



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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### **RESOLUTIONS AND OTHER ACTIONS OF THE FIFTY-SECOND WORLD HEALTH ASSEMBLY OF INTEREST TO THE PAHO EXECUTIVE COMMITTEE**

The Fifty-second World Health Assembly took place in Geneva, Switzerland, from 17 to 26 May 1999, with participation by delegates from all Member States of the Region of the Americas. The Assembly adopted 24 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 Executive Committee in its role as working party of the Regional Committee of the World Health Organization for the Americas. The document considers 16 of the 24 resolutions and the new membership of the Executive Board.

The Executive Committee is asked to analyze and discuss the significance of the resolutions for the Member States of PAHO/WHO and for the Regional Office.

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Annexes

## **1. Introduction**

The Fifty-second World Health Assembly (WHA52) was held in Geneva, Switzerland, from 17 to 26 May 1999. Mr. John Junor, Minister of Health, Jamaica, was elected one of the five Vice Presidents, and Dr. Roberto Tapia, Assistant Secretary for Disease Prevention and Control, Ministry of Health, Mexico, was elected Chairman of Committee B.

During its deliberations, the Health Assembly considered the work of the Executive Board at its 103rd and 104th Sessions, reviewed the World Health Report 1999, and considered a variety of programmatic, administrative and financial, and other issues. The Assembly passed a total of 24 resolutions, seven fewer than in 1998.

The work of the Assembly is summarized in the following sections. Only those resolutions 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 Executive Committee are also noted with cross-references. The 24 Assembly resolutions are included in the Annex in numerical order.

## **2. Program Policy Matters**

### **2.1 *Active Aging (WHA52.7)***

Noting that 1999 is the International Year of Older Persons and that the theme for World Health Day in 1999 was Active Aging, resolution WHA52.7 calls on Member States to take measures to ensure the highest attainable standard of health and wellbeing for older citizens and to support multisectoral partnerships. It urges WHO to ensure intersectoral action; the fostering of healthy lifestyles by promoting community-based approaches; and the implementation of health promotion, disease prevention, service delivery, and information dissemination.

The PAHO Executive Committee at its 122nd Session in 1998 considered the PAHO Program for Health of Older Persons, along with document CE122/13. The Organization has developed a very active program to help Member States anticipate and address the needs of older persons, focusing on maintaining health and developing multiple partnerships, both within and outside of the health sector. Because most countries in the Region are already experiencing rapid increases in older populations, with consequent impacts on their health systems, Member States will need to undertake the actions and receive the support from the Secretariat as described in the resolution. PAHO will continue to be a participant in the global effort to address the needs of active aging.

## **2.2 *Roll Back Malaria (WHA52.11)***

Resolution WHA52.11 notes the global burden of disease caused by malaria and the increasing international concern and support for concerted action to roll back the disease. It encourages Member States to engage a wide range of personnel and institutions, to devote sufficient resources and to develop country level partnerships in the fight against malaria. It further request the Director-General to promote harmonized strategies, to work within the context of health sector and human development, to promote international investment, and to broker financial and technical support. The Roll Back Malaria initiative is based conceptually on the Global Malaria Control Strategy.

In the Americas, 16 of the 21 malaria-endemic countries have expressed interest in developing country-based projects under the Roll Back Malaria initiative. The Region is already advanced in its efforts to reduce malaria mortality. The major challenge is to reduce the incidence of the disease through the development of more cost-efficient and effective programs. Technical issues which must be addressed include drug resistance, the need to ensure quality control of anti-malarial supplies, and the development of more effective vector control strategies. PAHO has recently launched a “Revolving Fund for Strategic Public Health Supplies” to support the improved quality and lower prices of materials which will be needed to achieve reductions in malaria incidence.

## **2.3 *Support to Central American Countries Affected by Hurricane Mitch (WHA52.12)***

This resolution notes that Hurricane Mitch damaged every aspect of the development of the Central American Region and expressed solidarity with the people of Central America. It commends the prompt response of governments and of nongovernmental and private voluntary organizations and recognizes that the reconstruction and transformation phase present a unique opportunity to improve health and provide better health services. Furthermore, it encourages the international community to maintain its support and requests that WHO intensify its assistance to health programs and continue monitoring the situation.

Both the Member States and the Secretariat of PAHO have undertaken a massive response to Hurricanes George and Mitch, mobilizing immediate and sustained support to the affected countries. This response has continued with active involvement in the reconstruction phase, with PAHO seeking to channel further international support to meet near-term and long-term needs in the health sector. The Executive Committee will be considering a detailed report of the response of the Organization to Hurricanes George and Mitch during its current session and as described in Document CE124/11.

