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RESOLUTIONS OF THE FIFTY-FIRST WORLD HEALTH ASSEMBLY OF INTEREST TO THE REGIONAL COMMITTEE

The Fifty-first World Health Assembly took place in Geneva, Switzerland, from 11 to 16 May 1998, with participation by delegates from all Member States of the Region of the Americas. The Assembly adopted 31 resolutions.

This document provides a summary of the work of the Assembly and the resolutions which, in the judgement of the Regional Director, are of interest to the 25th Pan American Sanitary Conference. The document considers 19 of the 31 resolutions and the new membership of the Executive Board. It also considers two items discussed by the Executive Board during its 102nd Session on 18-19 May 1998.

This document was presented to and considered by the PAHO Executive Committee in its 122nd Session. The Conference is asked to analyze and discuss the significance of the resolutions and other actions for the Member States of PAHO/WHO and for the Regional Office.

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Annexes

1. Introduction

The 51st World Health Assembly was held in Geneva, Switzerland, from 11 to 16 May 1998. Dr. Altagracia Guzman Marcelino, Minister of Health of the Dominican Republic, was elected as one of the five Vice Presidents, and Venezuela was elected to the vice chairmanship of Committee B.

During its deliberations, the Health Assembly celebrated the 50th anniversary of WHO, considered the work of the Executive Board at its 100th and 101st sessions, adopted a World Health Declaration affirming the policy of Health for All in the 21st Century, reviewed the World Health Report 1998, and considered a variety of programmatic, administrative and constitutional issues. The Assembly passed a total of 31 resolutions, 7 fewer than in 1997.

The work of the Assembly is summarized in the sections that follow. Only those resolutions and other actions considered of particular importance to the Region of the Americas are included, and they are presented according to subject matter. Those related to items being considered by the Pan American Sanitary Conference are also noted with cross-references. The 31 Assembly resolutions are included in the Annex in numerical order.

This document also summarizes two items considered by the Executive Board in its 102nd session.

2. Program Policy Matters

2.1 *Concerted public health action on anti-personnel mines (WHA51.8)*

Recalling the Ottawa and Brussels Declarations and the Convention of Oslo in 1997, as well as operative paragraph C.2 of resolution EB95.R17 on emergency and humanitarian action, resolution WHA51.8 declares that damage caused by the use of anti-personnel mines is a public health problem and urges all Member States to ratify the Convention, incorporate anti-personnel-mine injury prevention and assistance to victims in national health plans, implement the WHO plan of action on anti-personnel mines, and provide maps and identification of minefields when those are available. The resolution further requests the Director-General to strengthen the capacity of affected States to better assess the effects of anti-personnel-mine injuries on health, promote mine awareness and prevention programs, and strengthen emergency and post-emergency management of anti-personnel-mine injuries, including treatment and rehabilitation.

PAHO's Division of Health Systems and Services has worked with the Governments of Canada and Mexico to assess the situation of anti-personnel mine injuries

in Central America, with the intention of strengthening treatment and rehabilitation services. PAHO will work with nongovernmental organizations, along with government agencies, to carry out the assessment and strengthen rehabilitation services.

2.2 *Cross-border advertising, promotion, and sale of medical products using the Internet (Resolution WHA51.9)*

Resolution WHA51.9 recalls resolution WHA50.4 on the same subject and previous resolutions on medicinal drug promotion and recognizes the differences among Member States, the importance of collaboration between Member States and WHO, the importance of national and regional legislation, and the importance of self-regulatory mechanisms. It urges all Member States to review existing legislation, regulation, and guidelines; to collaborate in matters raised by use of the Internet; and to promote the use of the Internet for obtaining scientific information. It appeals to industry, health professional and consumer organizations to formulate and use good information practices, to monitor and report problem cases, and to maintain legal and ethical standards. Furthermore, it requests the Director-General to encourage the formulation of self-regulatory guidelines, to develop a model guide for Member States to educate people, to collaborate with other organizations, to urge Member States to strengthen mechanisms to monitor and survey cross-border advertising and to take regulatory action, where appropriate, and to encourage Member States and nongovernmental organizations to report problem cases to WHO.

