WORLD HEALTH ORGANIZATION
Regional Office
for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
Bureau regional de la Mediterranee orientale

منظمة الصحة العالمية
المكتب الإقليمي
لشرق البحر المتوسط

REGIONAL COMMITTEE FOR
THE EASTERN MEDITERRANEAN

EM/RC35/5
June 1988

Thirty-fifth Session

ORIGINAL: ENGLISH

Agenda item 7

RESOLUTIONS AND DECISIONS OF REGIONAL INTEREST ADOPTED BY THE FORTY-FIRST WORLD HEALTH ASSEMBLY AND BY THE EXECUTIVE BOARD AT ITS EIGHTY-FIRST AND EIGHTY-SECOND SESSIONS

WORLD HEALTH ORGANIZATION
Regional Office
for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
Bureau regional de la Mediterranee orientale

منظمة الصحة العالمية
المكتب الإقليمي
لشرق البحر المتوسط

EIGHTY-FIRST SESSION OF THE EXECUTIVE BOARD OF THE WHO

DECISION No.9

AWARD OF THE DR A.T. SHOUSHA FOUNDATION PRIZE

The Executive Board, after considering the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize for 1988 to Dr Hani A. Shammout for his outstanding contribution to the improvement of the health situation in the Eastern Mediterranean Region.

(Fourteenth meeting, 19 January 1988)
(EB81/SR/14)

CONTENTS

A. DECISIONS

Eighty-first Session of the Executive Board

Decision No.9 — Award of the Dr A.T. Shousha Foundation Prize

Decision No.10 — Award of the Jacques Parisot Foundation Fellowship

Decision No. 14 — Management of WHO's resources and review of the Organization's structure

Eighty-second Session of the Executive Board

Decision No.10 — Subject of the Technical Discussions at the Forty-third World Health Assembly

B. RESOLUTIONS

Forty-first 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

WHA41.11 — Infant and young child nutrition

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

WHA41.13 — Real Estate Fund

WHA41.16 — Rational use of drugs

WHA41.17 — Ethical criteria for medicinal drug promotion

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 of refugees and displaced persons in Cyprus
WHA41.24	AIDS: avoidance of discrimination in relation to HIV-infected people and people with AIDS
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
WHA41.33	Health assistance to the people of Afghanistan
WHA41.34	Strengthening primary health care

WORLD HEALTH ORGANIZATION
Regional Office
for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
Bureau regional de la Mediterranee orientale

منظمة الصحة العالمية
المكتب الإقليمي
لشرق البحر المتوسط

EIGHTY-SECOND SESSION OF THE EXECUTIVE BOARD OF THE WHO

DECISION No.10

SUBJECT OF THE TECHNICAL DISCUSSIONS AT THE FORTY-THIRD WORLD HEALTH ASSEMBLY

The Executive Board selected "The role of health research in the Strategy for Health for All by the Year 2000" as the subject for the Technical Discussions at the Forty-third World Health Assembly.

(Second meeting, 16 May 1988)
(EB82/SR/2)

WORLD HEALTH ORGANIZATION
Regional Office
for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
Bureau regional de la Mediterranee orientale

منظمة الصحة العالمية
المكتب الإقليمي
لشرق البحر المتوسط

EIGHTY-FIRST SESSION OF THE EXECUTIVE BOARD OF THE WHO

DECISION No.14

MANAGEMENT OF WHO'S RESOURCES AND REVIEW OF THE ORGANIZATION'S STRUCTURE

The Executive Board, having reviewed the report[1] of its Programme Committee on the management of WHO's resources and review of the Organization's structure, its Annex, and the consolidated regional committee reports[2] on the subject, endorsed the well-defined value system of the Organization. It urged the faithful implementation of resolutions WHA33.17 and WHA34.24, dealing respectively with the responsibility and accountability of each and every organ and level of the Organization, and with the meaning of WHO's international health work as mutually supporting coordination and technical cooperation. It also stressed the importance of carrying out the new managerial arrangements that are an integral part of the regional programme budget policies, as well as the global and regional financial audit in policy and programme terms. The Board requested its Programme Committee and the regional committees to continue their efforts, in collaboration with the Member States, to monitor and make optimal use of WHO's resources for the attainment of the goal of Health for All by the Year 2000, in the light of the Board's deliberations.

