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ORGANISATION MONDIALE DE LA SANTE
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RESOLUTIONS AND DECISIONS OF REGIONAL INTEREST ADOPTED BY THE FIFTIETH WORLD HEALTH ASSEMBLY AND BY THE EXECUTIVE BOARD AT ITS 99th AND 100th SESSIONS

The Regional Director presents resolutions and decisions of the Fiftieth World Health Assembly, and of the Executive Board at its 99th and 100th Sessions that are of particular interest to Member States and to the work of WHO in the Eastern Mediterranean Region.

The document contains comments and action taken or proposed to be taken by the Regional Office for the implementation of the resolutions.

CONTENTS

A. **DECISIONS**

99th Session of the Executive Board

Decision EB99(5) Review of the Constitution of the World Health Organization: report of the special group

Decision EB99(6) Reproductive health

Decision EB99(8) Award of the Dr A.T. Shousha Foundation Prize and Fellowship

Decision EB99(12) Award of the United Arab Emirates Health Foundation Prize

Fiftieth World Health Assembly

Decision WHA50(10) Election of Members entitled to designate a person to serve on the Executive Board

Decision WHA50(11) Preparation of The World Health Report 1998 and third evaluation of progress in implementation of the Global Strategy for Health for All by the Year 2000

100th Session of the Executive Board

Decision EB100(1) Membership of the Programme Development Committee of the Executive Board

Decision EB100(2) Membership of the Administration, Budget and Finance Committee of the Executive Board

Decision EB100(4) Membership of the special group to review the Constitution of the World Health Organization

Decision EB100(7) Implementation of Rule 52 of the Rules of Procedure of the Executive Board: nomination for the post of Director-General

Decision EB100(9) Membership of the UNICEF/WHO Joint Committee on Health Policy

Decision EB100(10) Administration and award of foundation prizes and fellowships

B. RESOLUTIONS

99th Session of the Executive Board

EB99.R1	Appointment of the Regional Director for the Eastern Mediterranean
EB99.R13	Programme budgeting and priority-setting
EB99.R16	Renewing the health-for-all strategy
EB99.R23	UNICEF/WHO Joint Committee on Health Policy

Fiftieth World Health Assembly

WHA50.1	Reimbursement of travelling expenses for attendance at the World Health Assembly
WHA50.2	WHO Collaborating Centres
WHA50.3	Guidelines on the WHO Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce
WHA50.4	Cross-border advertising, promotion and sale of medical products through the Internet
WHA50.7	Status of collection of assessed contributions
WHA50.8	Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution
WHA50.11	Relocation of the Regional Office for the Eastern Mediterranean from Alexandria to Cairo
WHA50.12	Establishment of the International Vaccine Institute
WHA50.13	Promotion of chemical safety, with special attention to persistent organic pollutants
WHA50.14	Protection of the marine environment
WHA50.15	Recruitment of international staff in WHO: geographical representation

WHA50.16	Employment and participation of women in the work of WHO
WHA50.18	Method of work of the Health Assembly and proposed amendments to its Rules of Procedure
WHA50.19	Prevention of violence
WHA50.20	Quality of biological products moving in international commerce
WHA50.21	World Tuberculosis Day
WHA50.23	Report of the task force on health in development
WHA50.24	Financing of the WHO world-wide management information system through the use of casual income
WHA50.25	Proposed appropriation resolution for the financial period 1998–1999
WHA50.26	Proposed programme budget for the 1998–1999 biennium: reallocation to priority health programmes of amounts resulting from measures to increase efficiency
WHA50.27	Strengthening health systems in developing countries
WHA50.28	WHO reform: linking the renewed health-for-all strategy with the Tenth General Programme of Work, programme budgeting and evaluation
WHA50.29	Elimination of lymphatic filariasis as a public health problem
WHA50.32	Respect for equality among the official languages
WHA50.33	Scale of assessments for the financial period 1998–1999
WHA50.34	Malaria prevention and control
WHA50.35	Eradication of dracunculiasis
WHA50.36	African trypanosomiasis
WHA50.37	Cloning in human reproduction
WHA50.38	Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine

100th Session of the Executive Board

EB100.R1	Health systems development for the future
EB100.R2	Collaboration within the United Nations system and with other intergovernmental organizations
EB100.R3	Follow-up to United Nations Economic and Social Council resolution 1995/56 on strengthening of the coordination of emergency humanitarian assistance

RESOLUTIONS AND DECISIONS OF REGIONAL INTEREST ADOPTED BY THE FIFTIETH WORLD HEALTH ASSEMBLY AND BY THE EXECUTIVE BOARD AT ITS 99th AND 100th SESSIONS

1. PROGRAMME BUDGETING AND PRIORITY-SETTING (EB99.R13)

The resolution welcomes the strategic approach with targets and products in the process of budgeting for 1998–99 and strongly emphasizes the need to allocate resources to priority programmes recommended by the Governing Bodies of WHO. The points emphasized in this resolution, namely evaluation of achievements, constraints and facilitating factors, setting clear objectives and measurable targets, and ensuring reflection of priorities has been the policy and practice adopted in the Joint Programme Review Missions approach adopted by WHO/EMRO for the past 16 years.

The resolution also refers to the importance of budgetary savings through improved efficiency by ensuring that the best value is attained for available resources and maximum funds are allocated to priority programmes.

2. RENEWING THE HEALTH FOR-ALL-STRATEGY (EB99.R16)

WHO REFORM: LINKING THE RENEWED HEALTH-FOR-ALL STRATEGY WITH THE TENTH GENERAL PROGRAMME OF WORK, PROGRAMME BUDGETING AND EVALUATION (WHA50.28)

During the past several years there has been wide consultation on renewal of the health-for-all strategy to suit the twenty-first century, and the development of a new holistic global health policy. The new global health policy should be based on an intensive consultation process with Member States. In this respect WHO/EMRO has been consulting with Member States of the Region for the preparation of a regional policy paper. The involvement of Member States in this consultation is emphasized so as to include issues relevant to the Region in the global document. This issue will be discussed in detail under agenda item 9(b).

The Executive Board resolution EB99.R16 on renewing the health-for-all strategy is related to resolution WHA50.28 on WHO reform: linking the renewed health-for-all strategy with the Tenth General Programme of Work, programme budgeting and evaluation. The World Health Assembly resolution recognizes the importance of the renewed health-for-all strategy taking into account regional differences and respecting cultural values. It emphasizes the importance of WHO's leadership in global health matters and of the Tenth General Programme of Work being closely linked to this new policy. The resolution also refers to the importance of better use of scientific knowledge and appropriate technology, an issue which will be discussed in this meeting under agenda item 7. Also a draft policy on Health-for-All for the 21st Century will be proposed under agenda item 9.

3. UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY (EB99.R23)

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM AND WITH OTHER INTERGOVERNMENTAL ORGANIZATIONS (EB100.R2)

The Executive Board expressed satisfaction with the contribution of the UNICEF/WHO Joint Committee on Health Policy during its 48 years in relation to the improvement of the health of mothers and children. In-line with the United Nations reform now taking place, the Executive Board agreed with the Director-General's proposal that the UNFPA (United Nations Population Fund) be invited to join the Committee and that the Committee be renamed the WHO/UNICEF/UNFPA Coordinating Committee on Health. At regional level, EMRO is collaborating closely with three Regional Offices of UNICEF covering Member States of the Eastern Mediterranean Region, namely those of the Middle East and North Africa, Eastern and Southern Africa and South Asia and with UNFPA. It is hoped that the new committee will strengthen collaboration and coordination between the three organizations.

4. REIMBURSEMENT OF TRAVELLING EXPENSES FOR ATTENDANCE AT THE WORLD HEALTH ASSEMBLY (WHA50.1)

Since 1978, each Member and Associate Member has been reimbursed the actual travelling expenses of one delegate for attendance at World Health Assembly sessions. In order to reduce the budgetary allocation for the appropriation section covering Governing Bodies, the Health Assembly decided that, with effect from 1998, only Members that are classified as least developed countries shall be reimbursed the actual travelling expenses of one delegate each.

5. WHO COLLABORATING CENTRES (WHA50.2)

The World Health Assembly resolution recognizes the need to work towards creating the broadest possible network of "partners for health" in order to make full use of all the skills available at country and regional levels. Among the important partners for health are collaborating centres. The resolution calls on Member States to develop national centres of expertise so that they may meet the criteria to become a WHO collaborating centre. The resolution calls of WHO to assess the situation of collaborating centres and to take steps to promote and encourage their establishment.

The Regional Office included the significance of WHO collaborating centres and the call to designate new ones in the Joint Programme Review Mission briefing to all Member States. The WHO collaborating centres of the Eastern Mediterranean Region that have shown activity in areas of training and research have been invited to a meeting in Nicosia, Cyprus, 9–11 September 1997. This meeting will clarify the situation as far as activity is concerned for these centres. The meeting will also discuss policies and strategies for mutual cooperation between WHO and the centres, and establish a network of WHO collaborating centres in the Region among themselves and with similar global programmes.

6. GUIDELINES ON THE WHO CERTIFICATION SCHEME ON THE QUALITY OF PHARMACEUTICAL PRODUCTS MOVING IN INTERNATIONAL COMMERCE (WHA50.3)

The guidelines on implementation of the certification scheme have been recently revised as a result of their field-testing and scientific discussions. The resolution urges Member States to implement these guidelines. Member States of the Region have been urged to implement the revised WHO certification scheme guidelines as from 1 January 1998 and plans of action are in the process of being established in order to ensure that all countries are set to use the scheme. Member States will also be requested to inform WHO of their intent to apply the scheme and of any significant reservations they intend to express relating to their participation.

7. CROSS-BORDER ADVERTISING, PROMOTION AND SALE OF MEDICAL PRODUCTS THROUGH THE INTERNET (WHA50.4)

The World Health Assembly expressed the concern that uncontrolled advertising, promotion and sales of medical products through the Internet may create certain problems related to the proper and safe use of these products and may lead to uncontrolled cross-border trade or fraudulent imitations that have not been evaluated or approved, are unsafe or ineffective or may be used inappropriately, thus exposing the health of the public to possible risk. This resolution calls on all concerned to collect information on the sale of medical products through the Internet. Data will be sent to a multidisciplinary working group to formulate recommendations in this regard. The Regional Office will collaborate with drug regulatory authorities in Member States to collect all necessary information on the subject.

8. STATUS OF COLLECTION OF ASSESSED CONTRIBUTIONS (WHA50.7)

As at 31 December 1996, regular budget contributions amounting to some US$ 169 million remained unpaid by Member States. Of this amount, some US$ 93 million related to the year 1996. The Regional Committee will recall that at end 1995 the Director-General was obliged to exercise the internal borrowing authority for the unprecedented amount of some US$ 178 million, primarily as a result of non-payment of contributions by some of the largest contributors. As a result, 10% of the budgetary allocation for 1996–97 (US$ 84 million) was withheld as a programme budget implementation reduction. Part of this withholding was released early in 1997 but 2.5% or US$ 21 million will continue to be retained pending receipt of contributions. The Health Assembly requested the Director-General, taking into account developments in other organizations of the United Nations system and in the review of the WHO Constitution, to continue to review all additional measures relating to the payment of contributions that may be appropriate to the circumstances of WHO and to report to the Executive Board and World Health Assembly on this subject in 1998.

The Regional Director wishes to emphasize what the Director-General has stated on several occasions in the past: that there is no substitute for the timely payment of contributions as a means of providing a sound financial basis for the work of the

Organization. The Regional Director would therefore appreciate the assistance of all Member States of the Region in taking whatever steps may be necessary to ensure payment of contributions on a timely basis, so that WHO may provide more effective support to nations in their efforts to achieve the ultimate goal of health for all.

9. MEMBERS IN ARREARS IN THE PAYMENT OF THEIR CONTRIBUTIONS TO AN EXTENT WHICH WOULD JUSTIFY INVOKING ARTICLE 7 OF THE CONSTITUTION (WHA50.8)

On 12 May 1997, the date of adoption of the resolution relating to voting rights at the World Health Assembly, 33 Members of WHO were in arrears in payment of contributions to such an extent that it was necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not to suspend their voting privileges. Thus, unless adequate payments are made by the Members concerned prior to the opening of the Fifty-first session of the World Health Assembly on 11 May 1998, 17% of the Organization's membership, representing mainly least developed countries and other developing countries, will be unable to vote. At the time of adoption of the resolution, five of the Members were from the Eastern Mediterranean Region, and, as a result of a payment made by one Member, these have been reduced to four.

The Regional Director appreciates the many difficulties faced by some Members who are unable to pay contributions for reasons beyond their control. The Regional Director nevertheless urges Members to fulfil their constitutional obligations, thereby ensuring that by 1998 their voting privileges are fully restored.

10. RELOCATION OF THE REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN FROM ALEXANDRIA TO CAIRO (WHA50.11)

The Fiftieth World Health Assembly approved the financing of the estimated expenditure of US$ 9.89 million for the purpose of building new WHO premises in Cairo, on the understanding that any cost over and above this amount would be met from extrabudgetary resources. At the same time, the Health Assembly expressed its appreciation to the Government of Egypt for making available the land in Cairo as well as pledging a cash contribution for the purpose of construction of the building and encouraged other Member States of the Region to make similar financial efforts.

At the time of writing (end June 1997) intensive work is underway to finalize the design phase which would enable preparation of the detailed specifications of the invitation to tender which is likely to be advertised during the last quarter of 1997. Preliminary estimates indicate that the funds currently available would make it necessary to leave the interior of the three upper-most floors, i.e. the 5th, 6th and 7th floors, unfinished for completion at a later date when additional funds become available. By year-end 1997 critical decisions will have to be taken on various options for construction of the building, depending upon the outcome of the bidding process. In order that these decisions may be based on assured financing, it would be particularly helpful to have some indication, in the form of firm pledges, of the financial support for the construction of the building that may be expected from Member States of the Region.

11. ESTABLISHMENT OF THE INTERNATIONAL VACCINE INSTITUTE (WHA50.12)

Vaccines are the most cost–effective and potent weapons available to combat deaths and infectious diseases among children. At present, new knowledge in biomedical sciences and developments in genetic engineering provide unprecedented opportunities for the development of new and better vaccines. Future prospects of the global immunization programme depend largely on the future availability of affordable vaccines of assured quality.

The International Vaccine Institute is founded on the belief that the development, introduction and use of new and improved vaccines require a dynamic interaction between science, public health and business.

The idea of establishing the International Vaccine Institute came from UNDP in 1992. As a result of the feasibility study carried out in 1992, the advisory committee of the Children's Vaccine Initiative endorsed the idea. Seoul was selected as the site and a Board of Trustees was established in 1994. In October 1996, the agreement for establishing the International Vaccine Institute was signed by 14 countries and WHO. Countries willing to sign the agreement are invited to do so at the treaty section of the United Nations in New York.

12. PROMOTION OF CHEMICAL SAFETY, WITH SPECIAL ATTENTION TO PERSISTENT ORGANIC POLLUTANTS (WHA50.13)

The persistent organic pollutants are a special group of chemicals which remain in the environment much longer than many other compounds. Human exposure to persistent organic pollutants may be through contaminated fish, milk and other food materials or as a result of occupational, accidental and confined environmental exposure. These pollutants are suspected as having the potential to cause cancer and neurological, reproductive and immunological disorders. The Intergovernmental Forum for Chemical Safety has so far initiated assessment of 12 substances from among the persistent organic pollutants. The Eastern Mediterranean Regional Office, while accepting the need to limit the use of persistent organic pollutants in general, recommended continued use of DDT in public health.

The resolution makes seven recommendations to Member States urging them, among others:

- to establish or strengthen national chemical safety programmes and prepare national profiles on chemical safety;
- to reduce the use of pesticides for disease vector control by adopting integrated vector/pest management and to search for alternatives to chemical pesticides;
- to ensure the use of DDT strictly according to WHO guidelines;
- to ensure safe use of chemicals, especially pesticides;

A regional workshop on the preparation of national chemical safety profiles was conducted by WHO/EMRO in 1996. The regional chemical safety programme has conducted training programmes in some countries on safe use of pesticides.