The PAHO Regional Program on Essential Drugs and Technology continues to assist Member States to make connections to and use effectively the Internet. The Program recognizes the potential of the Internet as a tool for health promotion and self-care and encourages producers, independent rating agencies, and other public and private organizations to voluntarily work together to provide consumers with the means to judge by themselves what information is valuable and credible. While PAHO is concerned about the quality and validity of material on the Internet, it will not be possible for program staff to review, monitor, or accredit all information about medical products. Therefore, PAHO supports fully the approach taken in Resolution WHA51.9.

2.3 *Global elimination of blinding trachoma*

Resolution WHA51.11 recalls previous resolutions on the prevention of blindness and rehabilitation, notes that there are some 146 million active cases of trachoma, recognizes the SAFE strategy, and calls on Member States to apply new methods for the rapid assessment and mapping of blinding trachoma, to implement the SAFE strategy, and to collaborate in the WHO alliance for the global elimination of trachoma. It requests the Director-General to intensify cooperation with Member States, further refine the

components of the SAFE strategy, strengthen interagency collaboration, and facilitate the mobilization of extrabudgetary funds.

While trachoma is the second leading cause of blindness worldwide, it is not a major public health problem in the Americas. There are a few known endemic foci in Brazil, Guatemala, and Mexico and suspected foci in Bolivia and Peru. Unfortunately, there are only limited data about the prevalence of the disease and little information about the amount of surgery performed for trichiasis in the Region. The PAHO Regional Program on Ocular Health, which is part of the Division of Health Systems and Services, will collaborate with those countries known or suspected to have endemic disease to improve surveillance and treatment in order to eliminate transmission of trachoma, consistent with the global goal.

2.4 *Health promotion (Resolution WHA51.12)*

Recalling previous resolutions and the four international conferences on health promotion, recognizing the Ottawa Charter for Health Promotion, appreciating the potential of health promotion activities to act as a resource for societal development, and confirming the priorities set out in the Jakarta Declaration for Health Promotion in the Twenty-first Century, Resolution WHA51.12 urges all Member States to promote social responsibility for health, increase investments for health development, expand partnership for health, and adopt an evidence-based approach to health promotion policy and practice. It calls on organizations of the United Nations system to mobilize Member States and to form global, regional and local health promotion networks. Finally, it calls on the Director-General to enhance the Organization's capacity in order to decrease inequities in health, to establish an alliance for global health promotion, to support the development of evidence-based health promotion policy and practice, and to raise health promotion to the top priority list of WHO.

PAHO, through its Division of Health Promotion and Protection, has participated actively in recent international conferences on health promotion and strongly ascribes to the principles of the Ottawa Charter. The theme of the 1996 Annual Report of the Director was *Healthy People, Healthy Spaces*, which is a key strategy for health promotion. PAHO has placed a high priority on health promotion and has undertaken many of the activities called for in the resolution, including work with other agencies of the United Nations system and with community-based organizations.

2.5 *Tuberculosis (Resolution WHA51.13)*

Resolution WHA51.13 notes that tuberculosis remains one of the most important causes of death in adults, that the situation is worsening in many countries, and that tuberculosis can be controlled by using the DOTS strategy. It urges all Member States to

intensify tuberculosis control as an integral part of primary health care before the year 2000, to establish an effective disease surveillance system, to meet targets through the implementation and expansion of the DOTS strategy, and to coordinate the observance of World Tuberculosis Day on 24 March of each year. It further calls on the international community to mobilize and sustain external financial and operational support and requests the Director-General to encourage accessibility of poor countries to good quality medication, establish networks for the surveillance of multidrug resistance, encourage research, and intensify collaboration and coordination with UNAIDS.

The PAHO Directing Council considered the tuberculosis situation in the Region in detail in its 39th session in 1996. Nearly all major Latin American countries have adopted the DOTS strategy, with the important exception of Brazil, and are at various stages of implementation. The Caribbean Epidemiology Center of PAHO is working with the English speaking Caribbean countries to assist them in adopting DOTS. As a result, approximately 20 countries in the Americas are likely to meet the targets by the year 2000. The Region's national tuberculosis program managers will review the state of implementation of DOTS and progress towards achieving the targets at their next meeting in October 1998.

