

PAN AMERICAN HEALTH ORGANIZATION WORLD HEALTH ORGANIZATION

# **142nd SESSION OF THE EXECUTIVE COMMITTEE**

Washington, D.C., USA, 23-27 June 2008

Provisional Agenda Item 7.4

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#### RESOLUTIONS AND OTHER ACTIONS OF THE 61st WORLD HEALTH ASSEMBLY OF INTEREST TO THE PAHO EXECUTIVE COMMITTEE

1. The World Health Assembly opened on Monday, 19 May, observing a few moments of silence to remember the victims of the recent tragedies in Myanmar and China and thanking the international community for its support and assistance in the response to these appalling catastrophes. The Director-General of the World Health Organization (WHO), Dr. Margaret Chan, opened the Assembly acknowledging the great generosity of the international community but calling attention to the vital importance of early warning systems and preparedness to reduce risks during such crises. She noted the active role that WHO is playing in the wake of these disasters by promoting the construction of hospitals and health facilities that can survive the impact of natural disasters and made special mention of the Pan American Health Organization/World Health Organization (PAHO/WHO), which has also heightened its emphasis on this approach. Continuing in this vein, Dr. Chan pointed to three major crises that will jeopardize human health on different fronts and will require WHO to assume active leadership. They are: the world food crisis, climate change, and pandemic influenza.

2. At the first meeting of Heads of Delegation of the Region of the Americas, the items of greatest interest for the Region's participation at the 61st Assembly were discussed, among them: preparedness for pandemic influenza and access to vaccines; the eradication of polio, prevention and control of noncommunicable diseases, implementation of the global strategy, and public health, innovation, and intellectual property.

3. Moreover, Mexico's Secretary of Health, Dr. José Ángel Córdova Villalobos, announced two meetings to be held in Mexico in August: the Meeting of Ministers of Health and Education to Stop HIV in Latin America and the Caribbean, on 1 August, and

the Meeting of the Coalition of First Ladies and Women Leaders of Latin America on HIV, on 2 August 2008.

4. The 61st World Health Assembly was held in Geneva, Switzerland, from 19 to 24 May 2008. Delegations from 32 Member States of the Americas attended. The Assembly elected Dr. Leslie Ramsammy, Minister of Health of Guyana, as its President. The speakers invited to address the World Health Assembly were Her Royal Highness, Princess Muna al Hussein of Jordan and the Most Reverend Desmond Mpilo Tutu, Archbishop Emeritus of Cape Town and winner of the Nobel Peace Prize.

- a) The Committee on Credentials was established at the suggestion of the President, and pursuant to Article 23 of the Rules of Procedure. It was comprised of delegates from eight Member States, among them Panama and St. Kits and Nevis for the Region of the Americas. In addition, pursuant to Article 24 of the Rules of Procedure, the Committee on Nominations was created. Of its 24 Member States, Antigua and Barbuda, Bolivia, Mexico, Nicaragua, and Venezuela were elected by the Region of the Americas. Finally, Argentina, Costa Rica, Cuba, and the United States were elected as members of the General Committee.
- b) The Agenda of the 61st World Health Assembly contained 20 items, the majority of them on health policy and the rest on administrative, budgetary, and institutional matters. As in previous Assemblies, these issues were discussed in the committees and the plenary. The World Health Assembly adopted 21 resolutions, whose full text, as well as that of the other World Health Assembly documents, can be accessed at the WHO website: <a href="http://www.who.int/gb/e/e\_wha61.html">http://www.who.int/gb/e/e\_wha61.html</a>.
- c) The majority of these resolutions are especially relevant for both the Member States of the Region of the Americas and the Regional Office--in particular, those on polio eradication, the prevention and control of noncommunicable diseases, the global immunization strategy, climate change, implementation of the International Health Regulations, and the health of migrants. Other resolutions deal with technical and health policy matters and the rest on management and budget.
- 5. The tables annexed summarize the respective resolutions.

