDORSES the statement "Alma-Ata: Reaffirmed at Riga", which emphasizes that the Declaration of Alma-Ata remains valid for all countries at all stages of social and economic development and that the application of its principles should therefore be maintained after the year 2000;

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[1] Document A41/19.

2. URGES all Member States:

(i) to increase their efforts to attain the goal of health for all by the year 2000 through health systems based on primary health care in line with the global, regional and national strategies to that end taking into account the statement "Alma-Ata: Reaffirmed at Riga";

(ii) to prepare for the continuation of these efforts beyond the year 2000 to ensure the maintenance and progressive improvements of the health of all their people;

3. THANKS all those multilateral and bilateral developmental agencies, nongovernmental organizations and voluntary and philanthropic bodies that have supported the struggle to attain health for all and appeals to them to continue and intensify this support;

4. CALLS ON the international community:

(i) to continue their support to the efforts of Member States in the development of health systems based on primary health care;

(ii) to take unprecedented measures to support the least-developed countries committed to improving the health of their people in line with the policy of health for all;

(iii) to support such efforts under the international coordination of the World Health Organization;

5. REQUESTS the Regional Committees:

(i) to pay particular attention to the monitoring and evaluation of strategies for health for all with a view to identifying areas in which particular efforts are required and to taking appropriate action;

(ii) to report thereon to the Executive Board in conformity with the revised plan of action for implementing the Global Strategy for Health for All;

6. REQUESTS the Director-General:

(i) to ensure the widest dissemination of this resolution and the statement "Alma-Ata: Reaffirmed at Riga";

(ii) to cooperate with Member States in the implementation of the recommendations made at Riga for accelerating progress towards Health for All by the Year 2000 paying particular attention to the problems that have hitherto resisted solution;

(iii) to intensify programme activities of research and development on primary health care, including health services, within the existing organizational framework, with particular emphasis on:

(a) strengthening integrated health approaches and district health systems within the national context;

(b) the development and rational use of science and appropriate technology and their transfer among countries;

(iv) to secure resources from within the regular budget of the Organization and the continued mobilization of extrabudgetary resources as additional means for above programme implementation;

(v) to ensure that the activities of the programme and those of all other related programmes give particular emphasis to supporting the least-developed countries;

(vi) to direct all programmes of the Organization to increase their support to countries in strengthening the integrated approach and in research and development in primary health care with emphasis on strengthening district health systems;

(vii) to present to the Executive Board at its eighty-third session the proposed intensification of programme activities of research and development in primary health care, including the feasibility of establishing a special programme, and information on international support to the least-developed countries;

7. REQUESTS the Executive Board:

(i) to intensify its monitoring and evaluation of the Global Strategy for Health for All, paying particular attention to supporting the countries in the strengthening of integrated approaches and to international support to the least-developed countries;

(ii) to report thereon to the World Health Assembly in conformity with the revised plan of action for implementing the Global Strategy for Health for All.

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ADDRESS BY DR. H. NAKAJIMA

Acceptance speech by Dr. Hiroshi Nakajima

Mr. President, Vice Presidents, Mr. Chairman of the Executive Board, Madam and Mr. Representative of the Executive Board, Ladies and Gentlemen, Dr. Mahler.

It is not easy for me to find words to adequately express my feelings on being elected Director-General of the World Health Organization by the Forty-first World Health Assembly. I am deeply moved by the confidence you show in me by this act and the honour which you bestow on me personally and on my country as well.

But it is also no less an honour to the Member States of the Western Pacific and South-East Asian Regions and to my colleagues there with whom I have had the privilege to work over the past nine years. Equally important, it is a vindication of the democratic process that the World Health Organization has the good fortune to enjoy.

The World Health Organization has emerged unscathed from the scrutiny which is being cast on all the United Nations system and has been judged as one which is doing a good job and moving in the right direction. This surely reflects the correctness of our common goals, the wisdom of our policy makers, the dedication and loyalty of our staff, the inspired leadership of our past Directors-General, particularly Dr. Halfdan Mahler, the commitment of the Regional Directors, and the steadfast support and cooperation of all our Member States.

In accepting the position of Director-General I am inspired by the achievement of WHO in the 40 years of its existence. I am also influenced by my own experience as a young man in Japan, growing up amidst the misery and tragedy of war in contrast to the prosperity and development that have been achieved in the years of peace which have followed. It has strengthened my conviction that the pathway to social development is directly related to our success in maintaining peace in the world. I have lived half my life outside the country of my birth and this experience will certainly help me to discharge my responsibilities over the next five years in a manner worthy of the trust you have shown in me.

I am mindful of the challenges which lie ahead.

We live in fragile times. The gap between the haves and have nots has not narrowed. If we, Members States of WHO, are to achieve our goal of Health for All in the spirit of social equity we must establish new partnerships and engage in different dialogues involving the world community - not only with North-South but also East-West participants. But our dialogues must be followed by concerted and timely action. Talk alone is no longer enough.

Even before we win our battle against the communicable diseases which has engaged us since our earliest days, many countries must now, in addition, face the burden of ageing and the chronic and degenerative diseases. At the same time still too many people in the world live without the benefit of safe drinking water and sanitation. And with each passing day threats to the environment from man-made pollution make more tenuous our very survival. On top of this sad recitation we are more recently assailed by a new and terrible disease - AIDS - for which there is yet no cure.