2.6 *Elimination of transmission of Chagas disease (Resolution WHA51.14)*

Encouraged by the progress achieved in Argentina, Brazil, Chile, and Uruguay towards the elimination of Chagas disease and acknowledging recent decisions to eliminate of transmission of Chagas in the Andean and Central American subregions, the Assembly declares its commitment to the goal of elimination of transmission of Chagas disease by the end of 2010, calls on Member States to elaborate plans of action, and invites bilateral and international development agencies and other organizations to help to ensure that funds are available. It further urges the Director-General to provide WHO certification of elimination country-by-country, to support Member States in their efforts, and to continue to seek extrabudgetary resources.

PAHO is pleased with the recognition that the Southern Cone countries have received for their successful efforts to eliminate intradomestic transmission of *Trypanosoma cruzi*, the cause of Chagas disease. There has also been considerable progress throughout Latin America in interrupting the transmission of the parasite through blood transfusion and blood products. However, it is unlikely that Chagas disease can be eliminated in the near term because the disease is chronic and cases will probably be detected through the first half of the next century. In addition, it is possible that sylvatic vectors of *T. cruzi* could invade houses and sustain transmission, even when domiciliary vectors have been eliminated. Therefore, PAHO is not certain of the feasibility of eliminating Chagas disease transmission outside of the Southern Cone countries.

2.7 *Elimination of leprosy as a public health problem (Resolution WHA51.15)*

Noting with satisfaction the progress made so far towards eliminating leprosy as a public health problem and recognizing the need to intensify anti-leprosy activities, the resolution urges Member States to intensify their efforts and requests the Director-General to strengthen technical support to Member States, to continue to mobilize additional financial resources, and to strengthen further collaboration with national and international nongovernmental organizations.

Multidrug therapy has been the basis for success in the effort to eliminate leprosy. In 1996 there were 124,118 cases in the Region, with 43,432 new cases detected. In only four countries, Brazil, Colombia, Paraguay and Venezuela, has leprosy not been eliminated as a public health problem (that is, less than one case per 10,000 inhabitants).

Colombia, Paraguay, and Venezuela will achieve the goal of elimination in 1999. In Brazil, where the problem is of greater magnitude, intensified efforts have been carried out through the health services and have coincided with national vaccination days. WHO is providing drugs to Brazil so that the Ministry of Health budget for leprosy can be dedicated to programmatic support. Even so, it will be a challenge for Brazil to achieve elimination by the year 2000, since in 1996 the country had 105,000 cases with 39,000 newly detected. Fortunately, treatment coverage has reached 89% of cases.

2.8 *Emerging and other communicable diseases: antimicrobial resistance (Resolution WHA51.17)*

Resolution WHA51.17 expresses concern about the rapid emergence and spread of human pathogens resistant to available antibiotics and about the intensive use of antibiotics in food production. It urges Member States to develop sustainable systems to detect antimicrobial-resistant pathogens, to develop educational programs for professional staff and the lay public regarding antimicrobial use, to improve practices to prevent the spread of infection, to develop measures to protect health workers, to prohibit the dispensing of antimicrobials without a valid prescription, to prevent the manufacture, sale and distribution of counterfeit antimicrobial agents, and to encourage the reduced use of antimicrobials in food-animal production. Furthermore, it requests the Director-General to support countries in their efforts to control antimicrobial resistance, to assist in the development of sustainable national policies for rational use of antimicrobials in human medicine and food animal production, to collaborate with the private and public sectors, to devise means for the gathering and sharing of information, to develop programs of information and education for prescribers and users, and to encourage promotion of research and development of new antimicrobial agents.

In the Region of the Americas, as in the rest of the world, antimicrobial resistance causes a major and growing threat to public health. For example, antibiotic-resistant bacteria are responsible for up to 60% of hospital-acquired infections in the United States. The major factors that contribute to antimicrobial resistance are the same in this Region as elsewhere in the world. PAHO is collaborating with major research institutions in the Region and other partners, such as professional associations and the pharmaceutical industry, to assess the level of antimicrobial resistance and monitor changes. Current activities are focussed on salmonella, shigella, and *Vibrio cholera* infections in eight countries in Latin America and six in the Caribbean. The project will enhance laboratory capacity and epidemiological infrastructure and will lead to the implementation of the measures called for in the resolution. PAHO, WHO/EMC, the Ministry of Health of Venezuela, and the Pan American Society of Infectology will co-sponsor the Pan American Conference on Antibiotic Resistance Monitoring, to be held in Venezuela in 1998. It is expected that the conference will produce a sound plan of activities for the next five years, strengthen surveillance, and promote policy formulation.