#### **Other Matters: Executive Board**

6. The 123rd Session of the Executive Board opened on 26 May.

7. In this session, the new Member States entitled to designate a person to serve on the Executive Board were elected. With the departure of Mexico, Brazil was elected to complete the group of countries from the Region of the Americas, consisting of Bahamas 2007-2010, El Salvador 2006-2009, the United States of America 2006-2009, Paraguay 2007-2010, and Peru 2007-2010. In addition, Mr. Nimal Siripala De Silva, Minister of Health and Nutrition of Sri Lanka, was elected President of the Executive Board.

8. The Agenda of the 123rd Session of the Executive Board had nine items that dealt with technical matters such as human organ and tissue transplantation and global health partnerships; administrative, budgetary, and financial matters; staffing matters, and other matters for information. The Board adopted six decisions: Election of Members of the Committee on Nongovernmental Organizations; Election of Members of the Program, Budget, and Administration Committee; the date and location of the 124th Session of the Executive Board; and the date and location of the 62nd World Health Assembly, among other things. The full text of these resolutions as well as other related documents can be accessed on the WHO website: <a href="http://www.who.int/gb/e/e\_eb123.html">http://www.who.int/gb/e/e\_eb123.html</a>.

#### Action by the Executive Committee

9. The Executive Committee is requested to take note of these resolutions and consider their implications for the Region of the Americas.

#### Annexes

	Technical and Health Policy Items Administrative and Budgetary Items
The follow	ving information is available on the respective web pages:
Annex III	Agenda of the 61st World Health Assembly (Available at: http://www.who.int/gb/ebwha/pdf_files/A61/A61_1Rev1-en.pdf)
Annex IV	Resolutions of the World Health Assembly (Available at: http://www.who.int/gb/e/e_wha61.html)
Annex V	Agenda of the 123rd Session of the WHO Executive Board (Available at: http://www.who.int/gb/ebwha/pdf_files/EB123/B123_1Rev1-
Annow VI	en.pdf) Resolutions of the Executive Board

Annex VI Resolutions of the Executive Board (Available at: http://www.who.int/gb/e/e\_eb123.html)

## TECHNICAL AND HEALTH POLICY ITEMS

RESOLUTION	ITEMS (AND REFERENCED DOCUMENTS)	SUMMARY OF RESOLUTIONS ADOPTED BY THE 61ST WORLD HEALTH ASSEMBLY	PAHO RESOLUTIONS AND DOCUMENTS (2000-2006)
WHA61.1 Document EB122/6 resolution EB122. R1	Poliomyelitis: mechanism for management of potential risks to eradication	Through this resolution the World Health Assembly urges Member States to engage all sectors of society in order to ensure that every child is vaccinated during each supplementary immunization intervention so that transmission of the wild poliovirus is interrupted; to maintain and achieve immunization coverage at a level greater than 80% of the child population, to strengthen active surveillance of acute flaccid paralysis, to complete the activities outlined in phase I of the WHO global plan of action for containment of wild polioviruses and mobilize the necessary resources for polio eradication. The resolution especially calls on countries such as Afghanistan, India, Nigeria, and Pakistan to take specific action to prevent the spread of the virus. WHO is requested to continue to provide technical support to the countries affected by the virus, to assist in mobilizing financial resources, support the necessary measures for undertaking research in this area; to develop a new strategy of for renewed fight to eradicate poliomyelitis, and to report to the Health Assembly when it determines that is probable that transmission of wild poliovirus type 1 has been interrupted globally, and to submit proposals for a mechanism to mitigate the risk of the reintroduction of poliovirus.	<ul> <li>Vaccines and Immunization: CD42.R8</li> <li>Vaccines and Immunization: CD43.R1</li> <li>Regional Strategy for Sustaining National Immunization Programs in the Americas: CD47.R10</li> <li>Vaccines and Immunization: CSP26/R9</li> </ul>
WHA61.2 Document EB122/8 resolution EB122. R3	Implementation of the International Health Regulations	<ul> <li>Through this resolution the Assembly reaffirms its commitment to implement fully the International Health Regulations (IHR). It furthermore decides that annual reports shall be submitted to the Assembly on the implementation of the Regulations and that the first review of the functioning of the Regulations shall be made by the 63rd Assembly.</li> <li>The Member States are urged to keep contact information up-to-date for communication with the entity designated as National IHR Focal Point, safeguard national core capacity, and support WHO in the implementation of the IHR.</li> <li>WHO is requested to submit every year to the Assembly a single report including information provided by the States Parties and the Secretariat, to provide support to States with the most vulnerable health systems in strengthening core capacity requirements for surveillance and response at airports, ports, and ground crossings, and to encourage efforts to ensure effective communication and the sharing of information on outbreaks.</li> </ul>	<ul> <li>International Health Regulations: CD43.R13</li> <li>International Health Regulations: Perspectives from the Region of the Americas. CD45/12</li> <li>International Health Regulations: Perspectives from the Region of the Americas: SPP38/8</li> </ul>