The solution to any of these problems would tax the resources of even the rish countries buy I am sad to say, in the midst of these realities, world economic recovery is slow and remains uncertain.

But there are encouraging signs about us that our common desire for peace may soon be achieved. I am optimistic that this will result in more resources being channelled towards health and social development and will lead us closer to out goal of Health for All.

In all humility I pledge to you that I shall spare no effort to maintain the proud image of your organization. With the continuing support of all of you, our Member States, working as equals in the spirit of friendly cooperation, we, the WHO Secretariat, with the strongest support of the Regional Directors, dedicate ourselves to achieving our common health goals. In so doing, we shall surely be leading the World Health Organization towards even greater excellence and making our own contribution to world peace.

ALMA-ATA REAFFIRMED AT RIGA

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE

A41/19

26 April 1988

FORTY-FIRST WORLD HEALTH ASSEMBLY

Provisional agenda item 12

ALMA-ATA REAFFIRMED AT RIGA

A statement of renewed and strengthened commitment
to health for all by the year 2000 and beyond
by
the participants in the WHO meeting

FROM ALMA-ATA TO THE YEAR 2000

A Midpoint Perspective
Riga, USSR, 22-25 March 1988

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PREFACE

At mid-point between the historic International Conference on Primary Health Care, held in Alma-Ata in 1978, and the year 2000, a meeting was convened by WHO to review progress and the problems experienced in pursuing the goal of health for all, and to determine the most important interventions that might be necessary to proceed more effectively towards the goal of health for all by the year 2000 and beyond.

The meeting was held in Riga, USSR, from 22 to 25 March 1988. It brought together experts from countries of all the WHO regions and representatives of UNICEF, UNDP and nongovernmental organizations.

The participants concluded that the health-for-all concept has enabled strongly positive contributions to be made to the health and wellbeing of the people of all nations. Nevertheless, they noted that problems remain that call for increased commitment and action to ensure the more effective implementation of primary health care.

They strongly reaffirmed the Declaration of Alma-Ata and called on all countries to make health for all a permanent goal. Further, they recommended the following action as the means of achieving that goal.

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RECOMMENDED ACTION

THE PERMANENCE OF HEALTH FOR ALL

I. Maintaining health for all as a permanent goal of all nations up to and beyond the year 2000

Reaffirm health for all as the permanent goal of all nations, as stressed in the Declaration of Alma-Ata, and establish a process for examining the longer-term challenges to health for all that will extend into the twenty-first century.

INTENSIFYING SOCIAL AND POLITICAL ACTION FOR THE FUTURE - AGENDA/2000

II. Renewing and strengthening strategies for health for all

Encourage each country to continue to monitor its own health problems and develop its own health strategies in the spirit of health for all. This will reveal its most pressing health problems and identify the most seriously underserved and vulnerable populations. Programmes should be directed towards those populations in a spirit of equity, inviting their active participation in the development and implementation of the strategies.

III. Intensifying social and political action for health for all

Intensify the social and political action necessary to support the shifts in policy and the allocation of resources required to progress towards health for all, including the involvement of other sectors, nongovernmental organizations, communities and other interested groups to seek mechanisms for promoting new partnerships for health among them and with governments.

IV. Developing and mobilizing leadership for health for all

Give strong emphasis in every country to developing and stimulating the interest and support of current and potential leaders in the health and other sectors, at community, district and national levels, in order to bring creativity, advocacy, commitment and resources to bear on the challenge of health development.

V. Empowering people

Empower people by providing information, technical support and decision-making possibilities, so as to enable them to share in opportunities and responsibilities for action in the interest of their own health. Give special attention to the role of women in health and development.

VI. Making intersectoral collaboration a force for health for all

Support the creation of sustained intersectoral collaboration for health by incorporating health objectives into the public policies of other sectors and activating potential mechanisms at all levels.

ACCELERATING ACTION FOR HEALTH FOR ALL - AGENDA/2000

VII. Strengthening district health systems based on primary health care

Strengthen district health systems based on primary health care, as a key action point for focusing national policies and resources and local concerns on the most pressing health needs and on underserved people.

VIII. Planning, preparing and supporting health personnel for health for all

Reorient education and training programmes for health personnel, emphasizing relevance to health services requirements, by locating learning experiences in functioning health systems based on primary health care. Provide strong moral and resource support for personnel, particularly those working in remote areas or difficult circumstances.

IX. Ensuring the development and rational use of science and appropriate technology

Emphasize the applications of science and appropriate technology to the critical health problems that threaten populations in all parts of the world, and strengthen the research capacities of Third World countries, with emphasis on research aimed at improving the health of the most deprived people.

X. Overcoming problems that continue to resist solution

Establish priority programmes aimed at overcoming serious problems, where underdevelopment or disturbances in development are major contributing factors and progress has been very limited, such as high infant, child and maternal mortality rates, abuse of substances such as tobacco and alcohol, and the imbalance between population growth and environmental and socioeconomic resources. Develop improved approaches through primary health care, emphasizing intersectoral action.

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SPECIAL PRIORITY INITIATIVE IN SUPPORT OF THE LEAST DEVELOPED COUNTRIES BY WHO AND THE INTERNATIONAL COMMUNITY

Establish a special international initiative focused on the tragic circumstances of the least developed countries, mostly on the continent of Africa, and especially those with markedly elevated infant, under-five-year-old and maternal mortality rates, which will address specific obstacles to progress and will set targets to be reached by the year 2000.

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