2.9 *Noncommunicable disease prevention and control (Resolution WHA51.18)*

Noting that noncommunicable diseases already represent a significant burden on the public health services, mindful of common major behavioral and environmental risk factors, and recognizing the importance of, and continued need for, broad international action and cooperation, the resolution endorses the proposed framework for the integrated prevention and control of noncommunicable diseases, and urges Member States to cooperate with WHO in developing a global strategy based on best practices and operational research, in order to reduce major common risk factors for chronic noncommunicable diseases, to monitor scientific data and support research in a broad spectrum of related areas, and to exert a concerted effort against the use of tobacco. It requests the Director-General to develop a global strategy, to ensure an effective managerial mechanism for collaboration and technical support, to solicit the support of nongovernmental organizations and other international agencies, and to encourage collaboration with the private sector.

The PAHO Executive Committee addressed this topic in detail at its 120th session in 1997. Noncommunicable diseases now account for almost half of all morbidity and mortality worldwide with that figure approaching 60% in Latin America and the Caribbean. PAHO strongly favors the approach endorsed in the resolution, especially the development of integrated programs to combat noncommunicable diseases as represented by the CARMEN project network. This is especially true for conditions with shared risk factors, including heart disease, stroke, and diabetes. In several countries, cervical cancer is a priority which cannot be integrated immediately into other programs. However, its ultimate integration into comprehensive noncommunicable disease programs is desirable.

Therefore, PAHO endorses a global plan of action with capacity building within WHO and the development of global and regional demonstration projects based on proven approaches and including the participation of the private sector whenever feasible.

2.10 *International Decade of the World's Indigenous People (Resolution WHA51.24)*

Recalling the objectives of the International Decade of the World's Indigenous People as recognized in previous resolutions, also recalling United Nations General Assembly resolution 50/157, and recognizing with satisfaction the progress made in the Initiative on the Health of Indigenous People of the Americas, the resolution urges Member States to develop and implement national plans of action or programs on indigenous people's health. It requests the Director-General to promote the inclusion of indigenous health in WHO programs at all levels, to report annually to the World Health Assembly, to improve and increase cooperation between WHO and Member States, to encourage the representation of health workers of indigenous origin in WHO work, and to promote involvement of traditional healing and medicine in programs with indigenous people.

There are over 43,000,000 indigenous people in the Region of the Americas. After initial discussion by the Subcommittee on Planning and Programming in 1992, a consultation workshop was held in Winnipeg, Canada, in 1993, and the 37th Directing Council approved the Health of Indigenous Peoples Initiative in the same year. The Winnipeg recommendations and the Directing Council resolution established five principles: the need for an holistic approach to health, the right to self-determination, the right to systematic participation, respect for and revitalization of indigenous culture, and reciprocity in relations. At its 120th Session in June 1997, the Executive Committee reviewed progress achieved, and the 40th Directing Council adopted a resolution addressing inequities as barriers to care and affirming the Organization's commitment to the goals of the Decade of the World's Indigenous People. A meeting of representatives of indigenous populations, government agencies, international cooperation agencies, WHO Collaborating Centers and other PAHO and WHO partners held on 15-17 December 1997 defined the strategic orientations for the implementation of the Health of Indigenous Peoples Initiative for the next quadrennium. Work to date has been concentrated in the following five areas: building capacity and alliances, working with Member States to implement national and local processes and programs, projects in priority program areas, strengthening traditional health systems, and dissemination of scientific, technical, and public information.

2.11 *Environmental matters: Strategy on sanitation for high-risk communities (Resolution WHA51.28)*

Aware of the plight of rural and urban communities with highly insanitary conditions, concerned about the vast and increasing number of people in the world who lack sanitation, recalling previous resolutions, and recalling that the Executive Board established environmental health as one of the priority areas for WHO, the resolution endorses the strategy for sanitation in high-risk communities and urges Member States to reorient and strengthen their sanitation programs in order to identify high-risk communities, carry out studies on appropriate technologies, overcome obstacles to sanitation, and mobilize communities and involve them in the planning and implementation of their sanitation system. It also urges Member States to give higher priority to sanitation by integrating sanitation with related programs for development, increasing political will and commitment, and including sanitation in the preparation of national action plans. While calling upon the United Nations and other international organizations to give priority to sanitation, it requests the Director-General to support Member States, to undertake advocacy, to support applied research on appropriate sanitation technology, to support training of extension workers, to integrate sanitation with other action projects, to convene an expert consultation, and to strengthen internal coordination and cooperation with other United Nations organizations.