13. PROTECTION OF THE MARINE ENVIRONMENT (WHA50.14)

The World Health Assembly endorsed the 1995 Washington Declaration on protection of the marine environment from land-based activities and the global programme of action in this regard as they relate to the protection of human health. The resolution urges Member States to support the implementation of the global programme of action and to contribute to the establishment and maintenance of a clearing house for the implementation of the global programme of action.

WHO/EMRO cooperates with the WHO/EURO Project Office for the Mediterranean Action Plan based in Athens, Greece, and the Regional Organization for the Protection of the Marine Environment (ROPME) based in Kuwait. A joint programme of work with this latter institution includes training workshops, planned to take place in Kuwait, one in the second half of 1997 and the other during the first quarter of 1998, on microbiological monitoring of coastal recreational waters and on technical guidelines to assess marine pollution and to control associated health risks. Also within the scope of EMRO/ROPME cooperation, the preparation of a joint pilot project on the effect of persistent organic chemicals from land-based sources on the marine environment is being considered. EMRO has also supported Cyprus in coastal water surveillance and quality control, particularly in relation to preparation of guidelines for health-related monitoring of coastal recreational waters. EMRO is also associated with the development of WHO guidelines for safe recreational waters.

14. RECRUITMENT OF INTERNATIONAL STAFF IN WHO: GEOGRAPHICAL REPRESENTATION (WHA50.15)

The World Health Assembly maintained the target of 60% of all vacancies arising in professional and higher graded posts subject to geographical distribution to be filled by appointment of nationals of unrepresented and underrepresented countries. In 1996, 83% of selections in the Eastern Mediterranean Region subject to geographical criteria were from these countries.

15. EMPLOYMENT AND PARTICIPATION OF WOMEN IN THE WORK OF WHO (WHA50.16)

The World Health Assembly increased to 50% (from the previous 30%) the target for representation of women as professional staff. Also, the Health Assembly requested that appointments of women to professional categories, representation of women as temporary advisers, consultants and on scientific and technical advisory groups should be regulated so as to ensure that a target of 50% of women is achieved by the year 2002 in these categories.

During 1996, 24% of the selections made for professional posts in the Eastern Mediterranean Region were women. The corresponding figure for the first half of 1997 was

40%. As concerns the occupancy rate, 27.5% of professional posts in the Eastern Mediterranean Region were occupied by women as at 1 April 1997.

The Health Assembly strongly urged Member States to support the strategies and efforts of the WHO Secretariat to increase the percentage of women in professional posts, by identifying more women candidates and regularly submitting their candidatures, and by encouraging women to apply for posts.

16. METHOD OF WORK OF THE HEALTH ASSEMBLY AND PROPOSED AMENDMENTS TO ITS RULES OF PROCEDURE (WHA50.18)

With a view to reducing the cost of Governing Bodies and the reallocation of these funds to priority programmes, primarily by shortening the duration of Health Assembly sessions, the Health Assembly approved certain limitations on the length of verbal and written statements and decided that individual technical items should only be included in the agenda of the Health Assembly in the years in which the Health Assembly does not undertake a full review of the proposed biennial budget.

17. PREVENTION OF VIOLENCE (WHA50.19)

Violence in all its forms has increased dramatically worldwide in the past decade and constitutes a real health issue. Apart from civil conflict, war and racial-ethnic violence, there is interpersonal, self-directed, physical, sexual and mental violence. The burden of violence is disproportionately borne by young people, people who are weakened by physical or mental disability or old age, and women. The Eastern Mediterranean Region also has its share of violence. Violence and accidents rank among the five leading causes of death in 12 of the countries of the Region and are the leading cause of hospital morbidity in 10 of the countries.

WHO has initiated a programme that gives priority to prevention of violence and that includes the phases of problem definition, identification of risk factors, identification of interventions and programme implementation and dissemination. The resolution endorses the WHO integrated plan of action on violence prevention and health and urges Member States to collaborate with WHO in attaining the objectives and implementing the tasks of the plan of action.

18. QUALITY OF BIOLOGICAL PRODUCTS MOVING IN INTERNATIONAL COMMERCE (WHA50.20)

Noting the increasing movement across international boundaries of vaccines and other biological products and the rapid development and introduction of new medicines, the World Health Assembly reiterated the vital need for national authorities to ensure the quality and safety of both established and new products and the role of WHO in this regard. The resolution calls on Member States to use only vaccines and other biological products of demonstrated quality, safety and efficacy.

WHO/EMRO continues to extend the necessary assistance to Member States to develop and strengthen their national regulatory authorities. The decisions of the Expert Committee on Biological Standardization are widely disseminated to Member States. WHO continues to support and assist countries in the Eastern Mediterranean Region in negotiations to obtain technology and know-how from reliable sources in the industrialized countries.

19. WORLD TUBERCULOSIS DAY (WHA50.21)

The resolution requests the Director-General to coordinate the observance of World Tuberculosis Day on 24 March of each year and to use the opportunity to raise public awareness about tuberculosis as a major urgent public health problem.

World Tuberculosis Day, 24 March 1997, was successfully commemorated at regional and country levels. At the regional level, several documents relating to World Tuberculosis Day, including a press release were distributed to all Member States. The WHO report on the tuberculosis epidemic 1997 "Use DOTS more widely" was distributed in Arabic and English. In addition, the Regional Office, in collaboration with the Executive Director of the Health Ministers' Council for the Gulf Cooperation Council States, issued a press release on the tuberculosis elimination initiative in the Arab States of the Gulf. At country level, based on these documents, almost all Member States conducted activities, including conferences, meetings and press releases to raise awareness regarding the DOTS strategy among the public and decision-makers. World Tuberculosis Day will be commemorated on 24 March every year.

20. REPORT OF THE TASK FORCE ON HEALTH IN DEVELOPMENT (WHA50.23)

The task force on health in development was established five years ago to undertake a comprehensive review and analysis of factors which could improve the health of the most vulnerable and disadvantaged populations. The various documents produced by the task force have enabled WHO to play an important advocacy role in several international conferences and summits such as the International Conference on Population and Development, the World Summit for Social Development and the Fourth World Conference on Women.

The resolution urges Member States to consider the recommendations of the task force in the planning of development strategies. It requested the Director-General to take into account the recommendations of the task force in the preparation of the Tenth General Programme of Work.

At regional level, the technical discussions on health and development at the Forty-third Session of the Regional Committee resulted in resolution EM/RC43/R.5 which called for the development of forums at national and regional levels for intersectoral action, and for increased awareness of the importance of protecting health in all development activities.

21. FINANCING OF THE WHO WORLDWIDE MANAGEMENT INFORMATION SYSTEM THROUGH THE USE OF CASUAL INCOME (WHA50.24)

The World Health Assembly appropriated an amount of US$ 6 145 000 from available casual income to fund elements of the worldwide management information system (MIS) over a period of two years from mid-1997 to mid-1999. The proposed MIS will consist of an Activity Management System (AMS), a policy information retrieval system and a system for Summary Information on Global Health Trends (SIGHT).

The Activity Management System is conceived as a managerial tool to help plan, programme and monitor technical progress and use of resources in WHO's collaborative activities with Member States and to collect data for evaluation purposes. This management system includes monitoring at the country level for use by WHO Representatives and regional offices. The policy information retrieval system contains all Health Assembly and Executive Board resolutions since inception as well as regional committee resolutions, Basic Documents (including the WHO Constitution), the "Health for All" Series of documents, recent programme budget documents and other similar documentation. SIGHT will provide synthesized data and textual information on the global health situation, backed up by the relevant databases on specific diseases.

This information system is expected to make a significant contribution to monitoring and evaluation of programmes at global, regional and country levels.

22. PROPOSED APPROPRIATION RESOLUTION FOR THE FINANCIAL PERIOD 1998–1999 (WHA50.25)

The Health Assembly adopted an appropriation resolution for 1998–1999 at a zero nominal level, i.e. in US dollar terms the level of the effective working budget was in the same amount (US$ 842 654 000) as that of 1996–1997. In real terms, this implies negative growth of 0.4%. Since the Director-General's proposal had been prepared at zero real growth level, adjustments totalling US$ 3 464 000 were necessary to reduce the effective working budget to US$ 842 654 000. The Health Assembly requested the Director-General to confine these reductions to non-operational (i.e. administrative and related) activities at the global, regional and country levels.

As regards various appropriation sections, it was essential to make some changes in the budget forwarded from the Regional Committee to the Director-General to offset the decrease between 1996–97 and 1998–99 in the proposed allocations made for priority programmes in the Eastern Mediterranean Region.

As concerns the final budget allocations for regional offices based on the Health Assembly's decision, these are determined by two factors, namely, price increases and currency adjustments related to the Regional Office currency. The value of the Egyptian pound has been relatively stable against the US dollar over the last two years so that there is no currency adjustment for the Eastern Mediterranean Region. However, the final Eastern Mediterranean Region budget level for 1998–1999 is US$ 90 249 000, representing an increase of US$ 3 991 000 or 4.63% over the previous biennium to cover cost increases. This increase has been allocated mainly to country allocations.

In previous years, the casual income earnings appropriated by the Health Assembly to reduce contributions payable by Member States have been limited to the amount which was available at the end of the previous year. As a departure from this practice, the Health Assembly decided on this occasion to apply the net amount of the casual income for 1997 that might remain after meeting the provisions of the financial incentive scheme and the exchange rate facility towards further reducing contributions payable by Member States in 1999.

23. PROPOSED PROGRAMME BUDGET FOR THE 1998-1999 BIENNIUM: REALLOCATION TO PRIORITY HEALTH PROGRAMMES OF AMOUNTS RESULTING FROM MEASURES TO INCREASE EFFICIENCY (WHA50.26)

In order to ensure that the maximum amount is allocated to priority health programmes, the Health Assembly requested the Director-General to develop and present to the 101st session of the Executive Board an efficiency plan which, *inter alia*, specifies clearly the steps to achieve an efficiency savings target of 3% from the administrative costs and overheads in the six appropriation sections over the 1998–1999 biennium, to be reallocated in favour of priority health programmes. The Regional Director will keep the Committee informed at future sessions of developments in this respect.

24. STRENGTHENING HEALTH SYSTEMS IN DEVELOPING COUNTRIES (WHA50.27)

HEALTH SYSTEMS DEVELOPMENT FOR THE FUTURE (EB100.R1)

The World Health Assembly and Executive Board resolutions emphasize the basic need for strengthened health systems in order to achieve health for all by the year 2000 and beyond. The role of coordinated efforts at all levels and technical cooperation among developing countries are also emphasized in this regard. The resolutions call on Member States to strengthen the health sector within the context of comprehensive development and to provide support to long-term national capacity-building for sustainable health system development. The World Health Assembly called specifically upon developed countries to facilitate the transfer of materials, equipment and technology to developing countries for health development programmes.

Several activities are ongoing to ensure health systems development in countries of the Eastern Mediterranean Region, most of which are developing countries and some which are among those least developed. These activities include support and reorientation of health systems to deal with socioeconomic change. The organization of health services has been reviewed in Lebanon, the Libyan Arab Jamahiriya, the United Arab Emirates and the Republic of Yemen for this purpose.

The Regional Office has developed instruments addressing important parameters of health systems development. The instruments cover assessment of health systems, user satisfaction, provider satisfaction, household utilization patterns, setting of indicators and standards for primary health care facilities, and indicators to assess milestones in the processes of health systems. Some countries, such as Bahrain, Morocco, Pakistan, Saudi Arabia and Tunisia, have used these instruments.

The Regional Office has also been actively involved in the ongoing health sector reform in several countries of the Region. Member States are encouraged to use WHO as the technical secretariat for this reform to ensure that activities related to health sector reform are closely linked to national health goals and priorities.

Efforts are also underway in facilitating technology transfer between countries of the Region and from developed countries in several fields, including production of vaccines and pharmaceuticals.

25. ELIMINATION OF LYMPHATIC FILARIASIS AS A PUBLIC HEALTH PROBLEM (WHA50.29)

One of the diseases identified as potentially eradicable is lymphatic filariasis, a disease which results in grave suffering and social stigmatization and which has recently shown evidence of widening spread and increased distribution.

In the Eastern Mediterranean Region, lymphatic filariasis is of specific public health importance in Egypt. The disease is endemic mainly in rural areas potentially affecting a population of ten million. There is a danger that the disease may spread further to urban areas. The new strategy for elimination for lymphatic filariasis in Egypt has been developed with assistance from WHO. The strategy is based on mass treatment of communities in endemic areas with an annual single dose of a two-drug regimen (ivermectin and diethylcarbamazine), training of staff, health education, monitoring and supervision by a technical advisory committee comprising representatives of the Ministry of Health and Population, WHO and Ain Shams University. A pilot project, "Comparative study on the use of multiple and single doses of DEC", is under implementation by the national programme with financial support from WHO.

26. RESPECT FOR EQUALITY AMONG THE OFFICIAL LANGUAGES (WHA50.32)

This resolution addresses the important issue of respect for equality among the official languages. The resolution requests the Director-General to ensure strict application of the rules in this respect and that documents related to the World Health Assembly and Executive Board are distributed simultaneously in the six official languages.

In the Eastern Mediterranean Region these rules are followed for the three official languages. Documents to the Regional Committee are distributed in the official languages.

27. SCALE OF ASSESSMENTS FOR THE FINANCIAL PERIOD 1998–1999 (WHA50.33)

The Health Assembly adopted a scale of assessments for WHO for the financial period 1998–1999 based on the latest available United Nations scale of assessments for the three-year period 1995–1997. In December 1997, the United Nations General Assembly is expected to adopt a new United Nations scale applicable to the triennium 1998–2000 which may include a reduction in the current maximum rate of assessment of 25% applicable to one Member State in the present scale. The Health Assembly requested the Director-General to report on the changes, if any, to the United Nations scale of assessments and on

all the implications for WHO. At present, it is not possible to predict what changes might be adopted by the United Nations and their possible impact on the contributions payable by the Member States of the Eastern Mediterranean Region in 1999 should the Fifty-first World Health Assembly decide to amend the scale for that year.

28. MALARIA PREVENTION AND CONTROL (WHA50.34)

The resolution refers to the gravity of malaria and to the global task force report confirming that the global malaria control strategy is the best control approach available and urges Member States and Regional Committees to accord the highest priority to the control of malaria in Africa.

All countries of the Region are receptive for malaria. In 13 countries, malaria is endemic in at least some areas of the national territory. In six countries, the malaria problem is very serious. Four of these (Djibouti, Somalia, Sudan and the Republic of Yemen) are countries with the Afrotropical type of malaria and are specifically addressed in operative paragraph 5 of the resolution while in two (Afghanistan and Iraq) the seriousness of the malaria situation is related to the prevailing security conditions.

The revised global strategy for malaria control was endorsed by the Regional Committee for the Eastern Mediterranean in October 1993, and all countries expressed their commitment to malaria control. In its support to the national malaria control programmes, WHO/EMRO continues to concentrate on strengthening the technical component and managerial capabilities of the programmes, through provision of the services of technical staff and consultants, technical guidance and training. In addition, necessary supplies and equipment are being provided, including emergency aid to Sudan and the Republic of Yemen. Additional funds of US$ 1 000 000 were made available by the Director-General in 1997 for the intensified control of malaria in three African countries, namely Djibouti, Somalia and Sudan.

29. ERADICATION OF DRACUNCULIASIS (WHA50.35)

The resolution expresses satisfaction at the progress made in the eradication efforts and national commitments and refer to the success in eradication from Pakistan. It, however, refers also to the fact that more than 70% of the cases in the world occur in Sudan and the difficulties facing the programme there.