RESOLUTION	ITEMS (AND REFERENCED DOCUMENTS)	SUMMARY OF RESOLUTIONS ADOPTED BY THE 61ST WORLD HEALTH ASSEMBLY	PAHO RESOLUTIONS AND DOCUMENTS (2000-2006)
WHA61.4 Document EB122/10, EB122/10 Corr.1. resolution EB122. R2	Strategies to reduce the harmful use of alcohol	Through this resolution the Assembly urges the Member States to collaborate with the Secretariat in developing a draft global strategy on the harmful use of alcohol based on all evidence and best practice, with special emphasis on an integrated approach to protect at-risk populations, young people, and those affected by the harmful drinking of others , and to develop systems for monitoring of alcohol consumption and its health and social consequences. It requests WHO to prepare a draft global strategy to reduce harmful use of alcohol that is based on all available evidence and existing best practices and that addresses relevant policy options, taking into account different national, religious, and cultural contexts, including national public health problems, needs and priorities, and differences in Member States' resources, capacities, and capabilities; to collaborate and consult with Member States and the intergovernmental organizations, health professionals, nongovernmental organizations and the economic operators on ways they could contribute to reducing harmful use of alcohol; and finally to submit to the 63rd World Health Assembly a draft global strategy to reduce harmful use of alcohol.	- Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and Other Related Rights: CD 47.R1
WHA61.13	International Agency for Research on Cancer: amendments to Statute	<ul> <li>Through this resolution it is agreed to amend the Statutes of the Agency: <i>Article VI – The Scientific Council</i></li> <li>(1) The Scientific Council shall be composed of highly qualified scientists, selected on the basis of their technical competence in cancer research and allied fields. Members of the Scientific Council are appointed as experts and not as representatives of Participating States.</li> <li>(2) Each Participating State may nominate up to two experts for membership in the Scientific Council and the Governing Council shall appoint one of them.</li> <li>(3) In identifying experts to be considered for appointment to the Scientific Council, Participating States shall take into account advice to be provided by the Chairman of the Scientific Council and Director of the Agency concerning the expertise required on the Scientific Council at the time of those appointments.</li> <li>(4) Members of the Scientific Council shall serve for a term of four years. Should a member not complete a term, a new appointment shall be made for the remainder of the term to which the member would have been entitled, in accordance with paragraph 5.</li> </ul>	