High-risk communities in the Americas include those in rural areas, which have only 40% coverage with sanitation, and growing peri-urban areas, as well as indigenous populations which traditionally have been neglected. The Heads of State of the Region at their summits in Santa Cruz, Bolivia, in 1996 and Santiago, Chile, in 1998 made specific recommendations for the promotion of sanitation in the Americas as a priority and gave PAHO a specific mandate for sector improvement. In addition to the activities called for in the resolution, PAHO focuses on schoolchildren, the development of innovative ways for mobilizing resources for sanitation, and works with local authorities and nongovernmental organizations to develop a better understanding of the cultural aspects of sanitation. PAHO is also collaborating closely with UNICEF, WHO Collaborating Centers, and other partners.

2.12 *The protection of human health from threats related to climate change and stratospheric ozone depletion (Resolution WHA51.29)*

Recalling previous resolutions endorsing the WHO global strategy for health and environment in full compliance with Agenda 21 as adopted by the United Nations Conference on Environment and Development in 1992, aware of the growing scientific evidence that the steady increase of atmospheric greenhouse gases may seriously affect the global climate with grave consequences for human health and the environment, and aware

of the serious threat to the environment and health of the depletion of ozone from the earth's stratosphere, the resolution endorses WHO's participation in the "climate agenda" established by WMO, UNEP, UNESCO, FAO, and the International Council of Scientific Unions. It urges Member States to consider the potential threats to human health of climate change, to consider new approaches to tackle these threats, to increase public awareness, and to encourage applied research. It requests the Director-General to develop further WHO's relations with WMO and other appropriate organizations of the United Nations system, to collect and review epidemiological information on risks related to climate and stratospheric ozone depletion for human health, to assess research needs, and to secure adequate human and financial resources for these activities.

PAHO shares the concerns and endorses the measures called for in the resolution. The objectives of the "climate agenda" group parallel PAHO's approach through healthy cities, combating infectious diseases, and minimizing environmental changes such as deforestation, desertification, transboundary air pollution, water pollution, and loss of biodiversity, all of which can affect directly human health. Further, PAHO and its Member States will benefit from a further investigation of the phenomenon of El Niño which is not mentioned in the resolution. The 25th Pan American Sanitary Conference is considering the impact of El Niño on health (see Document CSP2510).

3. Administrative and Financial Matters

3.1 *Review of the Constitutional and regional arrangements of the World Health Organization: Regular budget allocations to Regions (Resolution WHA51.31)*

Resolution WHA51.31 notes that regular budget allocations to regions have not been based on objective criteria but rather on history and previous practice and have remained largely unchanged since the Organization's inception. It requests the Director General to take into account the discussion on this matter during the Fifty-first World Health Assembly when preparing future program budgets and recommends the adoption of the model proposed by the Executive Board at its 101st session with the proviso that the model be implemented gradually so that the reduction for any Region not exceed 3% per year and be spread over a period of three bienniums. It further requests the Director-General to ensure that all least-developed countries will be guaranteed during the 2000-2001 biennium that their allocation from the regular budget will not be less than that of the 1998-1999 budget by the use of the 2% transfer from global and interregional activities; to enable Regions within the terms of the Constitution to determine for themselves the participation between country, intercountry, and regional office budgets; to monitor and evaluate closely the working and the impact of this new process; and to report to the 103rd session of the Executive Board and to the Fifty-second World Health Assembly on the details of the model, as well as the use of extrabudgetary allocations.

The AMRO secretariat has estimated that the implementation of Resolution WHA51.31 will result in a reduction of the budget allocated to the Region of the Americas from US\$ 82,686,000 in the current biennium to \$68,875,000 at the end of the biennium 2006-2007, a reduction of \$13,811,000 or 16.7%.