In the Eastern Mediterranean Region WHO/EMRO organized visits by the International Certification Teams to the Islamic Republic of Iran and Pakistan. The reports of the teams were discussed by the International Commission for the Certification of Dracunculiasis Eradication and both countries have now been certified as free from local transmission of dracunculiasis.

The National Guinea-worm Eradication Programme in the Republic of Yemen has achieved good progress in reduction of the number of endemic foci and cases. WHO and nongovernmental organizations have supported the reward system, provision of supplies and equipment and training activities.

Dracunculiasis continues to be a public health problem in Sudan. The Government of Sudan has committed itself to the eradication of dracunculiasis through formulation and

implementation of the National Plan for the Eradication of Dracunculiasis which need substantial financial and technical assistance from international and nongovernmental organizations. EMRO has supported dracunculiasis surveillance and control activities in Sudan during 1997 to a total amount of US$ 100 000, which was allocated specifically for supply of water filters, provision of health education materials, and strengthening of training, supervision and the information system.

It is essential that international and nongovernmental organizations continue to ensure the availability of the much needed resources for eradication of dracunculiasis from Sudan.

30. AFRICAN TRYPANOSOMIASIS (WHA50.36)

The resolution expresses deep concern about the severity of the problem and the danger of epidemics although the disease is curable. It calls on all concerned to reinforce control and surveillance activities.

African trypanosomiasis is registered in the southern States of Sudan. Owing to insecurity in the area, the national activities are rather limited and mainly comprise diagnosis and treatment of patients in Juba. WHO/EMRO has supported the national programme through the provision of kits and drugs for treatment. It was planned to conduct a training course on trypanosomiasis surveillance for the staff of southern States of Sudan, but for security reasons this could not be carried out. The Federal Ministry of Health intends to draw up a national plan for the control of trypanosomiasis which can be fully implemented after the establishment of peace in the area. EMRO has agreed to support this activity.

31. CLONING IN HUMAN REPRODUCTION (WHA50.37)

The recent announcement of the successful cloning of an adult sheep by a team of scientists in Scotland has raised profound interest among the scientific community, but at the same time, serious concern in all sectors of society and in all cultures. The World Health Assembly resolution reaffirms that the use of cloning for the replication of human individuals violates basic principles of human procreation and is totally unethical.

WHO/EMRO welcomes the resolution adopted by the World Health Assembly (WHA50.37) affirming that the use of cloning for the replication of human individuals is ethically unacceptable and contrary to human integrity and morality.

It must however, be noted that cloning of human cell lines is a routine procedure for diagnosis and research on diseases such as cancer. Cloning also offers opportunities to advance biomedical research for diagnosis and treatment of diseases affecting human beings.

32. HEALTH CONDITIONS OF, AND ASSISTANCE TO, THE ARAB POPULATION IN THE OCCUPIED TERRITORIES, INCLUDING PALESTINE (WHA50.38)

The resolution refers to the obstacles facing the peace process in the Middle East and to the adverse consequences of the continuous closure of the Palestinian territory on its socioeconomic development, including the health sector. It urges Member States, intergovernmental organizations and nongovernmental organizations to provide speedy and

generous assistance to the Palestinian authorities to achieve health development for the Palestinian people. The Regional Office has continued its efforts to provide the necessary technical support to health programmes and projects for the Palestinian people in various fields of health protection, promotion and disease control. Funds have been pledged for some specific projects through bilateral agencies, such as in the control of brucellosis with support from Italy, and in a variety of other disease control programmes.

In the area of emergency preparedness and response, a national multisectoral workshop on the coordination of emergency preparedness and response programme activities was conducted in Gaza, Palestine, during March 1997. The main objectives for conducting this workshop were to strengthen the national capacity in dealing with emergencies and to increase awareness of the need for planning for disasters, to emphasize the management of emergencies through prevention, mitigation, preparedness, response and rehabilitation, to highlight the importance of multisectoral approaches in dealing with emergencies and disasters, and to come up with a set of recommendations for developing a national programme on emergency preparedness and humanitarian action. The workshop recommended the establishment of a National Council for Emergency Preparedness and Response at ministerial level in order to provide a consolidated basis for national policy, the establishment of a multisectoral body reporting to the national council, establishment of multisectoral emergency preparedness and response committees at the regional level and human capacity-building in emergency preparedness and response.

A training course on emergency preparedness and response was also conducted in Gaza, Palestine, during 1997. A total of 30 participants, from different sectors and agencies attended the course. The main objectives of the course were to develop and strengthen national capacity for planning and management of disasters.

33. FOLLOW-UP TO UNITED NATIONS ECONOMIC AND SOCIAL COUNCIL RESOLUTION 1995/56 ON STRENGTHENING OF THE COORDINATION OF EMERGENCY HUMANITARIAN ASSISTANCE (Resolution EB100.R3)

This resolution emphasizes the importance of the coordination of emergency and humanitarian assistance. The experience in the Eastern Mediterranean Region indicates that the WHO Representative has a major role to play in coordinating emergency and humanitarian assistance in the health sector. Coordination of such assistance in Afghanistan, Iraq, Somalia and the Republic of Yemen is a good example and has resulted in a significant contribution to the national response to emergency situations. It is important, however, to clarify the role and responsibilities of WHO in relation to other organizations of the United Nations system in this regard.

DECISIONS OF THE EXECUTIVE BOARD AT ITS 99th AND 100th SESSIONS AND BY THE FIFTIETH WORLD HEALTH ASSEMBLY

1. REVIEW OF THE CONSTITUTION OF THE WORLD HEALTH ORGANIZATION: REPORT OF THE SPECIAL GROUP [EB99(5)]

The Executive Board, noting the report of the special group on the review of the Constitution of the World Health Organization, endorsed its recommendations (1) to (4), it being understood that the scope of recommendation (3) would be further considered promptly by the group in the light of the discussions in the Programme Development Committee and in the Board before implementation.

(Fourteenth meeting, 21 January 1997)
EB99/SR/14

2. REPRODUCTIVE HEALTH [EB99(6)]

The Executive Board took note of the report of the Director-General on reproductive health and approved the renaming of the "Special Account for Maternal and Safe Motherhood" as the "Special Account for Reproductive Health Technical Support" under the Voluntary Fund for Health Promotion.

(Fourteenth meeting, 21 January 1997)
EB99/SR/14

3. AWARD OF THE A.T. SHOUSHA FOUNDATION PRIZE AND FELLOWSHIP [EB99(8)]

The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize for 1997 to Professor M.K. Gabr (Egypt) for his outstanding contribution to the improvement of the health situation in the geographical area in which Dr Shousha served the World Health Organization.

The Board awarded the Dr A.T. Shousha Foundation Fellowship to Dr N.A. El-Ashry (Egypt).

(Fifteenth meeting, 21 January 1997)
EB99/SR/15

4. AWARD OF THE UNITED ARAB EMIRATES HEALTH FOUNDATION PRIZE [EB99(12)]

The Executive Board, having considered the report of the United Arab Emirates Health Foundation Committee, awarded the United Arab Emirates Health Foundation Prize for 1997 to Dr A.R.A. Al-Awadi (Kuwait) and Dr R. Salvatella Agrelo (Uruguay) for their outstanding contribution to health development. The Board noted that Dr Al-Awadi and Dr Salvatella Agrelo would each receive US$ 20 000.

(Fifteenth meeting, 21 January 1997)
EB99/SR/15

5. ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD [WHA50(10)]

The Fiftieth World Health Assembly, after considering the recommendations of the General Committee, elected the following Members entitled to designate a person to serve on the Executive Board: Burundi, Canada, Cook Islands, Cyprus, Germany, Netherlands, Norway, Oman, Peru, Sri Lanka.

(Eighth plenary meeting, 12 May 1997)

6. PREPARATION OF THE WORLD HEALTH REPORT 1998 AND THIRD EVALUATION OF PROGRESS IN IMPLEMENTATION OF THE GLOBAL STRATEGY FOR HEALTH FOR ALL BY THE YEAR 2000 [WHA50(11)]

The Fiftieth World Health Assembly, after considering the recommendations of the Executive Board at its 99th session, decided that the global report on the third evaluation and the ninth report on the world health situation should be incorporated in *The world health report* 1998, and that there should no longer be separate reports on the world health situation.

(Ninth plenary meeting, 13 May 1997)

7. MEMBERSHIP OF THE PROGRAMME DEVELOPMENT COMMITTEE OF THE EXECUTIVE BOARD [EB100(1)]

The Executive Board appointed the following members of the Board: Mr A.H.M. Fowzie, Mr A. Juneau, Dr J.K.M. Mulwa, Dr E. Nakamura, Dr A.J.M. Suleiman and Dr M. Fikri, Vice-Chairman of the Board, member *ex officio*, as members of its Programme Development Committee, established under resolution EB93.R13, for a maximum period of two years, in addition to Mr J. Hurley, already a member of the Committee. It was understood that if any member of the Committee was unable to attend, his successor or the alternate member of the Board designated by the Government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.

(Second meeting, 15 May 1997)
EB100/SR/2

8. MEMBERSHIP OF THE ADMINISTRATION, BUDGET AND FINANCE COMMITTEE OF THE EXECUTIVE BOARD [EB100(2)]

The Executive Board appointed the following members of the Board: Dr A. Sanou Ira and Mr H. Voigtländer, as well as Dr A.J. Mazza, Vice-Chairman of the Board, member ex officio, as members of its Administration, Budget and Finance Committee, established under resolution EB93.R13, for a maximum period of two years, in addition to Dr C.M. Morel, Professor I. Sallam, Dr Y.S. Shin and Dr B. Wasisto, already members of the Committee. It was understood that if any member of the Committee was unable to attend, his or her successor or the alternate member of the Board designated by the Government concerned, in accordance with Rule 2 of the Rules of Procedure, would participate in the work of the Committee.

(Second meeting, 15 May 1997)
EB100/SR/2

9. MEMBERSHIP OF THE SPECIAL GROUP TO REVIEW THE CONSTITUTION OF THE WORLD HEALTH ORGANIZATION [EB100(4)]

The Executive Board appointed Dr F.R. Al-Mousawi, Dr L.A. López Benitez and Dr T.J. Stamps as members of the special group to review the Constitution, giving priority to consideration of WHO's mission and functions, in addition to Dr N. Blewett, Professor Z. Reiner and Dr B. Wasisto, already members of the group, and Professor A. Aberkane, Chairman of the Board, member *ex officio*.

(Second meeting, 15 May 1997)
EB100/SR/2

10. IMPLEMENTATION OF RULE 52 OF THE RULES OF PROCEDURE OF THE EXECUTIVE BOARD: NOMINATION FOR THE POST OF DIRECTOR-GENERAL [EB100(7)]

The Executive Board agreed to adopt the suggestions for the implementation of Rule 52 as set forth in the report of the Director-General, subject to the following points:

(1) There should be guidelines of two to three pages for each candidate's *curriculum vitae,* and the *curriculum vitae* should address the criteria established by the Executive Board; and include a statement on the vision of the candidate on priorities and strategies;

(2) the short list should be of five candidates;

(3) in arriving at the short list, there should be successive ballots, during each of which the candidate or candidates receiving the lowest number of votes, as well as any candidates not having received a minimum proportion of the votes cast (set at 10% of the ballot papers), would be eliminated, until the number of remaining candidates equals the number of places on the short list;

(4) when voting, members should vote for a number of candidates equal to the number of places on the short list in accordance with Rule 83 of the Rules of Procedure of the World Health Assembly;

(5) interviews of candidates on the short list should be limited to 60 minutes, equally divided between (i) an oral presentation of the candidate's vision of the future priorities for the Organization with an analysis of current problems facing it and suggestions as to how those should be addressed, and (ii) a question-and-answer period.

(Third and fourth meetings, 16 May 1997)
EB100/SR/3 and EB100/SR/4

11. MEMBERSHIP OF THE UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY [EB100(9)]

The Executive Board appointed Dr P. Dossou-Togbe, Professor J. Leowski, Dr A. Meloni, Professor I. Sallam and Dr J. Williams as members of the UNICEF/WHO Joint Committee on Health Policy and subsequently of the WHO/UNICEF/UNFPA Coordinating Committee on Health for the duration of their term of office on the Executive Board, in addition to Mr S. Ngedup, already a member of the Committee. The Board

appointed as alternates Dr G.M. van Etten, Mr C. Solomis and Dr B. Wasisto, in addition to Dr A.J. Mazza, Dr E. Nakamura and Dr T.J. Stamps, already alternate members of the Committee. It was understood that, if any member appointed by the Board was unable to attend, an alternate member appointed by the Board would participate in the work of the Committee.

(Fourth meeting, 16 May 1997)
EB100/SR/4

12. ADMINISTRATION AND AWARD OF FOUNDATION PRIZES AND FELLOWSHIPS [EB100(10)]

The Executive Board, having considered the report by the Director-General on administration and award of foundation prizes and fellowships, decides to recommend to the respective foundation committees (1) that they take such steps as are necessary to amend their regulations so as to replace the foundation committees by selection panels (as described in the annex to the Director-General's report); and (2) that the Dr A.T. Shousha Foundation Prize be presented at a meeting of the Regional Committee for the Eastern Mediterranean and the Dr Comlan A.A. Quenum Prize for Public Health in Africa at a meeting of the Regional Committee for Africa.

(Fourth meeting, 16 May 1997)
EB100/SR/4

世界衛生組織執行委員會 決議 قرار المجلس التنفيذي لمنظمة الصحة العالمية
RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO
RÉSOLUTION DU CONSEIL EXÉCUTIF DE L'OMS
РЕЗОЛЮЦИЯ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА ВОЗ
RESOLUCIÓN DEL CONSEJO EJECUTIVO DE LA OMS

Ninety-ninth Session EB99.R1

Agenda item 5 14 January 1997

Appointment of the Regional Director for the Eastern Mediterranean

The Executive Board,

Considering the provisions of Article 52 of the WHO Constitution and Staff Regulation 4.5; and

Considering the nomination and recommendation made by the Regional Committee for the Eastern Mediterranean at its forty-third session,

1. REAPPOINTS Dr Hussein A. Gezairy as Regional Director for the Eastern Mediterranean, as from 1 October 1997; and

2. AUTHORIZES the Director-General to issue Dr Hussein A. Gezairy a contract for a period of five years from 1 October 1997, subject to the provisions of the Staff Regulations and Staff Rules.

Fourth meeting, 14 January 1997
EB99/SR/4

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世界衛生組織執行委員會 決議 قرار المجلس التنفيذي لمنظمة الصحة العالمية
RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO
RÉSOLUTION DU CONSEIL EXÉCUTIF DE L'OMS
РЕЗОЛЮЦИЯ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА ВОЗ
RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

Ninety-ninth Session EB99.R13

Agenda item 8 20 January 1997

Programme budgeting and priority-setting

The Executive Board,

Recalling resolutions WHA46.35 and WHA48.25 on budgetary reform;

Thanking the Director-General for the substantial efforts made for budgetary reform in presentation of the programme budget for 1996-1997 and the proposed programme budget for 1998-1999;

Noting the reports of the Programme Development Committee[1] and the Administration, Budget and Finance Committee[2] on these matters;

Welcoming the continued development of a strategic approach to budgeting in the 1998-1999 proposed programme budget, with notable progress in presentation of targets and products at the global, regional and country levels;

Welcoming the information provided on the links between the proposed regular budget resources and those expected from other sources;

Reiterating the importance of ensuring accountability at all levels of the Organization for health outcomes in accordance with clear objectives;

Noting the need to improve further transparency in associating allocation of resources with priorities recommended by the Executive Board and adopted by the Health Assembly;

Recognizing the need to meet increased demands within resource constraints through a tighter focus of programme activities and through more efficient and effective ways of achieving objectives and delivering programmes;

Recalling the agreement between WHO and the United Nations for close administrative, budgetary and financial relationships for carrying out operations in the most efficient and economical manner possible, and for maximum coordination and uniformity;

Concerned that the priorities agreed upon by the Executive Board are not adequately reflected in the proposed programme budget for 1998-1999;

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[1] Document EB99/3.