#### **2.4 *Towards a WHO Framework Convention on Tobacco Control (WHA52.18)***

Resolution WHA52.18 notes the escalation of smoking and other forms of tobacco use worldwide and reaffirms Resolution WHA49.17 requesting the Director-General to initiate development of the WHO framework convention on tobacco control. It further notes the urgent need to speed-up work on the proposed WHO framework convention in order to complete preparation of the draft text for consideration by the WHA56. The resolution relates to the Assembly's decision to establish an intergovernmental negotiating body open to all Member States; to establish a working group on the WHO framework convention, also open to all Member States; and to allow the active participation by regional economic integration organizations constituted by sovereign States. It urges Member States to give high priority to accelerating work on development of the WHO framework convention, to facilitate participation of non-governmental organizations, and to strengthen national and regional tobacco policies. It requests the Director-General to promote support for the framework convention, to complete the technical work and to convene the working group as called for, to facilitate the participation of least-developed countries, and to invite the participation of various interested observers.

The 25th Pan American Sanitary Conference requested the Regional Director of WHO for the Americas to explore the possibility of a regional convention against tobacco. Although there was considerable interest in developing a regional convention through the Organization of American States, it appeared unlikely that such a convention could be approved by consensus, the preferred manner of operating in the Americas. While the regional convention will not be pursued further, PAHO will actively work with Member States to strengthen national programs and subregional and regional efforts to prevent and control tobacco use. The Executive Committee received a detailed report of the program during its 122nd Session in 1998 (see Document CE122/12).

#### **2.5 *Revised Drug Strategy (WHA52.19)***

The WHA52 adopted a resolution on the revised drug strategy, which was a modification of a resolution on which no consensus was reached at the WHA51. In 1998, the resolution was referred back to the WHO Executive Board, which requested input from the Regional Committees. The Director of PAHO arranged an ad hoc consultation, the recommendations of which were approved by the 25th Pan American Sanitary Conference and forwarded to the ad hoc working group formed by the WHO Executive Board. The WHO ad hoc working group developed a consensus on the wording of the draft resolution, which was approved by the Executive Board in its 103rd Session and adopted as WHA52.19 by the WHA52.

Noting that there are trade issues which require a public health perspective, the resolution urges Member States to ensure that public health interests are paramount in pharmaceutical and health policies and urges the Director-General to monitor the impact of relevant international agreements on local manufacturing, access, and prices of drugs. The objectives and activities of the regional program of essential drugs are fully consistent with the resolution. The program works with both multinational and national pharmaceutical associations and with subregional trading initiatives to ensure regular availability of essential drugs at affordable prices.

## **2.6 *Poliomyelitis Eradication (WHA52.22)***

Resolution WHA52.22 reaffirms WHO commitment to the global eradication of poliomyelitis by the end of the year 2000 and notes a fall of 85% in annually reported cases since global eradication began in 1988. It urges poliomyelitis-endemic Member States to accelerate eradication activities and urges poliomyelitis-free Member States to sustain high levels of immunization coverage and maintain high quality surveillance to prevent the importation of wild poliovirus.

Data from the Region of the Americas continue to show a deterioration in the surveillance of acute flaccid paralysis (AFP) in several countries. At its recent meeting held in Canada, the PAHO Technical Advisory Group on Vaccine Preventable Diseases (TAG) recommended that countries maintain coverage of 95% with oral polio vaccine in 80% of their districts or equivalent geopolitical areas. Countries unable to reach this coverage should carry out at least two national immunization days each year. The TAG also recommended that heightened attention be placed on monitoring coverage at the local level and in streamlining laboratory procedures to ensure the timely analysis of stool samples. The Region remains at constant risk of polio importations from countries where the virus still circulates widely. There have been two importations detected in Canada since the confirmation of the last case of wild poliovirus in the Americas in 1991. Therefore, it is critical that global eradication be completed as soon as possible and that the Region maintain active surveillance until that time. The Executive Committee will be receiving a complete report on the status on vaccine and immunizations in the Region in Document CE124/13.