4. Other Matters

4.1 *Health-for-all policy for the twenty-first century (Resolution WHA51.7)*

Resolution WHA51.7 recognizes the report on “Health-for-all in the twenty-first century” (Document A/515) as a framework for the development of future policy and adopts the World Health Declaration, which is annexed to the resolution. The Declaration reaffirms commitment to the attainment of the highest standard of health as one of the fundamental rights of every human being and to the ethical concepts of equity, solidarity and social justice. It also calls for reforming, as appropriate, health systems, including essential public health functions and services, in order to ensure universal access to quality health services. It recognizes that nations, communities, families and individuals are interdependent, and that we must act together to meet common threats to health.

PAHO has participated for a period of two and one-half years in the renovation of the commitment to health-for-all and has contributed to the preparation of the new global policy of health-for-all. The proposed new strategic and programmatic orientations for 1999-2001 provides the policy framework for PAHO’s technical cooperation as part of the renewal of health-for-all. The document referred to at the beginning of the resolution establishes global priorities and targets for the first two decades of the Twenty-first Century. The policy states that the key values for the realization of health-for-all goals are: health as a fundamental right; strengthening applications of ethics to health policies, research, and services; equity-oriented policies and strategies; solidarity; and a gender perspective on health. The health-for-all goals are: to achieve an increase in life expectancy and in the quality of life for all; to improve equity in health between and within countries; and to ensure access for all to sustainable health systems and services. Ten global targets are part of the document. The document establishes that, building on primary health care, sustainable health systems will be developed which will guarantee equitable access to essential health functions. To translate the policy into action, dynamic leadership, public participation and support, essential purposes, and adequate resources are required.

4.2 *Ethical, scientific and social implications of cloning in human health (Resolution WHA51.10)*

Recalling resolution WHA50.37 and related declarations by UNESCO and the Council of Europe, this resolution reaffirms that cloning for the replication of human individuals is ethically unacceptable and contrary to human dignity and integrity. It urges Member States to foster continued and informed debate on these issues and requests the Director-General to establish a group with the aim of clarifying concepts and developing guidelines relating to the use of cloning procedures for non-reproductive purposes; to continue to monitor the ethical, scientific, social and legal implications of cloning; and to ensure that Member States are kept informed.

At the 120th Session of the Executive Committee and the 40th Session of the Directing Council in 1997, PAHO expressed its agreement with and adherence to the terms of resolution WHA50.37. PAHO affirms its agreement with and commitment to resolution WHA51.10.

4.3 *Promotion of horizontal technical cooperation in health sector reform in developing countries (Resolution WHA51.16)*

Mindful of the principles of, and obvious need for, technical cooperation among developing countries and of previous resolutions on this subject and the underlining principles and purposes of the United Nations as set out in the United Nations Charter, the resolution reaffirms commitment to the achievement of equitable, affordable, accessible and sustainable health care systems in all Member States. It urges Member States to continue the development of health systems in accordance with the principles of self-reliance, self-determination and the sovereign right of each country and calls upon developed countries to continue to facilitate the transfer of technology and resources and to continue to provide WHO with the necessary financial resources. It requests the Director-General to support Member States in giving greater attention to the health needs of the poorest people, to advocate and promote a central role for health development, to maintain the support provided to countries of the Non-Aligned Movement and other developing countries, and to ensure wide consultation with those countries in all aspects of organizational reform of the World Health Organization.

A document "Technical Cooperation among Countries: Panamericanism in the Twenty-first Century" (Document CSP25/9) is been presented to the 25th Pan American Sanitary Conference for its consideration. The Assistant Director's office in PAHO is the focal point for technical cooperation among countries (TCC). Financial resources have been set aside for TCC, and the record of projects approved demonstrates an increase used of this mechanism for technical cooperation. PAHO has also supported subregional

initiatives and has proposed to the Organization of American States and the UNDP a common approach among the agencies in support of TCC.

4.4 *Collaboration within the United Nations system and with other intergovernmental organizations: Health of children and adolescents (Resolution WHA51.22)*

Noting international declarations, covenants, and conventions; recalling previous resolutions and commitments adopted by the World Summit for Children (1990) and other international conferences; appreciating the significant progress which has been achieved; and underlining the need from a gender perspective, the resolution urges the Director-General to give high priority to child's and adolescent's health, to contribute to the collective efforts of the international community, and to further strengthen WHO's cooperation with the Committee on the Rights of the Child. It calls upon all Member States to undertake all appropriate measures to pursue the full implementation of the child's and adolescent's right to the highest attainable standard of health and access to health services and appeals to States Parties to the Convention on the Rights of the Child to include information on health and health services in their reports.