[2] Document EB99/4.

Noting with concern the proposed increase of resources for administrative services, and convinced that there may be further scope to reduce overheads and programme administrative costs at all levels, in order to protect funds for priority programmes,

1. COMMENDS the Director-General on progress made in budgetary reform in the proposed programme budget for 1998-1999;

2. REQUESTS the Director-General to take into account the following factors in respect to the proposed programme budget for 1998-1999, where possible and appropriate, and to future biennial programme budgets:

A Regarding budget development:

(1) to further develop clear statements of strategic objectives for all programmes;

(2) to clarify all targets in terms of measurable products, where feasible;

(3) to ensure that evaluation mechanisms are extended to all activities of the Organization including the use of WHO collaborating centres, and that results are reported early enough to affect future planning;

(4) to strengthen the critical analysis of nonfinancial factors that impede or foster achievement of objectives, outcomes, programme delivery, or products;

(5) to ensure that priorities recommended by the Executive Board and approved by the Health Assembly are reflected at global level and, as appropriate, regional and country level, in a more coherent programme of work;

(6) to take full account of health activities and programmes under way at country level with a view to ensuring complementarity and consistency at all levels of the Organization;

(7) to harmonize and refine the presentation of the financial statements and the proposed programme budget to permit comparison of budgetary allocations with expenditure at each specific programme level;

B. Regarding priority-setting:

(1) to consider revising the 1998-1999 proposed programme budget for presentation to the Fiftieth World Health Assembly to take into account the comments of the Executive Board and better to reflect, at all levels of the Organization, the priorities recommended by the Board and adopted by the Health Assembly;

(2) to provide an explanatory report to the Fiftieth World Health Assembly which:

(a) sets out in detail the specific reallocation of funds to achieve the 2% transfer from global and interregional activities to priority programmes at country level (as requested in resolutions WHA48.26 and EB97.R4);

(b) indicates how the priorities recommended by the Executive Board were enhanced by the proposed programme budget for 1998-1999,[1] including the amounts transferred at each level of the Organization to identified programme priorities and to countries in greatest need, and the sources of the budget from which those funds were transferred;

[1] Document EB98/5.

(c) presents administrative costs associated with programme delivery for the major and specific programmes;

(3) to develop an analytical framework to expedite setting and revision of priorities based on WHO's mandate and on global health determinants and challenges;

(4) to propose to the Executive Board a specific process for developing priorities for the Organization as a whole;

C. Regarding budgetary savings:

(1) to propose a systematic policy for savings stemming from improved efficiency which, based on a review of all major programmes, identifies economy measures, administrative savings and new ways of programme delivery, with a view to ensuring that best value is attained for available resources in improving the quality of international health, and that maximum funds are allocated to priority programmes;

(2) to seek a savings target through improved efficiency for the proposed programme budget for 1998-1999 over the biennium that could contribute to reallocations for higher priority programmes and/or cost containment;

D. Regarding multilateral coordination:

(1) to seek, taking into account WHO's comparative advantage as the leader in global health, and with a view to generating savings through the elimination of duplication and overlap, maximum coordination with other United Nations and multilateral bodies including exploration of greater use of common services and premises where appropriate;

(2) to explore additional mechanisms to generate savings such as the development of new partnerships within the United Nations system, with nongovernmental organizations and with WHO collaborating centres.

Thirteenth meeting, 20 January 1997
EB99/SR/13

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世界衛生組織執行委員會 決議 قرار المجلس التنفيذي لمنظمة الصحة العالمية

RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO

RÉSOLUTION DU CONSEIL EXÉCUTIF DE L'OMS

РЕЗОЛЮЦИЯ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА ВОЗ

RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

Ninety-ninth Session **EB99.R16**

Agenda item 11.1 20 January 1997

Renewing the health-for-all strategy

The Executive Board,

Recalling resolutions EB95.R5 and WHA48.16 on WHO response to global change: renewing the health-for-all strategy, and noting the steps taken by the Director-General to implement these resolutions;

Underlining the vital importance of the work in progress for future global health policy, and the unique opportunity to use the health-for-all renewal as a platform for clarifying and crystallizing the role and mission of the Organization;

Stressing the crucial importance of an active participatory involvement of Member States and other partners in the preparatory process in order to ensure commitment to the forthcoming global health policy and its subsequent implementation in practice,

1. REQUESTS the Director-General to submit a draft policy for the twenty-first century of the renewed health-for-all strategy for a review by the Board at its 100th session in May 1997;

2. URGES the Director-General to intensify all efforts to expedite the work in progress and to ensure a systematic process of intensive and participatory preparations, coordinated at global level, of the renewed health-for-all strategy with all interested Member States and other relevant bodies between January 1997 and May 1998.

Thirteenth meeting, 20 January 1997
EB99/SR/13

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世界衛生組織執行委員會 決議 قرار المجلس التنفيذي لمنظمة الصحة العالمية
RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO
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Ninety-ninth Session EB99.R23

Agenda item 15.2 22 January 1997

UNICEF/WHO Joint Committee on Health Policy

The Executive Board,

Noting the report of the Director-General[1] containing a proposal that the United Nations Population Fund be invited to join the UNICEF/WHO Joint Committee on Health Policy established pursuant to the First World Health Assembly in resolution WHA1.120 in July 1948;

Expressing satisfaction over the valuable contributions of the Committee to the improvement of the health of mothers and children over a period of 48 years;

Noting the reforms taking place within the United Nations system and taking into account the leadership role of WHO and the need to ensure cost-effective deployment of resources available for health and to avoid overlapping,

1. APPROVES the proposal that the Executive Board of the United Nations Development Programme/United Nations Population Fund be invited to join an expanded Committee to be named the "WHO/UNICEF/UNFPA Coordinating Committee on Health";

2. REQUESTS the Director-General:

(1) to transmit this resolution to the Executive Boards of UNICEF and UNFPA;

(2) to prepare draft terms of reference for the Committee in continuance of WHO's role as secretariat of the Committee and in consultation with the Secretariats of UNICEF and UNFPA, to be presented to the 100th session of the WHO Executive Board in May 1997;

(3) in the interest of efficiency and cost-effectiveness, to give special attention to the content of the agenda and the method of work of the new Committee and to organize the timetable in such a way that matters of direct reference to UNFPA are clustered together.

Sixteenth meeting, 22 January 1997
EB99/SR/16

[1] Document EB99/22 Add.1.

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FIFTIETH WORLD HEALTH ASSEMBLY WHA50.1

Agenda item 17.1 12 May 1997

Reimbursement of travelling expenses for attendance at the Health Assembly

The Fiftieth World Health Assembly,

Recalling resolution WHA30.11 on reimbursement of travelling expenses for attendance at the Health Assembly;

Having considered the proposed programme budget for the financial period 1998-1999, in particular appropriation section 1, Governing bodies;

Noting the proposal contained therein that the Organization should meet the cost of travel to the Health Assembly for one representative each from the least developed countries only, in order to keep costs of governing bodies within the level budgeted for 1996-1997,

DECIDES that, with effect from 1 January 1998, only Members that are classified as least developed countries shall be reimbursed for the actual travelling expenses of one delegate each, the maximum reimbursement to be restricted to the equivalent of one economy/tourist return air ticket from the capital city of the Member to the place of the session.

Eighth plenary meeting, 12 May 1997
A50/VR/8

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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

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.2**

Agenda item 17.1 12 May 1997

WHO collaborating centres

The Fiftieth World Health Assembly,

Recognizing that in order to exert global health leadership in the twenty-first century in the current budgetary context the Organization must make every effort to create the broadest possible network of "partners for health" in order to make full use of all the skills available at country and regional levels; and to seek new resources and make optimum use of them in order to fulfil its tasks in the twenty-first century within the framework of the new strategy for health for all;

Aware that the collaborating centres represent a source of expertise that deserves to be better utilized and promoted;

Thanking the Director-General for the work accomplished in coordinating the network of collaborating centres at present in existence,

1. URGES Member States:

(1) to support and develop national centres of expertise so that they may meet the criteria to become a WHO collaborating centre;

(2) to inform WHO of the existence of these centres of expertise;

2. REQUESTS the Director-General:

(1) to strengthen the cooperation between WHO and its collaborating centres in priority areas;

(2) to undertake a situation analysis concerning the existing networks of collaborating centres:

(a) to prepare a review of designations and terminations since resolution WHA33.20 and submit it to the Executive Board in January 1998;

(b) to review the definition of the functions of the collaborating centres and the procedure for their designation and redesignation;

(c) to explore the arrangements between WHO and the collaborating centres, including the option of working through contracts;

(d) to review the procedures for and frequency of evaluation of these centres with a view to their redesignation or termination;

(3) to take steps to promote and encourage the emergence of a larger number of collaborating centres in the countries concerned by WHO's priorities and to foster capacity-building programmes in these centres;

(4) to explore organizational mechanisms within WHO at headquarters and regional level and the various possibilities of funding to ensure the best support for and coordination of the network of centres;

(5) to report on his findings and recommendations to the 101st session of the Executive Board in January 1998.

Eighth plenary meeting, 12 May 1997
A50/VR/8

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RESOLUTIONS OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTIONS DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИИ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCIONES DE LA ASAMBLEA MUNDIAL DE LA SALUD

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.3**

Agenda item 19 12 May 1997

Guidelines on the WHO Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce

The Fiftieth World Health Assembly,

Taking note of previous resolutions on WHO's Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce, and particularly resolutions WHA45.29 and WHA49.14;

Having reviewed the revised guidelines on implementation of the Certification Scheme which are the result of field trials in a number of WHO Member States and discussions during the sixth and seventh biennial International Conferences of Drug Regulatory Authorities;[1]

Believing that the adoption of the revised guidelines will provide an important instrument in support of drug registration in the importing country by ensuring access to transparent information on the regulatory status of the pharmaceutical product in the exporting country and the true origin of products to be imported,

1. ENDORSES the guidelines for implementation of the WHO Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce and associated model certification forms;

2. URGES Member States:

(1) to implement these guidelines, and to issue and request WHO-type certificates in the form contained in the guidelines as from 1 January 1998 and to issue the certificates in the form proposed;

(2) to inform the Director-General of their intent to apply the Scheme and of any significant reservations they intend to express relating to their participation as provided for in article 2.1 of the guidelines.

Eighth plenary meeting, 12 May 1997
A50/VR/8

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[1] WHO Technical Report Series, No. 863, 1996, Annex 10.

RESOLUTIONS OF THE WORLD HEALTH ASSEMBLY
RESOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
RESOLUCIONES DE LA ASAMBLEA MUNDIAL DE LA SALUD

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.4**

Agenda item 19 12 May 1997

Cross-border advertising, promotion and sale of medical products through the Internet

The Fiftieth World Health Assembly,

Aware of the increasing use of electronic communication means by the general public for shopping and gathering information;

Aware of the fact that the efficacy, safety and quality of medical products require careful assessment, and that in many Member States such products require authorization prior to marketing, and are available only on medical prescription;

Aware that the proper and safe use of medical products may require review of the medical history, medical examination, diagnosis of the condition and subsequent counselling and follow-up by the health care professional;

Recognizing that regulations and regulatory control vary among countries regarding prescription/non-prescription (over-the-counter) status of medical products, resulting in national differences in their availability;

Aware that advertising, promotion and legal sale of medical products in one country may be violative in other countries;

Recognizing that in some situations provision of medical products by an authorized health professional on the basis of an electronically communicated request may contribute to more rational and better health care, and to the easier availability of necessary medical products and information about them;

Recognizing that such mail order service may in some countries include prescription-only products, and that in such situations national law may specify additional requirements to authorize the order;

Noting the continued need for vigilance in the maintenance of legal and ethical standards in the advertising, promotion and sale of medical products;

Concerned, however, that uncontrolled advertising, promotion and sales of medical products by electronic communication may present a hazard for public health as well as a risk for the individual patient, particularly with regard to misleading or fraudulent product information and lack of individual counselling;

Particularly concerned that advertising, promotion and sales through the Internet may lead to uncontrolled across-the-border trade of medical products or fraudulent imitations that may be unevaluated, unapproved, unsafe or ineffective, or used inappropriately,

1. URGES all Member States to collaborate with WHO in order to facilitate collection of information on the Internet regarding the points listed above;

2. REQUESTS the Director-General:

(1) to collect information on the various aspects and consequences of advertising, promotion, and sale of medical products through the Internet;

(2) to collaborate with the drug regulatory authorities and national and international enforcement agencies, consumer groups, professional associations, the pharmaceutical industry and other relevant parties, to collect all necessary information on the subject;

(3) to convene a WHO ad hoc working group consisting of representatives of the parties mentioned above, and, in addition, experts in ethics, legal matters, marketing and communication, and other experts as required, to consider and review the above and related issues in the advertising, promotion and sale of medical products through the Internet, and to formulate recommendations for action to the Director-General;

(4) to report on progress to the Executive Board at its 101st session in January 1998, and to the Fifty-first World Health Assembly in May 1998;

(5) to mobilize extrabudgetary resources for this activity.

Eighth plenary meeting, 12 May 1997
A50/VR/8

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RESOLUTIONS OF THE WORLD HEALTH ASSEMBLY
RESOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИИ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCIONES DE LA ASAMBLEA MUNDIAL DE LA SALUD

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.7**

Agenda item 22.2 12 May 1997

Status of collection of assessed contributions

The Fiftieth World Health Assembly,

Noting with concern that, as at 31 December 1996:

(a) the rate of collection in 1996 of contributions to the effective working budget for that year amounted to 77.72%, leaving US$ 93 394 425 unpaid;

(b) only 102 Members had paid their contributions to the effective working budget for that year in full, and 63 Members had made no payment;

(c) total unpaid contributions in respect of 1996 and prior years exceeded US$ 169 million,

1. EXPRESSES deep concern at the continuing high level of contributions outstanding, which has had a deleterious effect on programmes and on the financial situation;

2. CALLS THE ATTENTION of all Members to Financial Regulation 5.6, which provides that instalments of contributions shall be considered as due and payable in full by the first day of the year to which they relate, and to the importance of paying contributions as early as possible to enable the Director-General to implement the programme budget in an orderly manner;

3. REMINDS Members that, as a result of the adoption, by resolution WHA41.12, of an incentive scheme to promote the timely payment of assessed contributions, those that pay their assessed contributions early in the year in which they are due will have their contributions payable for a subsequent programme budget reduced appreciably, whereas Members paying later will have their contributions payable for that subsequent programme budget reduced only marginally or not at all;

4. URGES Members that are systematically late in the payment of their contributions to take immediate steps to ensure prompt and regular payment;

5. REQUESTS the Director-General, taking into account developments in other organizations of the United Nations system and in the review of the WHO Constitution, to continue to review all additional measures that may be appropriate to the circumstances of WHO with a view to ensuring a sound financial basis for programmes and to report on this matter to the 101st session of the Executive Board and the Fifty-first World Health Assembly;

6. FURTHER REQUESTS the Director-General to draw this resolution to the attention of all Members.

Eighth plenary meeting, 12 May 1997
A50/VR/8

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RESOLUTIONS OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTIONS DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИИ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCIONES DE LA ASAMBLEA MUNDIAL DE LA SALUD

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.8**

Agenda item 22.2 12 May 1997

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

The Fiftieth World Health Assembly,

Having considered the second report of the Administration, Budget and Finance Committee of the Executive Board on Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution;

Having been informed that the voting rights of Angola, Nigeria and Peru had been restored as a result of payments made which reduced their unpaid prior years' arrears of contributions to a level below that indicated in resolution WHA41.7;