#### **PAHO RESOLUTIONS** ITEMS SUMMARY OF RESOLUTIONS ADOPTED BY THE 61ST WORLD HEALTH AND DOCUMENTS RESOLUTION (AND REFERENCED ASSEMBLY (2000-2006)**DOCUMENTS**) (5) When a vacancy arises on the Scientific Council, the Participating State that nominated the departing member may nominate up to two experts to replace that member in accordance with paragraphs 2 and 3. Any member leaving the Scientific Council, other than a member appointed for a reduced term, may be reappointed only after at least one year has elapsed. Through this resolution the Assembly endorses the plan of action for the WHA61.14 Prevention and control - Cardiovascular disease. global strategy for the prevention and control of noncommunicable diseases Document of noncommunicable especially hypertension: EB122/9 diseases: and urges Member States to strengthen national efforts to address the burden CD42.R9 implementation of the of noncommunicable diseases, consider the proposed actions in the plan of - Framework Convention action for the prevention and control of noncommunicable diseases, and to on Tobacco Control: global strategy implement relevant measures in accordance with national priorities; to CD43.R12 increase provision of support for the work of the Secretariat to prevent and - Disability: Prevention control noncommunicable diseases, including the implementation of the plan and Rehabilitation in the of action; and give high priority to the implementation of the elements of the Context of the Right to the WHO Framework Convention on Tobacco Control. Enjoyment of the Highest It requests WHO to continue to give priority to the prevention and control of Attainable Standard of noncommunicable diseases, to consider the possibility of allocating a higher Physical and Mental proportion of the budget to this area, with a focus on the development of the Health and Other Related core capacity of the Member States and increased technical capacity of the Rights: CD47.R1 WHO Secretariat, and to report to the 63rd World Health Assembly and - Regional Strategy and subsequently every two years on progress in implementing this strategy. Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases. including Diet, Physical Activity, and Health: CD47.R9 - Public health response to chronic diseases: CSP26.R15 WHA61.15 **Global Immunization** Having considered the report on the Global Immunization Strategy, the Assembly urges Member States to review national strategy and program Document Strategy performance and to implement fully the strategy for reducing measles EB122/14 mortality in order to achieve the goal set in the Global Immunization Vision resolution and Strategy 2006-2015; to enhance efforts to improve delivery of high-EB122.R7 quality immunization services in order to achieve the target set in the Global Immunization Vision and Strategy 2006-2015; to

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		stimulate rapid introduction and uptake of life-saving vaccines into national immunization schedules; to further expand access to new life-saving vaccines; to strengthen and/or maintain surveillance systems for vaccine- related adverse events; to protect, promote, and support early and effective breast-feeding, in order to boost the development of infants' overall immune systems; and to strengthen surveillance systems for vaccine-preventable diseases. WHO is requested to work to sustain political commitment at all levels for achieving high immunization coverage rates with all available cost-effective vaccines; to collaborate with international and intergovernmental partners in order to provide technical support to expand the number of manufacturers, particularly in developing countries; to collaborate with partners to mobilize necessary resources to support low-income and middle-income countries with the aim of increasing the supply of affordable vaccines of assured quality; to work with UNICEF and GAVI to build on existing international efforts and partnerships and facilitate the development of a consensus among the developing countries for the attainment of the health-related Millennium Development Goals; to assist countries in strengthening their capacity for vaccine research, development and regulation; to provide support to Member States in order to establish integrated surveillance of adverse events; to monitor progress to the 64th World Health Assembly; and to accelerate the implementation of the global framework for vaccine-preventable disease surveillance and immunization program monitoring, through the gathering of the epidemiological data required.	- Vaccines and Immunization: CD42.R8 - Vaccines and Immunization: CD 43.R1 - Regional Strategy for Sustaining National Immunization Programs in the Americas: CD47.R10 - Vaccines and Immunization: CSP26.R9
WHA61.16 Document EBB122/15 resolution 122.R13	Female genital mutilation	Through this resolution the Member States are urged to accelerate actions towards the elimination of female genital mutilation, including education and the information necessary for understanding the gender, health, and human rights dimensions of female genital mutilation; to enact and enforce legislation to protect girls and women from all forms of violence, particularly female genital mutilation; to strengthen community-based efforts to eliminate this practice; to work with all sectors in support of the abandonment of the practice; to formulate and promote guidelines for the care, particular during childbirth, of girls and women who have undergone female genital mutilation.	