(Fourteenth meeting, 19 January 1988)
(EB81/SR/14)

---

1 Document EB81/4.
2 Document EB81/7.

WORLD HEALTH ORGANIZATION
Regional Office
for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
Bureau regional de la Mediterranee orientale

منظمة الصحة العالمية
المكتب الإقليمي
لشرق البحر المتوسط

EIGHTY-SECOND SESSION OF THE EXECUTIVE BOARD OF THE WHO

DECISION No.10

SUBJECT OF THE TECHNICAL DISCUSSIONS AT THE FORTY-THIRD WORLD HEALTH ASSEMBLY

The Executive Board selected "The role of health research in the Strategy for Health for All by the Year 2000" as the subject for the Technical Discussions at the Forty-third World Health Assembly.

(Second meeting, 16 May 1988)
(EB82/SR/2)

世界衛生大會 決議
قرار جمعية الصحة العالمية
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-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

世界衛生大會 決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY

RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ

РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ

RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-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

世界衛生大會 決議
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-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;

---

[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

世界衛生大會 決議
قرار جمعية الصحة العالمية
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-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.

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

世界衛生大會 決議
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCIÓN DE LA ASAMBLEA MUNDIAL DE LA SALUD

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.

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

世界衛生大會 決議
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCIÓN DE LA ASAMBLEA MUNDIAL DE LA SALUD

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.

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

世界衛生大會 決議
قرار جمعية الصحة العالمية
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-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.

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

---

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

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

世界衛生大會 決議
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-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.

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

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

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.

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

ANNEX

ETHICAL CRITERIA FOR MEDICINAL DRUG PROMOTION

CONTENTS

	Paragraph
Introduction	1
Objective	2
Ethical criteria	3
Applicability and implementation of criteria	4 - 5
Promotion	6 - 9
Advertising	10 - 16
Medical representatives	17 - 19
Free samples of prescription drugs for promotional purposes	20
Free samples of non-prescription drugs to the general public for promotional purposes	21
Symposia and other scientific meetings	22 - 24
Post-marketing scientific studies, surveillance and dissemination of information	25 - 27
Packaging and labelling	28
Information for patients: package inserts, leaflets and booklets	29 - 30
Promotion of exported drugs	31
Appendix - Sample drug information sheet	

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.

Annex

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

---

[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.

Annex

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.

Annex

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).

---

[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).

世界衛生大會 決議
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-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

---

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

世界衛生大會 決議
قرار جمعية الصحة العالمية
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-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;

---

[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.

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

世界衛生大會 決議
قرار جمعية الصحة العالمية
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-FIRST WORLD HEALTH ASSEMBLY

Agenda item 34.2

WHA41.21

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;

---

[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.

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

世界衛生大會 決議
قرار جمعية الصحة العالمية
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-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.

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

---

[1] Document A41/13.

世界衛生大會 決議
قرار جمعية الصحة العالمية
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-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.

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

世界衛生大會 決議
قرارجمعية الصحة العالمية
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCIÓN DE LA ASAMBLEA MUNDIAL DE LA SALUD

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;

---

[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.

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

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.

= = =

世界衛生大會決議
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-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
A41/VR/15

世界衛生大會 決議
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-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;

---

[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.

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

世界衛生大會 決議
قرار جمعية الصحة العالمية
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-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;

---

[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.

Fifteenth plenary meeting, 13 May 1988
A41/VR715

世界衛生大會 決議
قرار جمعية الصحة العالمية
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-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.

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

世界衛生大會 決議
قرار جمعية الصحة العالمية
RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-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;

---

[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.

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