Noting that, at the time of opening of the Fiftieth World Health Assembly, the voting rights of Antigua and Barbuda, Armenia, Azerbaijan, Bosnia and Herzegovina, Chad, Comoros, Cuba, Dominican Republic, Equatorial Guinea, Georgia, Guinea-Bissau, Iraq, Kazakstan, Kyrgyzstan, Latvia, Liberia, Niger, Republic of Moldova, Somalia, Tajikistan, Turkmenistan, Ukraine and Yugoslavia remained suspended, such suspension to continue until the arrears of the Member State concerned have been reduced, at the present or future Health Assemblies, to a level below the amount which would justify invoking Article 7 of the Constitution;

Noting that, in accordance with resolution WHA49.4, the voting privileges of Mauritania, Togo and Venezuela have been suspended as from 5 May 1997, such suspension to continue until the arrears of the Member State concerned have been reduced, at the present or future Health Assemblies, to a level below the amount which would justify invoking Article 7 of the Constitution;

Having been informed that the voting rights of Togo have been restored as a result of a payment received before the opening of the Fiftieth World Health Assembly;

Noting that Afghanistan, Central African Republic, Congo, Djibouti, Gabon, Guatemala, Haiti, Lithuania, Rwanda and Yemen were in arrears at the time of the opening of the Fiftieth World Health Assembly to such an extent that it is necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended at the opening of the Fifty-first World Health Assembly;

Having been informed that as a result of payments received after the opening of the Fiftieth World Health Assembly, the arrears of contributions of Guatemala and Haiti have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution,

1. EXPRESSES concern at the increasingly large number of Members that have been in arrears in the payment of their contributions in recent years to an extent which would justify invoking Article 7 of the Constitution and the unprecedented level of contributions owed by them;

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

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

4. REQUESTS the Director-General to approach the Members in arrears to an extent which would justify invoking Article 7 of the Constitution, with a view to pursuing the question with the governments concerned;

5. REQUESTS the Executive Board, in the light of the Director-General's report to the Board at its 101st session and after the Members concerned have had an opportunity to explain their situation to the Board, to report to the Fifty-first World Health Assembly on the status of payment of contributions;

6. DECIDES:

(1) that in accordance with the statement of principles in resolution WHA41.7 if, by the time of the opening of the Fifty-first World Health Assembly, Afghanistan, Central African Republic, Congo, Djibouti, Gabon, Lithuania, Rwanda and Yemen are still in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, their voting privileges shall be suspended as from the said opening;

(2) that any suspension which takes effect as aforesaid shall continue at the Fifty-first and subsequent Health Assemblies, until the arrears of the Member concerned have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution;

(3) that this decision shall be without prejudice to the right of any Member to request restoration of its voting privileges in accordance with Article 7 of the Constitution.

Eighth plenary meeting, 12 May 1997
A50/VR/8

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FIFTIETH WORLD HEALTH ASSEMBLY WHA50.11

Agenda item 25 12 May 1997

Relocation of the Regional Office for the Eastern Mediterranean from Alexandria to Cairo

The Fiftieth World Health Assembly,

Having considered the report of the Director-General to the Executive Board on the subject of relocation of the Regional Office for the Eastern Mediterranean from Alexandria to Cairo;

Recognizing that certain estimates must necessarily remain provisional because of the fluctuation of exchange rates,

1. EXPRESSES its appreciation to the Government of Egypt for making available land in Cairo as well as pledging a cash contribution for the purpose of construction of a new building for the Regional Office for the Eastern Mediterranean;

2. ENCOURAGES other Member States of the Region to make similar financial efforts;

3. AUTHORIZES the financing from the Real Estate Fund of the estimated expenditure of US$ 9 890 000 for the purpose of building new Regional Office premises in Cairo, on the understanding that any costs over and above this estimate would be met from extrabudgetary resources;

4. APPROPRIATES to the Real Estate Fund, from casual income, the sum of US$ 9 890 000.

Eighth plenary meeting, 12 May 1997
A50/VR/8

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

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.12**

Agenda item 27.1 12 May 1997

Establishment of the International Vaccine Institute

The Fiftieth World Health Assembly,

Having considered the report of the Director-General on the establishment of the International Vaccine Institute (document A50/16 Add.1), and in accordance with Article 18(l) of the Constitution of the World Health Organization,

1. APPROVES the Agreement on the Establishment of the International Vaccine Institute;

2. AUTHORIZES the Director-General to deposit WHO's instrument of approval of the Agreement with the Secretary-General of the United Nations.

Eighth plenary meeting, 12 May 1997
A50/VR/8

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RESOLUTIONS AND DECISIONS OF THE WORLD HEALTH ASSEMBLY
RESOLUTIONS DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
RESOLUCIONES Y DECISIONES DE LA ASAMBLEA MUNDIAL DE LA SALUD

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.13**

Agenda item 27.2 12 May 1997

Promotion of chemical safety, with special attention to persistent organic pollutants

The Fiftieth World Health Assembly,

Having considered the report of the Director-General on persistent organic pollutants;

Recalling resolutions WHA30.47, WHA31.28 and EB63.R19 on the evaluation of the effects of chemicals on health, and resolutions EB73.R10 and WHA45.32 on the International Programme on Chemical Safety;

Noting that the Director-General established in May 1996 a steering committee on sound management of chemicals to coordinate activities related to chemical safety;

Noting that the Memorandum of Understanding between UNEP, ILO and WHO concerning collaboration in the International Programme on Chemical Safety was renewed in 1996;

Noting that, in response to the call of the United Nations Conference on Environment and Development (UNCED) for improved international cooperation on sound management of chemicals, an Inter-Organization Programme for the Sound Management of Chemicals was established in 1995 with six participating organizations (UNEP, ILO, FAO, WHO, UNIDO and OECD), and that WHO is the administering organization;

Noting that, in response to a recommendation made at UNCED and to resolution WHA46.20, an intergovernmental forum on chemical safety was established in 1994 with WHO as the host agency,

1. ENDORSES the recommendations of the Intergovernmental Forum on Chemical Safety to the Health Assembly on persistent organic pollutants, as presented in the report of the Director-General;

2. CALLS UPON Member States:

(1) to involve appropriate health officials in national efforts to follow up and implement decisions of the UNEP and WHO governing bodies relating to the currently identified persistent organic pollutants;

(2) to ensure that scientific assessment of risks to health and the environment is the basis for the management of chemical risk;

(3) to continue efforts to establish or reinforce national coordinating mechanisms for chemical safety, involving all responsible authorities as well as the nongovernmental organizations concerned;

(4) to take steps to reduce reliance on insecticides for control of vector-borne diseases through promotion of integrated pest-management approaches in accordance with WHO guidelines, and through support for the development and adaptation of viable alternative methods of disease vector control;

(5) to establish or strengthen governmental mechanisms to provide information on the levels and sources of chemical contaminants in all media, and in particular in food, as well as on the levels of exposure of the population;

(6) to ensure that the use of DDT is authorized by governments for public health purposes only, and that, in those instances, such use is limited to government-authorized programmes that take an integrated approach and that strong steps are taken to ensure that there is no diversion of DDT to entities in the private sector;

(7) to revitalize measures for training and for increasing public awareness in collaboration with intergovernmental and nongovernmental organizations, in order to prevent poisonings by chemicals and, in particular, pesticides;

3. REQUESTS the Director-General:

(1) to participate actively in the intergovernmental negotiating committees on the currently identified persistent organic pollutants, in the drafting of a legally binding instrument for the "prior informed consent" procedure, and in other intergovernmental meetings on issues requiring health expertise, in particular those relating to the use of pesticides for vector control, in order to ensure that international commitments on hazardous chemicals are realistic and effective and that they protect human health and the environment;

(2) to support research on integrated approaches to the control of vector-borne diseases, including environmental management, including engagement of appropriate WHO collaborating centres in this effort;

(3) to continue to support the acceleration and expansion of WHO's activities for the assessment of chemicals risk as a basis for national decision-making on its management, including the joint FAO/WHO programmes on food additives and contaminants and veterinary drug residues and on pesticide residues;

(4) to cooperate with Member States in facilitating the exchange of information on chemicals utilizing modern technology, especially in the collation and provision of reliable and comparable data, in particular from developing countries, on human exposure, incidents of poisonings and other adverse health effects;

(5) to take the necessary steps to reinforce WHO's leadership in undertaking risk assessment as a basis for tackling high-priority problems as they emerge, and in promoting and coordinating related research, for example, on potential endocrine-related health effects of exposure to chemicals and on the possible causal links with cancer and reproductive, neurological and immunological disorders;

(6) to continue efforts to enhance technical cooperation with Member States for the determination of their capacity-building needs, and for the implementation of programmes for the management of chemicals risk, in collaboration with participants in the Inter-Organization Programme for the Sound Management of Chemicals and with other organizations;

(7) to report on the outcome of the deliberations at the Health Assembly to the UNEP Governing Council;

(8) to report to a future Health Assembly on progress in implementing this resolution.

Eighth plenary meeting, 12 May 1997
A50/VR/8

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FIFTIETH WORLD HEALTH ASSEMBLY WHA50.14

Agenda item 27.2 12 May 1997

Protection of the marine environment

The Fiftieth World Health Assembly,

Noting the successful conclusion of the Intergovernmental Conference to Adopt a Global Programme of Action for the Protection of the Marine Environment from Land-based Activities, which was held in Washington, D.C., from 23 October to 3 November 1995;

Having considered United Nations General Assembly resolution 51/189 on institutional arrangements for the implementation of the Global Programme of Action for the Protection of the Marine Environment from Land-based Activities;

Stressing the need for Member States to take the necessary measures for the implementation of the Global Programme of Action at national and, as appropriate, regional and international levels;

Concerned about risks to human health from the degradation of the marine environment caused by land-based sources of pollution,

1. ENDORSES the Washington Declaration on Protection of the Marine Environment from Land-based Activities and the Global Programme of Action for the Protection of the Marine Environment from Land-based Activities as they relate to the protection of human health;

2. URGES Member States:

(1) to support the implementation of the Global Programme of Action in general and with regard to public health aspects;

(2) to participate in the development of a clearing-house for the implementation of the Global Programme of Action and in particular to support WHO's efforts to lead the development of the clearing-house mechanism for information on sewage;

(3) to explore ways and means of making additional financial resources available for setting up and maintaining the clearing-house mechanism;

3. REQUESTS the Director-General:

(1) to seek extrabudgetary financial resources in order to enable the Organization to discharge its assigned responsibilities in the implementation of the Global Programme of Action;

(2) to the extent that resources permit, to take the lead in the development of a clearing-house mechanism for information on sewage as one of the major land-based sources of pollution of the marine environment;

(3) to support the implementation of the Global Programme of Action concerning matters related to environmental health;

(4) to collaborate with UNEP and other international organizations concerned in the implementation of the Global Programme of Action.

Eighth plenary meeting, 12 May 1997
A50/VR/8

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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

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.15**

Agenda item 29.1 12 May 1997

Recruitment of international staff in WHO: geographical representation

The Fiftieth World Health Assembly,

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

Recalling earlier resolutions of the Health Assembly and the Executive Board on the same subject, the last of which was resolution WHA48.28;

Noting that recruitment of nationals from unrepresented and under-represented countries and countries below the mid-point of the range has not yet reached the target of 60%;

Reaffirming that the principles embodied in Staff Regulations 4.2, 4.3 and 4.4 remain the paramount consideration in staff recruitment,

1. DECIDES to maintain the target of 60% of all vacancies arising in professional and higher-graded posts subject to geographical distribution during the period ending September 1999 for the appointment of nationals of unrepresented and under-represented countries and those below the mid-point of the range;

2. CALLS UPON the Director-General and the Regional Directors to pursue energetically their efforts to continue to improve geographical representation;

3. REQUESTS the Director-General to modify the method of calculating desirable ranges by revising the number of posts used in the calculation to 1450;

4. FURTHER REQUESTS the Director-General to report on the recruitment of international staff in WHO to the Executive Board in 2000.

Eighth plenary meeting, 12 May 1997
A50/VR/8

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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

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.16**

Agenda item 29.1 12 May 1997

Employment and participation of women in the work of WHO

The Fiftieth World Health Assembly,

Noting resolutions WHA48.28 and WHA49.9;

Noting the situation at September 1996 regarding the proportion of women on the staff in established WHO offices and their distribution by grade;

Noting that the Strategic plan of action (1995-2000),[1] which was endorsed by the United Nations General Assembly in its resolution 49/167 of 23 December 1994, established the overall goal of parity for women by the year 2000, with a target of 25% in policy-level positions (D1 and above) by 1997;

Recognizing that women can also participate in WHO as temporary advisers, consultants and on scientific and technical advisory groups;

Recognizing the additional value that a balance of male and female staff can bring to the work of the Organization,

1. CALLS FOR the target for representation of women in the professional categories to be increased to 50% in WHO;

2. CALLS FOR targets to be set at 50% by 2002 for new appointments of women to professional categories, representation of women as temporary advisers, consultants and on scientific and technical advisory groups;

3. STRONGLY URGES Member States to support the strategies and efforts of the WHO Secretariat to increase the percentage of women in professional posts, by identifying more women candidates and regularly submitting their candidatures, and by encouraging women to apply for posts;

4. REQUESTS the Director-General and Regional Directors:

(1) to ensure full and urgent implementation of the action outlined in the Director-General's report;

(2) to raise the minimum thresholds for the recruitment of women;

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[1] See United Nations General Assembly document A/49/587, part IV: "Strategic plan of action for the improvement of the status of women in the Secretariat (1995-2000)".

(3) to set minimum thresholds for participation of women as temporary advisers, consultants and on scientific and technical advisory groups;

(4) to report annually to the Executive Board on progress in increasing the representation of women in the professional categories, and as temporary advisers, consultants and on scientific and technical advisory groups.

Eighth plenary meeting, 12 May 1997
A50/VR/8

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

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.18**

Agenda item 31 12 May 1997

Method of work of the Health Assembly and proposed amendments to its Rules of Procedure

The Fiftieth World Health Assembly,

Having considered the report of the Director-General on the method of work of the Health Assembly;

Recalling resolution WHA20.2 concerning arrangements for the conduct of the general discussion in plenary meetings on the reports of the Executive Board and the Director-General, resolution EB71.R3 concerning, *inter alia*, the focus of such discussion, resolution WHA32.36 concerning, *inter alia*, preparation of the provisional agenda of regular sessions of the Health Assembly by the Executive Board and resolution WHA36.16 concerning, *inter alia*, the opening meeting of the Health Assembly;

Recalling also the decision of the Forty-eighth World Health Assembly to transfer resources from governing bodies to priority programmes, and the consequent need to shorten the duration of the Health Assembly;

Noting the proposed programme budget for the financial period 1998-1999 and the provision for sessions of the Health Assembly contained therein,

1. APPROVES the following arrangements for the conduct of the discussion in plenary meetings on the report of the Executive Board and *The world health report* (incorporating the annual report of the Director-General):

(1) delegates are requested to limit to five minutes their statements in such discussions;

(2) delegates wishing to do so may submit prepared statements of not more than 600 words for inclusion in the verbatim records of the plenary meetings;

(3) the statements should focus on the theme of *The world health report*;

2. DECIDES:

(1) that the Executive Board, when preparing the provisional agenda of each Health Assembly, shall normally include individual technical programme items in the agenda of the Health Assembly as separate items only in the years when the Health Assembly does not undertake a full review of the proposed biennial programme budget, thus allowing more time for such technical items;

(2) that reports on technical programme items which the Director-General has been requested to submit in budget years by previous resolutions of the Health Assembly shall henceforth be submitted in non-budget years;

3. DECIDES also that the opening meeting of the Health Assembly shall be held at 10:00 on the opening day, followed by the meeting of the Committee on Nominations, the second plenary meeting, and the meeting of the General Committee, so as to permit the third plenary meeting to take place as early on the opening day as possible;

4. DECIDES further to amend Rules 24, 25 and 101 of the Rules of Procedure of the Health Assembly to read as follows:

Rule 24

The Committee on Nominations of the Health Assembly shall consist of twenty-five delegates of as many Members.