For many years, PAHO has made a strong commitment to child's and adolescent's health, which is consistent with the Convention on the Rights of the Child and commitments adopted by the World Summit for Children. In 1997, the Executive Committee and the Directing Council considered in detail the Regional Program on Adolescent Health. PAHO has developed its activities in support of child's and adolescent's health in collaboration with other organizations of the United Nations and Inter-American systems.

4.5 *Amendments to Articles 24 and 25 of the Constitution (Resolution WHA51.23)*

Resolution WHA51.23 adopts amendments to articles 24 and 25 of the Constitution so that the Executive Board shall consist of thirty-four persons designated by as many Members. Since it is anticipated that the number of Members from the Americas who will designate persons to the Board will not increase but will remain at six, these amendments will affect only indirectly representation of the Region of the Americas on the Executive Board.

4.6 *Review of the Constitution and regional arrangements of the World Health Organization: Status of members of the Executive Board; Clarification of the interpretation of Article 24 of the WHO Constitution (Resolution WHA51.26)*

This resolution decides that Member States entitled to designate a representative to the Executive Board should designate them as government representatives, technically qualified in the field of health. The resolution clarifies a situation which has been a reality of the Executive Board for many years.

4.7 *Executive Board membership*

The Assembly elected 12 Member States each to designate a person to serve on the WHO Executive Board. From the Region of the Americas, Chile, Trinidad and Tobago, and the United States of America were elected to replace Argentina, Barbados and Brazil, whose terms had expired. The persons designated by the newly elected countries joined those from Canada, Honduras, and Peru and took up their membership on the Board immediately after the close of the Assembly.

4.8 *102nd Session of the Executive Board. Amendments to Rules of Procedure of the Executive Board: term of office of Regional Directors (Resolution EB102.R1)*

Immediately after the conclusion of the World Health Assembly, the Executive Board considered the report of the special group for the review of the Constitution of WHO (Document EB102/5), which proposes that the term of office of Regional Directors should be five years, renewable once, accepting that this limit should not apply to incumbents. The Board noted that the application of such a rule to the Regional Director for the Americas would require, *inter alia*, an amendment to the Constitution of PAHO, having regard to Article 54 of the WHO Constitution on the integration of WHO and PAHO. The resolution adopted by the Board amends Rule 48 of the Rules of Procedure of the Executive Board to include the statement that “Subject to Article 54 of the Constitution, the appointment of the Regional-Director shall be for five years and he or she shall be eligible for re-appointment once only.” The resolution requests the Regional Director for the Americas to bring this amendment to the attention of the appropriate Governing Bodies of PAHO with a view to considering an amendment to its Constitution and taking such other actions as may be appropriate, so as to establish the same terms of office for the Director of PAHO as are established by this resolution.

After careful consideration and consultation, the AMRO Secretariat is of the firm opinion that the terms of Article 54 of the WHO Constitution have been fully implemented, that is, that PAHO and WHO are fully integrated functionally in the Region of the Americas. The term of office of the Director of PAHO, who serves as the Regional

Director for the Americas, is specified by the PAHO Constitution (Article 21) as four years. Any change in the term of office would require a modification to the Constitution, as specified by Article 28 of the Constitution.

**4.9 *102nd Session of the Executive Board. Revised Drug Strategy
(Decision EB102(14))***

After a long and difficult debate of the revised drug strategy, as proposed in document A51/6 and Executive Board resolution EB101.R24, the Assembly referred the issue back to the Executive Board for reconsideration. At its 102nd session, the Executive Board decided to establish an open-ended ad hoc group that would meet in Geneva and would be open to all Member States. A subgroup would be formed with two Member States from each Region, of which at least one would be a member of the Executive Board. The Regional Committees were asked to discuss the matter later this year, at which time they should nominate their representatives to the subgroup.

The 25th Pan American Sanitary Conference is considering this matter under agenda item 4.11.

The resolutions are available at the following Web site:
<http://www.who.org/wha-1998/listang.htm>