RESOLUTION	ITEMS (AND REFERENCED DOCUMENTS)	SUMMARY OF RESOLUTIONS ADOPTED BY THE 61ST WORLD HEALTH ASSEMBLY	PAHO RESOLUTIONS AND DOCUMENTS (2000-2006)
		WHO is requested to increase support to Member States to advocate for the elimination of female genital mutilation and other forms of violence against girls and women; to work with partners to promote actions to protect the human rights of girls and women; to increase support for research on different aspects of female genital mutilation in order to achieve its elimination; and to report every three years to the Health Assembly on actions taken by the Secretariat and Member States.	
WHA61.17 Document EB122/11 resolution EB122.R5	Health of migrants	This resolution calls on Member States to promote migrant-sensitive health policies; to promote equitable access to health promotion, disease prevention, and care for migrants and devise mechanisms to improve their health, without discrimination on the basis of gender, religion, nationality, or race; to establish health information systems in order to assess and analyze trends in migrants' health, disaggregating health information by relevant categories; to devise mechanisms for improving the health of all the population, including migrants; to promote bilateral and multilateral cooperation on migrants' health; and to contribute to the reduction of the global deficit of health professionals and its consequences. WHO is requested to promote migrants' health on the international health agenda with other relevant international organizations; to explore policy options and approaches for improving the health of migrants; to analyze the major challenges to health associated with migration; to promote dialogue and cooperation on migrants' health among all Member States involved in the migration process, within the framework of the implementation of their health strategies, with particular attention to the strengthening of health systems in the developing countries; and to promote the exchange of information on migrants' health nationally, regionally, and internationally.	<ul> <li>Development and strengthening of human resources management in the health sector: CD43.R6</li> <li>Observatory of human resources in health: CD45.R9</li> <li>Regional goals for human resources for health 2007-2015: CSP27.R7</li> </ul>
WHA61.18 Document EB12 2/33	Monitoring of the achievement of the health-related Millennium Development Goals	<ul> <li>Through this resolution, the Assembly decides to support the United Nations Secretary-General's call to action, including the United Nations High-Level Event on the Millennium Development Goals (New York, 25 September 2008) and urges the Member States to continue sustaining high-level political commitments and work with development partners towards strengthening the national health systems, including the health information system for monitoring Millennium Development Goals's progress.</li> <li>WHO is requested to submit annually to the World Health Assembly a report on the status of the progress made toward the achievement of the health-related Millennium Development Goals, including the main obstacles and</li> </ul>	- Millennium Development Goals and Health Targets: CD45.R3 - Malaria and the Internationally Agreed upon Development Goals, including Those Contained in the Millennium Declaration: CD46.R13 - Strategic Alliance for

RESOLUTION	ITEMS (AND REFERENCED DOCUMENTS)	SUMMARY OF RESOLUTIONS ADOPTED BY THE 61ST WORLD HEALTH ASSEMBLY	PAHO RESOLUTIONS AND DOCUMENTS (2000-2006)
		ways to overcome them, according to the new monitoring framework; to continue to cooperate with all the other United Nations and international organizations involved in the process of achieving the Millennium Development Goals in the framework of WHO's Medium-term Strategic Plan 2008-2013.	the Attainment of the Development Goals of the United Nations Millennium Declaration: Panel Discussion: CD47/INF/2 - Faces, Voices, and Places: A Community- based Response to the Millennium Development Goals: CSP27/14
WHA61.19 Document EB122/4 resolution EB122.R4	Climate change and health	Having reviewed the report on climate change, the Assembly requests WHO to continue to draw attention to the serious risk that climate change poses for global health and the achievement of the health-related Millennium Development Goals, and to work with FAO, WMO, UNDP, UNEP, the United Nations Framework Convention on Climate Change secretariat and other organizations of the United Nations, in the context of United Nations reform initiatives, and with national and international agencies, to develop national and international responses to climate change; to promote consideration of the health impacts of climate change by the relevant United Nations bodies in order to help developing countries to address them; to cooperate with Member States and appropriate United Nations organizations, other agencies and funding bodies in order to develop capacity to assess the risks from climate change for human health and to implement effective response measures; and to consult Member States on the preparation of a work plan to scaling up WHO's technical support to Member States for assessing and addressing the implications of climate change for health and health systems. It urges Member States to develop health measures and integrate them into	
		plans for adaptation to climate change; to implement strategies for addressing the effects of, and adapting to, climate change; to strengthen the capacity of health systems for monitoring and minimizing the public health impacts of climate change through adequate preventive measures, preparedness, timely response, and effective management of natural disasters; and to promote effective engagement of all sectors in order to reduce the current and projected health risks from climate change.	