At the beginning of each regular session the President shall submit to the Health Assembly a list consisting of twenty-four Members, to comprise with the President, ex officio, the Committee on Nominations. Any Member may propose additions to such list. On the basis of such list, as amended by any additions proposed, a vote shall be taken in accordance with the provisions of those Rules dealing with elections.

The President of the Health Assembly shall preside over meetings of the Committee on Nominations. The President may designate a member of his delegation as his substitute in his capacity as member during a meeting or any part thereof.

Meetings of the Committee on Nominations shall be held in private.

Rule 25

The Committee on Nominations, having regard to an equitable geographical distribution and to experience and personal competence, shall propose (*a*) to the Health Assembly from among the delegates nominations for the offices of the President and five vice-presidents of the Health Assembly, for the offices of chairman of each of the main committees, and for the members of the General Committee to be elected under Rule 31, and (*b*) to each of the main committees set up under Rule 34, nominations from among the delegates for the offices of the two vice-chairmen and rapporteur. The President shall submit an initial list of proposals as set forth above for consideration by the Committee on Nominations. Any member of the Committee may propose additions to such list. On the basis of such list, as amended by any additions proposed, the Committee shall, in accordance with the provisions of Rule 80, determine its list of nominations which shall be forthwith communicated to the Health Assembly or to the main committees respectively.

Rule 101

At the commencement of each regular session of the Health Assembly the President shall request Members desirous of putting forward suggestions regarding the annual election of those Members to be entitled to designate a person to serve on the Board to place their suggestions before the General Committee. Such suggestions shall reach the Chairman of the General Committee not later than twenty-four hours after the President has made the announcement in accordance with this Rule.

Eighth plenary meeting, 12 May 1997
A50/VR/8

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

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.19**

Agenda item 19 13 May 1997

Prevention of violence

The Fiftieth World Health Assembly,

Welcoming the report of the Director-General on prevention of violence;

Expressing satisfaction with the rapid progress in the development of the plan of action for progress towards a public health approach to violence prevention based on scientific data;

Recognizing the opportunities to give effect to the plan of action through the collaborative mechanisms of the WHO programmes concerned, collaborating centres and institutions, professional and other nongovernmental organizations, and in collaboration with other appropriate organizations and agencies of the United Nations system, with particular attention to those dealing with human rights;

Concerned with:

1. The increase in all forms of violence particularly domestic violence that is directed, mainly at women and children;

2. Child trafficking and sexual abuse;

3. Bullying in schools and in institutions, and various forms of organized violence;

Realizing the complexity of the issue, and that violence does not only affect health but in many cases is the outcome of practices detrimental to health such as alcohol and drug abuse as well as of various socioeconomic factors;

Reiterating WHO's role of leadership and guidance to Member States in assessing the problem of violence and in order to prevent self-inflicted violence and violence against others,

1. ENDORSES the Organization's integrated plan of action on violence prevention and health;

2. URGES Member States to collaborate with WHO in attaining the objectives and implementing the tasks of the plan of action;

3. REQUESTS the Director-General to continue to develop the plan of action and to submit to the next Assembly:

(1) a report of the past year's activities, a budget, a timetable for implementation and a list of priority actions to be undertaken by WHO with its appropriate collaborating centres;

(2) guidelines for the development of preventive activities to be taken by Member States.

Ninth plenary meeting, 13 May 1997
A50/VR/9

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FIFTIETH WORLD HEALTH ASSEMBLY WHA50.20

Agenda item 19 13 May 1997

Quality of biological products moving in international commerce

The Fiftieth World Health Assembly,

Noting the increasing movement across international boundaries of vaccines and other biological products for prevention and/or treatment of diseases, together with the rapid development and introduction into public health programmes of medicines produced by modern biotechnology in both developed and developing countries;

Recalling previous resolutions of the Health Assembly mentioning the vital need to ensure the quality, safety and efficacy of both established and new biological products;

Bearing in mind the responsibility of governments to ensure that biological products, whether imported or manufactured locally, are of good quality;

Recognizing the specialized technical expertise needed for evaluating and controlling biological products;

Recalling the role of WHO in coordinating technical assistance, including assistance given on a bilateral and multilateral basis, and in promoting resource mobilization from various sources, and aware that, according to its Constitution and the decisions of previous Health Assemblies, coordination and advocacy are among WHO's most important functions;

Recognizing that WHO's standardization activities need strengthening to meet the challenges of rapid growth and expansion in the field of biologicals, and also evaluation for any newly observed potential impact such activities may have on international trade as a result of the entry into force of World Trade Organization agreements;

Recognizing the long-standing and valuable role of WHO's biologicals unit and the Expert Committee on Biological Standardization;

Recognizing the report and recommendations of the ad hoc working group on the quality of biological products moving in international commerce as reflected in the Director-General's report,

1. URGES all Member States:

(1) to use only vaccines and other biological products of demonstrated quality, safety and efficacy;

(2) to adopt, as part of national regulations, requirements published by WHO or equivalent requirements of recognized competent control authorities to ensure that their products are safe, effective and of good quality;

(3) to strengthen their national regulatory authorities and national control laboratories;

2. REQUESTS the Director-General:

(1) to strengthen the mechanism for providing clear norms and active leadership to promote the quality, safety and efficacy of biological and biotechnological products;

(2) to extend the assistance offered to Member States within the limits of existing resources to develop and to strengthen their national regulatory authorities and control laboratories so as to increase their competence in this area, efforts to upgrade the quality of biological products being focused primarily on increasing the capabilities of national control authorities;

(3) to revise the approach to the development of requirements and guidelines for biologicals to ensure that the documents focus primarily on principles and essential elements that ensure the safety and efficacy of products, details of specifications, assays, and processes being provided as appendices, as appropriate;

(4) to review and update existing requirements and guidelines for biologicals and ensure that there is a mechanism to address and resolve rapidly scientific and medical inconsistencies in available documents;

(5) to expand WHO's interaction with other agencies and increase the use of selected WHO collaborating centres and other organizations in the preparation and review of documents (including draft guidelines and requirements), and in the production of International Reference Materials;

(6) to ensure that the decisions taken by the WHO Expert Committee on Biological Standardization are widely disseminated in a timely manner;

(7) to keep Member States informed of the development of new biological products and their potential value and application;

(8) to serve as the central resource for providing guidance on quality, efficacy and safety of biological products, when requested by a national control authority, and assist in promoting the exchange of information and "networking" of authorities;

(9) to review issues of potential conflict of interest and confidentiality as they relate to the application of requirements and guidelines published by WHO, including advice on the acceptability of vaccines intended for purchase by other organizations of the United Nations system;

(10) to convene an independent review of WHO's remit and activities in this field, particularly WHO's biologicals unit, covering *inter alia* how it interacts with other groups with related functions within WHO and externally, with a view to recommending action that will assist in the harmonization of standards and requirements, minimize duplication of activities and enable WHO to respond to scientific developments in a timely manner;

(11) to review the relation between WHO technical reports, requirements, and guidelines and World Trade Organization agreements, in particular, the Agreement on Technical Barriers to Trade, the Agreement on the Application of Sanitary and Phytosanitary Measures, and the Agreement on Trade-related Aspects of Intellectual Property Rights, as they apply to international trade in biological medicinal

products, and to prepare a report on this issue for submission to the Executive Board at its 102nd session in May 1998;

(12) to support and assist developing countries in the necessary negotiation process with potential sources of science and technology and resource mobilization.

Ninth plenary meeting, 13 May 1997
A50/VR/9

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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

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.21**

Agenda item 19 13 May 1997

World Tuberculosis Day

The Fiftieth World Health Assembly,

Recalling resolutions WHA44.8 and WHA46.36 on the tuberculosis programme;

Encouraged by the success and the spirit of international collaboration manifested on World Tuberculosis Day, 24 March 1996, commemorating the day in 1882 on which Dr Robert Koch officially informed the scientific community that he had discovered the tuberculosis bacillus,

REQUESTS the Director-General to coordinate the observance of World Tuberculosis Day on 24 March of each year as an opportunity throughout the world for organizations concerned to raise public awareness of tuberculosis as a major urgent public health problem and for countries to assess progress in tuberculosis control.

Ninth plenary meeting, 13 May 1997
A50/VR/9

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RESOLUTION OF THE WORLD HEALTH ASSEMBLY

Report of the task force on health in development

The Fiftieth World Health Assembly,

Noting that the WHO Constitution states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition";

Recalling resolution WHA45.24 on health and development, requesting the Director-General to establish a task force to undertake a comprehensive review and analysis of factors which could improve the health of the most vulnerable and disadvantaged populations;

Having considered the report by the task force on health in development;

Acknowledging that the development of the Tenth General Programme of Work should take into account matters concerning vision and mandate raised in the report;

Recalling resolutions WHA48.14 and WHA48.16 concerning review of the Constitution of the World Health Organization and renewal of the health-for-all strategy;

Deeply concerned about the worsening health status of many of the world's most disadvantaged and vulnerable groups;

Recognizing that poverty, unemployment, economic adjustment, and the emergence and re-emergence of new health problems add to the health crisis;

Reaffirming that public health measures can be a powerful bridge to peace by helping to mitigate the negative effects of conflict and social and economic inequities;

Aware of the need for global health leadership to provide guidance in responding to the worsening health crisis in a rapidly changing world;

Convinced that WHO is in a unique position to lead and advocate for global health, and that in this role of global leader WHO will interact with a variety of partners in implementing global health initiatives and programmes;

Convinced also that WHO must continuously adapt its work in order to respond to the public-health and development exigencies of the twenty-first century,

1. COMMENDS the members of the task force on health in development for their commitment and creativity;

2. APPRECIATES the task force's vision for health leadership in the twenty-first century so WHO can act as the world's health conscience;

3. URGES Member States to consider the task force's report in the planning of development strategies, in accordance with the conditions prevailing in each region and country;

4. REQUESTS the Director-General:

(1) to take into account the recommendations of the task force in the preparatory discussions for the Tenth General Programme of Work and in the renewal of the health-for-all strategy;

(2) to work with the governing bodies, Member governments and partners in health and development to consider taking into account relevant recommendations of the task force to strengthen WHO's role as the leader in global health in the twenty-first century;

(3) to continue the existing focus within the Organization on health in development, including the articulation and promotion of health rights and health equity for women, disadvantaged and vulnerable population groups;

(4) to continue to support the work of the task force on health in development including provision of appropriate financial and human resources;

(5) to report to the 101st session of the Executive Board on the above;

5. DECIDES to keep the work of the task force under continuous review and requests the Director-General to report to the Fifty-first World Health Assembly, in order to enable it to consider the renewal of the mandate of the task force.

Ninth plenary meeting, 13 May 1997
A50/VR/9

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

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.24**

Agenda item 17.2 13 May 1997

Financing of the WHO worldwide management information system through the use of casual income

The Fiftieth World Health Assembly,

Having considered the report of the Director-General on the financing of the WHO worldwide management information system from casual income;

Recognizing the importance of adequate funding for the rapid development and implementation of the management information system in order to increase the efficiency of the Organization;

Recognizing the need for the gradual incorporation of recurring costs into the regular budget,

AUTHORIZES the financing of the WHO worldwide management information system at an estimated amount of US$ 6 145 000 from available casual income.

Ninth plenary meeting, 13 May 1997
A50/VR/9

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

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.25**

Agenda item 17.2 13 May 1997

Proposed appropriation resolution for the financial period 1998-1999

The Fiftieth World Health Assembly

1. RESOLVES to appropriate for the financial period 1998-1999 an amount of US$ 922 654 000 as follows:

A.

Appropriation section	Purpose of appropriation	Amount US$
1.	Governing bodies	19 281 800
2.	Health policy and management	255 618 000
3.	Health services development	170 423 800
4.	Promotion and protection of health	133 492 100
5.	Integrated control of disease	135 144 400
6.	Administrative services	128 693 900
	Effective working budget	842 654 000
7.	Transfer to Tax Equalization Fund	80 000 000
	Total	922 654 000

B. Amounts not exceeding the appropriations voted under paragraph A shall be available for the payment of obligations incurred during the financial period 1 January 1998 - 31 December 1999 in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial period 1998-1999 to sections 1 to 6.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made, this percentage being established in respect of section 2 exclusive of the provision made for the Director-General's and Regional Directors' Development Programme (US$ 7 592 000). The Director-General is also authorized to apply amounts not exceeding the provision for the Director-General's and Regional Directors' Development Programme to those sections of the effective working budget under which the programme expenditure will be incurred. All such transfers shall be reported in the financial report for

the financial period 1998-1999. Any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.5.

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

		US$
(i)	reimbursement of programme support costs by the United Nations Development Programme in the estimated amount of	2 900 000
(ii)	casual income (other than interest earned)	2 622 980
		5 522 980

thus resulting in assessments on Members of US$ 917 131 020. In establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by (a) the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that require staff members of WHO to pay taxes on their WHO emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization and (b) the amount of interest earned and available for appropriation (US$ 9 994 020) credited to them in accordance with the incentive scheme adopted by the Health Assembly in resolution WHA41.12.

E. The maximum net level of the exchange rate facility provided for under Article 4.6 of the Financial Regulations is established at US$ 31 000 000 for the biennium 1998-1999.

2. REQUESTS the Director-General, in finalizing the adjustments to reduce the effective working budget to US$ 842 654 000, to confine these adjustments to non-operational (i.e. administrative and related) activities at the global, regional and country levels. Operational activities should continue to receive the same level of resources as specified in the Director-General's proposal.[1]

3. DECIDES further that the net amount of casual income for 1997 remaining after meeting the provisions of the incentive scheme and exchange rate facility be returned to Member States to apply to their assessments in 1999.

Ninth plenary meeting, 13 May 1997
A50/VR/9

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[1] Document A50/4, Part II - The Director-General's proposals to the World Health Assembly on the proposed programme budget for the financial period 1998-1999 in response to the Executive Board.

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

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.26**

Agenda item 17.2 13 May 1997

Proposed programme budget for the 1998-1999 biennium: reallocation to priority health programmes of amounts resulting from measures to increase efficiency

The Fiftieth World Health Assembly,

Recalling resolution EB99.R13 on programme budgeting and priority-setting;

Recognizing the need to ensure that a maximum amount of funds are allocated to specified priority health activities, as recommended by the Executive Board at its ninety-eighth session,

REQUESTS the Director-General:

(1) to develop and present to the 101st session of the Executive Board an efficiency plan for the Organization, based on a review of the six appropriation sections, which specifies administrative savings and more effective means of programme delivery;

(2) to specify clearly in the development of the efficiency plan, steps to achieve an efficiency savings target of 3% from the administrative costs and overheads in the six appropriation sections over the 1998-1999 biennium and to reallocate these amounts to activities of priority health programmes;

(3) to report in detail to the 101st session of the Executive Board on progress made in the implementation of resolution EB99.R13.

Ninth plenary meeting, 13 May 1997
A50/VR/9

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RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RESOLUTION DE L'ASSEMBLEE MONDIALE DE LA SANTE
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.27**

Agenda item 17.1 13 May 1997

Strengthening health systems in developing countries

The Fiftieth World Health Assembly,

Mindful of the principles of, and obvious need for, technical cooperation among developing countries (TCDC) and of the interest shown by the Health Assembly by virtue of its resolutions WHA31.41, WHA31.51, WHA32.27, WHA35.24, WHA36.34, WHA37.15, WHA37.16, WHA38.23, WHA39.23, WHA40.17 and WHA40.30, in strengthening this type of cooperation with a view to improving the health situation in the developing countries;

Reaffirming resolutions WHA42.37, WHA43.9, and WHA46.17 with regard to the importance of technical cooperation among developing countries as a fundamental element of health development;

Recognizing the equality of all people and the need to promote sustained economic and social development as a means of eradicating poverty and reducing the increasing numbers of marginalized people;

Underlining the purposes and principles of the United Nations, as set out in the United Nations Charter, including the sovereign equality of States, and the purposes of developing friendly relations among nations based on respect for the principle of equal rights and self-determination of people;

Expressing particular concern for the health of people living under exceptional conditions, especially during natural disasters or armed conflict and under foreign occupation;

Noting with satisfaction the decisions taken by the non-aligned and other developing countries concerning the adoption of principles related to health development of their people and particularly those related to health sector reform as is currently under way in many countries;

Welcoming in this regard the recommendations made at the Technical Consultation Meeting on Health Sector Reform, held in Cartagena, Colombia on 19-21 February 1997;

Proclaiming that health sector reforms should facilitate the provision of health care to meet human needs, and that these must be governed by respect for human dignity, equity, solidarity and ethics;

Recognizing that health sector reforms, while intended to rectify failures of the health system, can be adversely affected by forces and constraints outside the purview of the health sector, such as high indebtedness, fiscal stringencies, structural adjustments and undue restrictions;

Recognizing the importance of TCDC as an effective vehicle for health development and realizing that cooperation among the non-aligned and other developing countries is not an option, but an imperative, and that only the nurturing of a spirit of collective self-reliance and adoption of joint strategies will allow effective implementation of people-centred socioeconomic development,

1. WELCOMES the continuing political commitment of the non-aligned and other developing countries to facilitating the enjoyment of good health by all their people without hindrance, and to providing access to proper health care for all;

2. REMINDS Member States that everyone has the right to the enjoyment of the highest attainable standard of social well-being and physical and mental health;

3. CALLS UPON Member States:

(1) to promote the improvement of the health conditions of their people by strengthening the health sector within the context of comprehensive and sustained economic and social development;

(2) to identify appropriate policies and programmes for the promotion of health for all in accordance with the specific needs of each country;

(3) to strengthen the advocacy and negotiating capabilities of the health sector in order to ensure greater resources for health development;

(4) to strengthen the leadership role of ministries of health in reducing inequity, performing regulatory functions, monitoring health financing mechanisms, reallocating financial and human resources and coordinating internal and external cooperation for health in order to prevent fragmentation and dysfunction of health programmes;

(5) to foster the reorientation of human resources in the light of the needs of each health care system;

(6) to support activities oriented towards harmonizing the multiple actors - public and private - to make them consistent with national health policies;

(7) to accord the highest priority to health development;

(8) to foster the identification of critical factors impeding health development and the systematization, documentation and dissemination of experiences with health sector reforms within an international network of cooperation;

(9) to promote and support TCDC actions, activities and programmes for reforms in the health sector among Member countries and their institutions;

4. CALLS UPON the developed countries:

(1) to facilitate the transfer of materials, equipment, technology and resources to developing countries for health development programmes that correspond to the priority needs of those countries, and further to support the application of the principles of TCDC;

(2) to provide WHO with the necessary financial resources to implement agreed priority programmes which support effectively the efforts of developing countries in accelerating the attainment of health for all through primary health care;

5. REQUESTS the international and multilateral institutions and agencies:

(1) to provide, within their mandate, greater support and resources to facilitate health sector reforms in developing countries that is designed to achieve equity in access to health care for their populations;

(2) to identify obstacles to health for all and to support and uphold the self-reliance of these countries in charting their own path to health and human development;

(3) to implement the relevant conclusions of the summits and conferences of organizations of the United Nations system that address health problems and make recommendations in this field;

6. REQUESTS the Director-General:

(1) to provide full support to all countries, especially the non-aligned and other developing countries, to pursue their own health sector reform efforts, and to improve the quality of health for all their people, with the firm understanding that such efforts should respond to the specific needs of each country, and to seek extrabudgetary resources in addition to the regular budget resources already assigned for such efforts;

(2) to provide an analytical capability to distil the different experiences of health sector reform based on firm evidence;

(3) to promote and support countries, especially in the context of TCDC, in the area of health sector reform by establishing a network of relevant institutions to identify critical factors impeding health development and the systematization, documentation, and dissemination of health sector reform approaches and to enable countries to exchange experiences on a continuing basis;

(4) to ensure that activities supporting health sector reform are closely linked to those aimed at renewing the health-for-all strategy;

(5) to promote measures for joint action, in agreement with the United Nations and other relevant international agencies, in order to accelerate health development in the developing, and especially the least developed countries;

(6) to report on the progress achieved to the Fifty-first World Health Assembly.

Ninth plenary meeting, 13 May 1997
A50/VR/9

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RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.28**

Agenda item 18 13 May 1997

WHO reform: linking the renewed health-for-all strategy with the Tenth General Programme of Work, programme budgeting and evaluation

The Fiftieth World Health Assembly,

Recalling resolution WHA48.16, which requests the Director-General to take the necessary steps for renewing the health-for-all strategy together with its indicators, by developing a new holistic global health policy based on the concepts of equity and solidarity, emphasizing the individual's, the family's and the community's responsibility for health, and placing health within the overall development framework;

Recognizing that the new global health policy should be based on an intensive consultation process with Member States, and on a practical and socially feasible approach with a view to achieving equity, solidarity, effectiveness and efficiency, paying attention to the rational use of resources;

Recognizing that the attainment of health is greatly influenced by environmental, social, economic and demographic factors which often lie outside the domain of the health sector, and that whereas the link between poverty and ill-health is well established, the fact that rapid urbanization, population movements and environmental degradation are all also likely to contribute to the future burden of disease is less well recognized;

Aware that more realistic targets are required that take into account the social and economic situation of each region;

Anticipating that the renewed health-for-all strategy will concentrate on improving life expectancy and the overall perceived quality of life, reducing morbidity and disability associated with ageing;

Thanking the Director-General for the progress made,

1. PROPOSES that the renewed health-for-all strategy, when adopted, taking into account regional differences and respecting cultural values should:

(1) inspire and guide health programme priorities nationally, regionally and globally;

(2) become the principal guiding framework for the translation of WHO's constitutional mandate into the development of the Tenth General Programme of Work, strategic budgeting and evaluation;

2. URGES all Member States:

(1) to ensure that future health policies include a commitment to equity, "gender sensitivity" and sustainability for future generations, and that implementation of such policies takes into account scientific progress and cultural values and is guided by reliable data and valid assessments to ensure the achievement of objectives;

(2) to make the necessary changes in health services with special emphasis on prevention, including the control of communicable diseases;

(3) to develop and implement integrated strategies, when adopted, for health, focusing on intersectoral initiatives, cost-effectiveness, accessibility, quality and sustainability of health systems; the use of existing, appropriate and affordable new technology; and the use of initiatives based on scientific knowledge or practical evidence;

3. REQUESTS the Director-General:

(1) to use the renewed health-for-all strategy to enhance WHO's leadership in global health matters;

(2) to continue the preparation of the Tenth General Programme of Work, which should clearly and concisely set out strategic priorities and targets for WHO and should be subject to periodic evaluation. The Tenth General Programme of Work should be derived from and be closely linked to the new policy for health for all for the twenty-first century;

(3) to link the preparation of subsequent general programmes of work to the evaluation of the health-for-all policy, taking account of social, economic and health developments;

(4) to ensure that priorities and targets of the Tenth and subsequent General Programmes of Work are reflected in development, implementation, monitoring and evaluation of programme budgets;

(5) to optimize the management and use of WHO's human resources to enhance efficiency.

Ninth plenary meeting, 13 May 1997
A50/VR/9

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FIFTIETH WORLD HEALTH ASSEMBLY WHA50.29

Agenda item 20 13 May 1997

Elimination of lymphatic filariasis as a public health problem

The Fiftieth World Health Assembly,

Deeply concerned at the widening spread and increased distribution of lymphatic filariasis throughout the world in both urban and rural areas and concerned that it affects all ages and both sexes;

Appreciating with grave concern the human suffering, social stigma and costs to society associated with lymphatic filariasis morbidity;

Recognizing that there is a general lack of awareness concerning this disease and its impact on health status, and that there are insufficient data on its prevalence and distribution;

Welcoming the recent studies which have defined new, simplified, highly effective strategies;

Acknowledging that an international task force on disease eradication has recently identified lymphatic filariasis as one of only six "potentially eradicable" infectious diseases,

1. URGES Member States:

(1) to take advantage of recent advances in the understanding of lymphatic filariasis and the new opportunities for its elimination by developing national plans leading to its elimination, as well as for the monitoring and evaluation of programme activities;

(2) to strengthen local programmes and their integration with the control of other diseases, particularly at the community level, in order to implement simple, affordable, acceptable and sustainable activities based on community-wide treatment strategies, but supplemented where feasible by vector control and improved sanitation;

(3) to strengthen training, research, diagnostic laboratory, disease and data management capabilities in order to improve clinical, epidemiological and operational activities directed toward eliminating lymphatic filariasis as a public health problem;

(4) to mobilize support of all relevant sectors, affected communities and nongovernmental organizations for the elimination of the disease;

2. INVITES other specialized agencies of the United Nations system, bilateral development agencies, nongovernmental organizations and other groups concerned, to increase cooperation in the elimination of

lymphatic filariasis through support of national and international programmes relevant to the prevention and elimination of lymphatic filariasis;

3. REQUESTS the Director-General:

(1) to bring to the attention of the other specialized agencies and organizations of the United Nations system, bilateral development agencies, nongovernmental organizations and other groups concerned the need for closer collaboration in the elimination of lymphatic filariasis as a public health problem;

(2) to mobilize support for global and national elimination activities;

(3) to keep the Executive Board and Health Assembly informed as necessary of progress in the implementation of this resolution.

Ninth plenary meeting, 13 May 1997
A50/VR/9

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FIFTIETH WORLD HEALTH ASSEMBLY WHA50.32

Agenda item 31 13 May 1997

Respect for equality among the official languages

The Fiftieth World Health Assembly,

Mindful that the universality of the World Health Organization is based, *inter alia*, on multilingualism and on the respect for the parity and plurality of the official languages chosen by the Member States;

Mindful also that, according to resolution WHA31.13, Rule 87 of the Rules of Procedure of the Health Assembly and Rule 22 of the Rules of Procedure of the Executive Board, Arabic, Chinese, English, French, Russian and Spanish are both the official and the working languages of the World Health Assembly and the Executive Board of the World Health Organization;

Stressing the need for compliance with the resolutions and rules which establish linguistic practice in the various organs and bodies of the World Health Organization and in the Secretariat;

Stressing also the importance, for the development of a global health policy, of ensuring the widest possible access by all Member States to the information and documentation of the Organization;

Stressing also the need to ensure high-quality translation of documents into the various official languages of the Organization;

Regretting that the various official languages and the working languages of the Secretariat are used unequally within WHO;

Considering that the distribution of the documentation for the Health Assembly and the Executive Board simultaneously in the six official languages of the Organization within the required time-limits is one of the fundamental conditions for equality among Member States,

REQUESTS the Director-General to:

(1) ensure the strict application of the rules of the Organization which establish linguistic practice, both as regards the Organization's relations with Member States and as regards the use of languages within the Secretariat;

(2) ensure that the documents related to the agendas of the World Health Assembly and the Executive Board of the Organization are distributed simultaneously and in good time in the six official languages of the Organization, and that those documents are not distributed until they are available in all the official languages, in order to respect the principle of equality of treatment of Member States;

(3) take the necessary steps to ensure that the essential technical information of the Organization, whether in written, audiovisual or digital form, is disseminated in as many of the official languages as is required to meet the needs and priorities of the regions and countries and give all the Member States the widest possible access to it;

(4) submit a report on the implementation of this resolution to the Fifty-first World Health Assembly.

Ninth plenary meeting, 13 May 1997
A50/VR/9

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世界卫生大会决议
RESOLUTIONS OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTIONS DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИИ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCIONES DE LA ASAMBLEA MUNDIAL DE LA SALUD

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.33**

Agenda item 24.2 13 May 1997

Scale of assessments for the financial period 1998-1999

The Fiftieth World Health Assembly

1. DECIDES that the scales of assessments for the years 1998 and 1999 shall, subject to the provisions of paragraph 2 below, be as follows:

[Members and scale as in columns (1) and (2) of the Annex as per document A50/13.]

2. REQUESTS the Director-General, in the event that assessments are fixed provisionally or definitively by the present Health Assembly for any new Members not already included in the scales, to adjust the scales as set forth in paragraph 1;

3. REQUESTS the Director-General to report to the Fifty-first World Health Assembly on changes, if any, to the scale of assessments adopted by the United Nations General Assembly at its fifty-second session, and on all the implications for WHO, including its earliest comparable application, taking into account the deliberations of the Fiftieth World Health Assembly and in accordance with the Constitution and financial regulations of the World Health Organization and relevant World Health Assembly resolutions;

4. REAFFIRMS the principle that the WHO scale of assessments should be based upon the latest available scale of assessments adopted by the United Nations General Assembly.

Ninth plenary meeting, 13 May 1997
A50/VR/9

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RESOLUTIONS OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTIONS DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.34**

Agenda item 20 14 May 1997

Malaria prevention and control

The Fiftieth World Health Assembly,

Recalling resolution WHA46.32, which endorsed the World Declaration on the Control of Malaria and asserted the gravity of malaria as an unacceptable and unnecessary burden upon human health and as a serious obstacle to social and economic fulfilment of persons and States;

Recalling resolution WHA49.11, which noted the concern of the Health Assembly regarding malaria, recognized that further delay in intensifying the struggle against malaria could cost millions more lives, urged Member States to take action, Regional Committees to ensure that programmes are vigorously pursued, and the Director-General to explore ways and means of intensifying the programme,

1. ENDORSES the leadership role given to WHO by the United Nations Economic and Social Council (ECOSOC) in global malaria control in its resolution 1995/63;

2. THANKS the Director-General for his prompt action in establishing a Task Force to conduct an external review of the malaria problem and progress being made towards its control;

3. NOTES that the Task Force confirmed that the Global Malaria Control Strategy is the best control approach available today;

4. NOTES that the Organization of African Unity is to consider a pan-African declaration on malaria at its 33rd Heads of State and Government meeting in Harare on 2-4 June 1997;

5. URGES Member States to renew their political commitment to malaria control, to accord the highest priority to the control of malaria mortality in Africa south of the Sahara and in other highly endemic areas of the world, and also in countries where local transmission of malaria has begun again, and to guarantee core funding and sufficient competent staff and other resources for national programmes;

6. URGES Regional Committees to fully support the global effort for malaria control by promoting increased political awareness and commitment, and ensuring adequate resource allocation;

7. REQUESTS the Director-General to continue intensifying efforts to increase resources for WHO's action in malaria control including:

(1) seeking a long-term financial commitment to consolidate the initial effort and results achieved;

(2) pursuing his actions to reinforce the implementation of the malaria control strategy with special emphasis on the training programme at country, regional and global levels.

Tenth plenary meeting, 14 May 1997
A50/VR/10

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

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.35**

Agenda item 20 14 May 1997

Eradication of dracunculiasis

The Fiftieth World Health Assembly,

Recalling resolutions WHA39.21, WHA42.29, and WHA44.5;

Encouraged by the finding of an international certification team that one country is no longer endemic for dracunculiasis, and indications that a number of other previously endemic countries are no longer affected;

Encouraged by the good progress made through community participation towards global dracunculiasis eradication, including the significant reductions in the number of cases and high levels of case-containment being reported;

Commending the Director-General on the important step taken to establish the International Commission for the Certification of Dracunculiasis Eradication;

Appreciative of the commitment to dracunculiasis eradication shown by endemic countries, and of the help from all those who have been supporting national programmes with integrated surveillance and with the case-containment phase of dracunculiasis eradication;

Concerned about the risk of dracunculiasis resurgence unless interventions are maintained with at least the current intensity in all remaining endemic countries until there are no more cases of the disease;

Concerned that more than 70% of the world's dracunculiasis cases remain in a single country, which is currently experiencing particular difficulties and where insufficient funds for programme activities are available,

URGES all Member States, international and nongovernmental organizations and other appropriate entities to continue to ensure political support and the availability of much-needed resources for completion of eradication of dracunculiasis as quickly as technically feasible and for the International Commission for the Certification of Dracunculiasis Eradication and its work.