#### **PAHO RESOLUTIONS** ITEMS SUMMARY OF RESOLUTIONS ADOPTED BY THE 61ST WORLD HEALTH RESOLUTION (AND REFERENCED AND DOCUMENTS ASSEMBLY (2000-2006)**DOCUMENTS**) WHA61.20 Infant and young child Having considered the report on infant and young child nutrition, the - Child health: Assembly urges Member States to strengthen implementation of the nutrition: biennial CD42.R12 International Code of Marketing of Breast-milk Substitutes and subsequent - Child Health: SPP34/9 progress report relevant Health Assembly resolutions by scaling up efforts to monitor and - Regional Strategy and enforce national measures to protect breast-feeding; to continue action on the Plan Action on Nutrition Global Strategy for Infant and Young Child Feeding and the Innocenti and Development: Declaration of 2005 on infant and young child feeding; to increase support for SPP40/12 early initiation of exclusive breast-feeding for the first six months of life, in order to reduce the scourge of malnutrition and its associated high rates of under-5 morbidity and mortality; to implement the WHO/FAO guidelines on safe preparation, storage, and handling of powdered infant formula in order to minimize the risk of bacterial infection and, in particular, ensure that the labeling of powdered formula conforms with the standards, guidelines, and recommendations of the Codex Alimentarius Commission: and to take action through food-safety measures, to reduce the risk of intrinsic contamination of powdered infant formula with Enterobacter sakazakii and other pathogenic microorganisms during the manufacturing process, as well as the risk of contamination during storage, preparation, and handling, and monitor the effectiveness of these measures. WHO is requested to continue monitoring progress in this area; to continue to promote breast-feeding and infant and young child nutrition as essential for achieving the Millennium Development Goals, in particular those related to the eradication of extreme poverty and hunger and to the reduction of child mortality; to intensify support for the implementation of the International Code of Marketing of Breast-milk Substitutes; to provide support urgently for research on the safe use of expressed and donated breast milk, given the current challenges facing countries in the implementation of safe infant feeding practices, mindful of the national rules and regulations and cultural and religious beliefs; to provide support for strengthening national information systems; and to review the current global situation of infant and young child nutrition, including nutrition and HIV, and report to the 63rd World Health Assembly. Welcoming the progress made by the Intergovernmental Working Group in WHA61.21 - Regional Program on Global strategy and plan Document of action on public elaborating the global strategy and the identification of the stakeholders in the **Bioethics: CD42.R6** EB122/12 health, innovation, and plan of action, the Assembly, through this resolution, adopts the global - Access to Medicines: strategy and the agreed parts of the plan of action on public health, intellectual property CD45.R7 innovation, and intellectual property and urges Member States to implement

#### **PAHO RESOLUTIONS** ITEMS SUMMARY OF RESOLUTIONS ADOPTED BY THE 61ST WORLD HEALTH AND DOCUMENTS RESOLUTION (AND REFERENCED ASSEMBLY (2000-2006)**DOCUMENTS**) the specific actions recommended in the global strategy and plan of action, to - Access to Medicines: support implementation of the global strategy and plan of action on public SPP38/6 health, innovation, and intellectual property, and to consider providing the adequate resources for its implementation. Furthermore, it calls upon international organizations and other stakeholders to give priority within their respective mandates and programs to implementing the global strategy and plan of action on public health, innovation, and intellectual property. It requests WHO to provide support for Member States, upon request, in implementing the global strategy and plan of action on public health, innovation, and intellectual property and in monitoring and evaluating its implementation; to continue to implement the mandates contained in resolutions WHA49.14 and WHA52.19 on the revised drug strategy, WHA53.14, WHA54.10 and WHA57.14 and WHA56.30 on HIV/AIDS, WHA56.27 on intellectual property rights, innovation, and public health, WHA59.26 on international trade and health, and WHA60.30 on public health, innovation, and intellectual property, as well as WHA55.11 on health and sustainable development, WHA55.14 on ensuring accessibility of essential medicines, and WHA60.18 on malaria, including the proposal for the establishment of World Malaria Day; to finalize the outstanding components of the plan of action concerning timeframes, progress indicators, and estimated funding needs and to submit the final plan of action for consideration by the 62nd World Health Assembly; to coordinate with other relevant international intergovernmental organizations, including WIPO, WTO, and UNCTAD, to effectively implement the global strategy and plan of action; to prepare a quick start program with adequate budget provision; to reflect the global strategy and plan of action on public health, innovation, and intellectual property in the further development of WHO's research strategy; to carry monitor performance and progress in implementing the global strategy and plan of action on public health, innovation, and intellectual property and report progress to the 63rd World Health Assembly.

### ADMINISTRATIVE AND BUDGETARY ITEMS

RESOLUTION	Items (and referenced documents)	SUMMARY OF RESOLUTIONS ADOPTED BY THE 61ST WORLD HEALTH ASSEMBLY	PAHO Resolutions and Documents (2000-2006)
WHA61.5	Financial report and audited financial statements for the period 1 January 2006 - 31 December 2007	The Assembly, having examined the financial report and audited financial statements for the period 1 January 2006 - 31 December 2007 and having noted the second report of the Program, Budget, and Administration Committee of the Executive Board to the 61st World Health Assembly, through this resolution accepts the Director-General's Financial Report and audited financial statements for the period 1 January 2006 - 31 December 2007.	
WHA61.6	Miscellaneous income 2006- 2007 and financing gap for strategic objectives 12 and 13	The Assembly, recalling the appropriation resolution for the financial period 2008-2009 and aware of the forecast financing gap in respect of meeting the approved total effective budget for appropriations sections 12 and 13 of, respectively, US\$214 million and US\$543 million; and considering the exceptional surplus in Miscellaneous Income realized in 2006-2007, resolves to appropriate an additional amount of US\$15 million from Miscellaneous Income in order to finance appropriation sections 12 and 13 of the Program Budget 2008-2009; and requests WHO to report to the 62nd World Health Assembly on the status of the Miscellaneous Income account.	
WHA61.7	Members in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution	The Assembly, having considered the third report of the Program, Budget, and Administration Committee on the status of collection of assessed contributions, including Members in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution; noting that, at the time of opening of the 61st World Health Assembly, the voting rights of Argentina, Central African Republic, Cape Verde, Comoros, Dominica, Guinea-Bissau, and Somalia were suspended, such suspension to continue until the arrears of the Member States concerned have been reduced, at the present or future Health Assemblies, to a level below the amount that would justify invoking Article 7 of the Constitution; noting that the Democratic Republic of Congo, Gambia, Solomon Islands, and Togo were in arrears at the time of the opening of the 61st World Health Assembly 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 the voting right of those countries should be suspended at the opening of the 62nd World Health Assembly, decides that if by the time of the opening of the 62nd World Health Assembly, the Democratic Republic of Congo, Gambia, Solomon Islands, and Togo are still in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution, their voting privileges shall be suspended as from the said opening; that any suspension that takes effect as aforesaid shall continue at the 62nd and subsequent World Health	