Tenth plenary meeting, 14 May 1997
A50/VR/10

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FIFTIETH WORLD HEALTH ASSEMBLY WHA50.36

Agenda item 20 14 May 1997

African trypanosomiasis

The Fiftieth World Health Assembly,

Deeply concerned at the severity of the African trypanosomiasis problem and the danger of epidemics in a number of countries on the African continent;

Well aware that this disease causes death and impedes development, reduces productivity, and affects family, community and State structures;

Recognizing that the disease is curable but that Member States are experiencing a shortage of human, material and financial resources to combat it;

Welcoming WHO's initiative for global collaboration and consideration of action in support of sustainable agricultural development in the context of socioeconomic development,

1. URGES all Member States in endemic areas to reinforce control and surveillance activities and coordinate their actions through a joint OAU/FAO/IAEA/WHO project for global collaboration and coordination of action;

2. REQUESTS the Director-General:

(1) to bring the problem to the attention of the international and national development agencies, emphasizing the need to mobilize further resources and provide substantial and sustained support for effective collaboration;

(2) to expand and intensify the coordination of control and surveillance and the development of human resources, and reinforce its links with FAO and OAU, and other international agencies including UNICEF;

(3) to ensure that WHO is able to maintain a sufficient stock of equipment and supplies, in particular drugs and diagnostic reagents, to manage emergencies;

(4) to increase awareness among policy-makers, decision-makers, health personnel, development agencies and communities about the problem and the means for its solution, considering the declaration of an African Trypanosomiasis Day as one possible approach.

Tenth plenary meeting, 14 May 1997
A50/VR/10

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FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.37**

Supplementary agenda item 14 May 1997

Cloning in human reproduction

The Fiftieth World Health Assembly,

Having considered the Director-General's report on cloning, biomedical technology and WHO's role in standard-setting;[1]

Noting the statement issued by the Director-General on 11 March 1997,[2] as well as the statements made by Member States at the Fiftieth World Health Assembly;

Welcoming the Convention on Human Rights and Biomedicine of the Council of Europe,[3] which deals with the ethical principles of biomedicine;

Recognizing the need to respect the freedom of ethically acceptable scientific activity and to ensure access to the benefits of its applications;

Recognizing that developments in cloning and other genetic procedures have unprecedented ethical implications and considering that related research and development should therefore be carefully monitored and assessed, and the rights and dignity of patients respected,

1. AFFIRMS that the use of cloning for the replication of human individuals is ethically unacceptable and contrary to human integrity and morality;

2. REQUESTS the Director-General:

(1) to take the lead in clarifying and assessing the ethical, scientific and social implications of cloning in the area of human health, in appropriate consultation with other international organizations, national governments and professional and scientific bodies; and, with the relevant international bodies, to consider related legal aspects;

(2) to inform the Member States in order to foster a public debate on these issues;

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[1] Document A50/30.

[2] Document A50/30, Annex.

[3] Council of Europe document DIR/JUR(96)14.

(3) to report to the 101st session of the Executive Board, to the Fifty-first World Health Assembly and to other interested organizations on the outcome of the assessments.

Tenth plenary meeting, 14 May 1997
A50/VR/10

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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

FIFTIETH WORLD HEALTH ASSEMBLY **WHA50.38**

Agenda item 28 14 May 1997

Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine

The Fiftieth World Health Assembly,

Mindful of the basic principle established in the WHO Constitution, which affirms that the health of all peoples is fundamental to the attainment of peace and security;

Recalling the convening of the International Peace Conference on the Middle East (Madrid, 30 October 1991) on the basis of United Nations Security Council resolutions 242 (1967) of 22 November 1967 and 338 (1973) of 22 October 1973, as well as on the basis of the principle of land for peace, and the subsequent bilateral negotiations;

Expressing the hope that the peace talks between the parties concerned in the Middle East will lead to a just and comprehensive peace in the area;

Noting the signing in Washington D.C. on 13 September 1993 of the Declaration of Principles on Interim Self-Government Arrangements between the Government of Israel and the Palestine Liberation Organization (PLO), the commencement of the implementation of the Declaration of Principles following the signing of the Cairo Accord on 4 May 1994, the interim agreement signed in Washington on 28 September 1995, the transfer of health services to the Palestinian Authority, and the launching of the final stage of negotiations between Israel and PLO on 5 May 1996;

Emphasizing the need to accelerate the implementation of the Declaration of Principles and the subsequent Accord;

Noting with deep concern the current obstacles facing the peace process, in particular the Israeli resuming of settlement policies in the Palestinian territory, and especially in Jabal Abou Ghneim in occupied East Jerusalem;

Also noting with deep concern the adverse consequences of the continuous closure of the Palestinian territory on its socioeconomic development, including the health sector;

Recognizing the need for increased support and health assistance to the Palestinian population in the areas under the responsibility of the Palestinian Authority and to the Arab populations in the occupied Arab territories, including the Palestinians as well as the Syrian Arab population;

Recognizing that the Palestinian people will have to make strenuous efforts to improve their health infrastructure, and expressing satisfaction at the initiation of cooperation between the Israeli Ministry of Health and the Ministry of Health of the Palestinian Authority, which emphasizes that health development is best enhanced under conditions of peace and stability;

Reaffirming the right of the Palestinian patients to be able to benefit from health facilities available in the Palestinian health institutions of occupied East Jerusalem;

Recognizing the need for support and health assistance to the Arab populations in the areas under the responsibility of the Palestinian Authority and in the occupied territories, including the occupied Golan;

Bearing in mind United Nations General Assembly resolutions 51/26 and 51/27 of 4 December 1996;

Having considered the report of the Director-General,

1. EXPRESSES the hope that the peace talks will lead to the establishment of a just, lasting and comprehensive peace in the Middle East;

2. CALLS UPON Israel not to hamper the Palestinian health authorities in carrying out their full responsibility for the Palestinian people, including in occupied East Jerusalem, and to lift the closure imposed on the Palestinian territory;

3. EXPRESSES the hope that the Palestinian people, having assumed responsibility for their health services, will be able themselves to carry out health plans and projects in order to participate with the peoples of the world in achievement of WHO's objective of health for all by the year 2000;

4. AFFIRMS the need to support the efforts of the Palestinian Authority in the field of health in order to enable it to develop its own health system so as to meet the needs of the Palestinian people in administering their own affairs and supervising their own health services;

5. URGES Member States, intergovernmental organizations, nongovernmental organizations and regional organizations to provide speedy and generous assistance in the achievement of health development for the Palestinian people;

6. THANKS the Director-General for his efforts and requests him:

(1) to take urgent steps in cooperation with Member States to support the Ministry of Health of the Palestinian Authority in its efforts to overcome the current difficulties, and in particular so as to guarantee free circulation of patients, of health workers and of emergency services, and the normal provision of medical goods to the Palestinian medical premises, including those in Jerusalem;

(2) to continue to provide the necessary technical assistance to support health programmes and projects for the Palestinian people in the transitional period;

(3) to take the necessary steps and make the contacts needed to obtain funding from various sources including extrabudgetary sources, to meet the urgent health needs of the Palestinian people during the transitional period;

(4) to continue his efforts to implement the special health assistance programme and adapt it to the health needs of the Palestinian people, taking into account the health plan of the Palestinian people;

(5) to activate the organizational unit at WHO headquarters concerned with the health of the Palestinian people, and continue to provide health assistance so as to improve the health conditions of the Palestinian people;

(6) to report on implementation of this resolution to the Fifty-first World Health Assembly;

7. EXPRESSES gratitude to all Member States, intergovernmental organizations and nongovernmental organizations and calls upon them to provide assistance to meet the health needs of the Palestinian people.

Tenth plenary meeting, 14 May 1997
A50/VR/10

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世界衛生組織執行委員會 決議
قرار المجلس التنفيذي لمنظمة الصحة العالمية
RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO
RÉSOLUTION DU CONSEIL EXÉCUTIF DE L'OMS
РЕЗОЛЮЦИЯ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА ВОЗ
RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

100th Session EB100.R1

Agenda item 7.2 16 May 1997

Health systems development for the future

The Executive Board,

Aware that the health sector in many countries, in spite of impressive gains in the last four decades, is facing increasing demands from populations and resource constraints that compromise governments' ability to protect and promote the health of their people;

Viewing with deep concern growing inequities in health status between and within countries, and the increase in numbers of poor people;

Concerned that the goal of developing integrated health systems is often obscured by vertical programmes supported by external aid, so that sustainability of the health system is being seriously compromised;

Convinced that a strengthened health systems development programme at WHO, given adequate resources is important in supporting countries' efforts to deal with these challenges;

Acknowledging the steps already taken by the Director-General in establishing the health systems development programme to give the Organization's response to countries greater coherence and focus;

Noting with satisfaction that the ad hoc working group on health systems development for the future established by the Board at its ninety-eighth session, when formulating its report to the Board,[1] reviewed past approaches to strengthening national health systems and the role of the Organization in health systems development;

1. URGES Member States:

(1) to review the capacity of ministries of health to oversee countries' health systems and coordinate the health sector and other sectors whose activities affect health, and to take action to strengthen such capacity;

(2) to promote and strengthen their services and institutions for the promotion and protection of health of populations by involving communities, governmental and nongovernmental organizations, private-sector and business groups in assessing, planning for, implementing and evaluating health-related activities;

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[1] Document EB100/8.

(3) to ensure adequate national allocations and external aid and support to health systems development and other social sectors concerned in order to contribute to such development;

2. CALLS ON the international community:

(1) to examine policies to provide aid for support to long-term national capacity-building for sustainable health systems development;

(2) to collaborate with WHO in supporting ministries of health and other institutions concerned at the country level in formulating and implementing their own health policies and strategies;

3. REQUESTS the Director-General:

(1) to increase the attention and priority accorded to WHO's health systems development programme by ensuring that integrated support to countries is provided at all levels of the Organization;

(2) to launch a major initiative for research, advocacy, capacity-building and country support for health systems development through (a) collaboration with other institutions concerned in Member States, including designated collaborating centres and appropriate multilateral and bilateral agencies; (b) coordination in all parts and at all levels of the Organization; and (c) ensuring an adequate level of financial resources through both regular budget and extrabudgetary contributions; and submit a plan of action for the initiative to the 101st session of the Board for its consideration;

(3) to consider establishing an external advisory group to ensure that the initiative reflects the best concepts and practice and is implemented in a timely and cost-effective manner;

(4) to ensure that activities for health systems development are given central importance in the renewal of health for all and that the international leadership role of the Organization in health systems development is reinforced;

(5) to report on progress achieved in the implementation of this resolution to the Fifty-second World Health Assembly when *The world health report 1999* devoted to the subject is considered.

Fourth meeting, 16 May 1997
EB100/SR/4

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世界衛生組織執行委員會 決議 قرار المجلس التنفيذي لمنظمة الصحة العالمية
RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO
RÉSOLUTION DU CONSEIL EXÉCUTIF DE L'OMS
РЕЗОЛЮЦИЯ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА ВОЗ
RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

100th Session EB100.R2

Agenda item 8.1 16 May 1997

Collaboration within the United Nations system and with other intergovernmental organizations

WHO/UNICEF/UNFPA Coordinating Committee on Health

The Executive Board,

Noting the report of the Director-General on the preparation of terms of reference for an expanded UNICEF/WHO Joint Committee on Health Policy (JCHP) to include the Executive Board of UNDP/UNFPA, and which will be named "WHO/UNICEF/UNFPA Coordinating Committee on Health" (CCH),[1]

1. APPROVES the terms of reference for the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH) as proposed by the Director-General in consultation with the Executive Director of UNICEF and the Executive Director of UNFPA (Annex);

2. REQUESTS the Director-General:

(1) to transmit this resolution to the Executive Boards of UNICEF and UNFPA;

(2) to report to the 101st session of the WHO Executive Board on progress made concerning the establishment of the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH).

Fourth meeting, 16 May 1997
EB100/SR/4

[1] Document EB100/9 Add.1.

ANNEX

WHO/UNICEF/UNFPA COORDINATING COMMITTEE ON HEALTH

TERMS OF REFERENCE

1. The WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH) shall meet biennially, or in Special Session if required, normally in Geneva. The Committee shall be chaired in rotation by a member of the Executive Board of each organization; WHO, as the lead agency in international health, will chair the first session.

2. The role of the CCH will be:

- to review the overall needs for strategic, operational and technical coordination in the fields of maternal, child, adolescent and women's health and reproductive health including family planning and sexual health, ensure regular exchange of information in these areas and to make recommendations to the respective Executive Boards for follow-up action by the secretariats, as appropriate;

- to promote consistency in implementation strategies and activities among the three organizations and with other partners, for the maximum benefit of Member States, especially at the country level within the context of the Resident Coordinator system and, in this context, to ensure that these are guided by the overall policy framework for health development as defined by the World Health Assembly;

- to receive and review progress and assessment reports presented by the Director-General of the World Health Organization, the Executive Director of UNICEF or the Executive Director of UNFPA, on activities pertaining to the health of children, young people and women, including reproductive health, and to review any reorientation of strategy that may be necessary to meet agreed objectives;

- to consider matters of common concern to WHO, UNICEF and UNFPA which the Executive Boards or the Secretariats of the respective organizations may refer to this Committee;

- to report to the WHO, UNICEF and UNFPA Executive Boards on the foregoing matters.

3. The WHO/UNICEF/UNFPA Coordinating Committee on Health shall be composed of 16 members of the Executive Boards of the three organizations, such members being selected by their respective Boards on the basis of one from each region of the organization concerned.

4. WHO shall provide the Secretariat for the Committee and, in consultation with UNICEF and UNFPA, jointly convene intersecretariat meetings to prepare the agenda and supporting documentation for the sessions of the Committee.

5. Further intersecretariat meetings may be convened in alternate years, where appropriate with other organizations active in health, to ensure a coordinated approach at country level.

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世界衛生組織執行委員會 決議 قرار المجلس التنفيذي لمنظمة الصحة العالمية
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RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

100th Session EB100.R3

Agenda item 8.2 16 May 1997

Follow-up to United Nations Economic and Social Council resolution 1995/56 on strengthening of the coordination of emergency humanitarian assistance

The Executive Board,

Noting the Director-General's report on follow-up to resolutions 1995/56 and 1996/33 of the United Nations Economic and Social Council on strengthening of the coordination of emergency humanitarian assistance;[1]

Recalling resolution WHA48.2 which adopted an updated WHO strategy for emergency and humanitarian action, and WHA49.21 which welcomed United Nations Economic and Social Council resolution 1995/56 on strengthening of coordination of emergency humanitarian assistance,

1. WELCOMES developments in the strengthening of the coordination of emergency humanitarian assistance;

2. REAFFIRMS the commitment of the Organization to emergency preparedness and disaster reduction, emergency response and advocacy in this field;

3. REQUESTS the Director-General to continue WHO's active participation in the discussions which will be held at the forthcoming session of the United Nations Economic and Social Council on strengthening of the coordination of emergency humanitarian assistance, in particular in clarifying the role and responsibilities of WHO *vis-à-vis* other organizations of the United Nations system;

4. REQUESTS the Director-General, in response to paragraph 2(b) of United Nations Economic and Social Council resolution 1995/56, to strengthen the Organization's normative and technical capacities, in order effectively to discharge its responsibilities in emergencies, in cooperation with other agencies;

5. REQUESTS the Director-General to transmit this report to the Secretary-General of the United Nations for inclusion in his report on the subject to the United Nations Economic and Social Council at its substantive session in 1997.

Fourth meeting, 16 May 1997
EB100/SR/4

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[1] Document EB100/10.

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