## ADMINISTRATIVE AND BUDGETARY ITEMS (cont.)

RESOLUTION	Items (and referenced documents)	SUMMARY OF RESOLUTIONS ADOPTED BY THE 61ST WORLD HEALTH ASSEMBLY	PAHO Resolutions and Documents (2000-2006)
		Assemblies, until the arrears of Democratic Republic of Congo, Gambia, Solomon Islands, and Togo have been reduced to a level below the amount that would justify the invoking Article 7 of the Constitution; and 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.	
WHA61.9	Report of the External Auditor to the Health Assembly	Through this resolution, the Assembly, having considered the report of the External Auditor, accepts the report.	
WHA61.10	Amendments to the Staff Regulations and Staff Rules	Through this resolution, the Assembly, noting the recommendations of the Executive Board establishes the salaries of Assistant Directors-General and Regional Directors at US\$172,546 per annum before staff assessment, resulting in a modified net salary of US\$125,155 (dependency rate) or US\$113,332 (single rate) and establishes the salary of the Deputy Director-General at US\$189,929 per annum before staff assessment, resulting in a modified net salary of US\$136,454 (dependency rate) or US\$122,802 (single rate). In addition, it establishes the salary of the Director-General at US\$233,720 per annum before staff assessment, resulting in a modified net salary of US\$164,918 (dependency rate) or US\$146,662 (single rate). It decides that these adjustments in remuneration shall take effect from 1 January 2008.	
WHA61.11	Method of work of the Health Assembly	<ul> <li>Through this resolution the Assembly decides to add to the Rules of Procedure of the World Health Assembly a new Rule 12 <i>bis: Article 12 bis</i></li> <li>At each session the provisional agenda and, subject to Rule 12, any proposed supplementary item, together with the report of the General Committee thereon, shall be submitted to the Health Assembly for its adoption as soon as possible after the opening of the session.</li> <li>It also decides to delete Rules 24 and 25 of the Rules of Procedure of the World Health Assembly and amend Rules 26, 31, 34, 36, 68, and 92 of the Rules of Procedure of the World Health Assembly.</li> <li><i>Rule 26</i></li> <li>At each regular session, the Health assembly shall elect a President and five Vice Presidents, who shall hold office until their successors are elected.</li> </ul>	

### ADMINISTRATIVE AND BUDGETARY ITEMS (cont.)

RESOLUTION	Items (and referenced documents)	SUMMARY OF RESOLUTIONS ADOPTED BY THE 61ST WORLD HEALTH ASSEMBLY	PAHO Resolutions and Documents (2000-2006)
		Article 31 The General Committee of the Health Assembly shall consist of the President and Vice Presidents of the Health Assembly, the chairmen of the main committees of the Health Assembly established under Rule 34 and that number of delegates to be elected by the Health Assembly as shall provide a total of twenty-five members of the General Committee, provided that no delegation may have more than one representative on the Committee. The President of the Health Assembly shall convene, and preside over, meetings of the General Committee.	
		<i>Article 34</i> The chairmen of these main committees shall be elected by the Health Assembly.	
		<i>Article 36</i> Each main committee shall elect two vice-chairmen and a rapporteur.	
		<i>Article 68</i> If two or more proposals are moved, the Health Assembly shall, unless it decides otherwise, vote on the proposals in the order in which they have been circulated to all delegations, unless the result of the vote on a proposal makes unnecessary any other voting on the proposal or proposals still outstanding.	
		Article 92 Verbatim records of all plenary meetings and summary records of the meetings of the General Committee and of committees and subcommittees shall be made by the Secretariat. Unless otherwise expressly decided by the committee concerned, no record shall be made of the proceedings of the Committee on Credentials other than the report presented by the Committee to the Assembly.	
		It decides that the Health Assembly shall continue to follow its current practice in regard to equitable geographical representation in the nomination of candidates for elected positions in the Health Assembly and its subsidiary bodies, with a view to such nominations being received by the Director-General no later than the opening of each session of the Health Assembly.	
		The amendments to the Rules of Procedure shall take effect from the closure of the 61st World Health Assembly.	

#### ADMINISTRATIVE AND BUDGETARY ITEMS (cont.)

RESOLUTION	Items (and referenced documents)	SUMMARY OF RESOLUTIONS ADOPTED BY THE 61ST WORLD HEALTH ASSEMBLY	PAHO Resolutions and Documents (2000-2006)
WHA61.12	Multilingualism: Implementation of Action Plan	The Assembly, welcoming the resolution on the Multilingualism (61/266) adopted by the United Nations General Assembly in May 2007, requests WHO to implement the plan of action contained in the Secretariat's report, in particular focusing on preparation before the 124th session of the Executive Board, of a timetable for implementation of the plan of action and a table showing the financial implications globally fitting within the framework of the Medium-term Strategic Plan 2008-2013; preparation of a strategy to set translation priorities, associating Member States by means of a mechanism of informal consultations to be defined.	
		It requests WHO to ensure equal respect for linguistic diversity at WHO headquarters, regional offices, and country offices; to establish a database that makes it possible to determine in which official languages of the Organization members of WHO staff belonging to the professional category are fluent; and encourage access to quality language training for all the Organization's staff.	

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