## **2.7 *Strengthening Health Systems in Developing Countries (WHA52.23)***

The resolution notes that globalization presents opportunities and challenges and that the adverse effects of globalization could lead to greater inequities in health and health care both within and between countries. It further notes with concern the progressive decrease in funds available for development assistance and reaffirms the Assembly's commitment to the objectives of the health-for-all strategy. The resolution urges Member

States to reaffirm the importance of health as an indispensable resource for sustainable development, to adopt measures that will serve the needs of their most vulnerable populations, and to support the application of technical cooperation with and among developing countries. The resolution goes on to request the international community and multilateral institutions to support efforts aimed at strengthening the health systems of developing countries and to implement the conclusions of the United Nations summits and conferences. It requests the Director-General to assist Member States to achieve access to safe and affordable essential medicines and other appropriate health technologies; to address the root causes of ill-health, such as poverty and the lack of access to safe drinking water; and to support the work being undertaken in the area of health sector reform.

A large number of PAHO programs are undertaking projects and activities to address the issues raised in this resolution. It should be noted that the approach in this Region is to promote technical cooperation among all countries, developed and developing, in order to achieve optimal sharing of experiences, expertise, and resources throughout the Region. The Executive Committee will be receiving a report on the monitoring and evaluation on health sector reform processes in Document CE124/17.

## **2.8 *Prevention and Control of Iodine Deficiency Disorders (WHA52.24)***

Resolution WHA52.24 recognizes that the elimination of iodine deficiency will represent a major public health triumph and commends the International Council for Control of Iodine Deficiency Disorders (ICCIDD) and the salt industry for their collaboration and key roles. It reaffirms the goal of eliminating iodine deficiency disorders as a major public health problem and urges Member States to redouble their efforts to promote universal salt iodization and to monitor the iodine status of their populations and the quality of iodized salt in all areas. It requests the Director-General to provide technical support to Member States, to collaborate with international and bilateral development agencies and other organizations, and to facilitate intercountry cooperation and collaboration.

PAHO has worked with UNICEF, ICCIDD, and other international organizations to support Member States in the development and execution of programs to combat iron deficiency disorders. Nineteen Member States in the Region have adopted the strategy of salt iodization and have operating national programs. However, it is estimated that 15% of the population of the Americas is at risk but does not have access to iodized salt. Although the Region of the Americas is the most advanced, it requires further efforts and investment to reach 100% of the at-risk population and ensure that programs are sustainable. Together with its international partners and Member States, PAHO is supporting a comprehensive regional evaluation of programs in the Americas.

### **3. Administrative and Financial Matters**

#### **3.1 *Status of Collection of Assessed Contributions (WHA52.1)***

This Resolution expressed deep concern at the continuing high level of outstanding contributions, which in respect of 1998 and prior years exceeded US\$ 180 million, and requests the Director-General and the Regional Directors to intensify contacts with Member States to pay their outstanding contributions.

The Secretariat of PAHO remains concerned about the levels of contributions both to WHO and PAHO. The Executive Committee will receive an update on the status of collection of quota contributions to PAHO under item 6.1 (Document CE124/21 and its Addendum).

#### **3.2 *Reimbursement of Travel Expenses for Attendance at Regional Committees (WHA52.9)***

The resolution decides that the actual expenses of one representative to sessions of Regional Committees may be financed by the Organization upon the request of those Member States and Associate Members that are classified as least developed countries, the maximum reimbursement being restricted to the equivalent of one economy or tourist return air ticket from the capital city of the Member to the place of the session.

At this time, only one Member State in the Region of the Americas is classified as a least-developed country. PAHO will adhere to the decision adopted by the WHA52.

#### **3.3 *Salary of Staff in Ungraded Posts and of the Director General (WHA52.13)***

This resolution establishes the salary for ungraded posts and for the Director-General effective 1 March 1999.

The Executive Committee will be asked to establish the salaries for the Deputy Director and the Assistant Director of PAHO, and to make a recommendation to the Directing Council concerning the salary of the Director of PAHO. This matter will be considered under item 7.1, as described in Document CE124/23.

#### **3.4 *Scale of Assessments for the Financial Period 2000–2001 (WHA52.17)***

Resolution WHA52.17 establishes the scale of assessments to be paid by Member States to the World Health Organization for the years 2000 and 2001. Nine Member States in the Americas are affected by the change in quota assessments: five will have an



increase, while four will have a decrease. The total quota assessments by WHO for the Region of the Americas for the biennium will increase by \$519,252. (Member States may recall that, at the same time, the budget allocated by WHO to the Region of the Americas will decrease by \$4,961,000.)

### **3.5 Appropriation resolution for the financial period 2000–2001 (WHA52.20)**

Resolution WHA52.20 resolves to appropriate for the financial period 2000–2001 an amount of \$922,654,000 distributed to appropriation sections as specified in the resolution. The resulting assessment on Member States will be \$920,954,000. The Assembly decided to apply \$15,000,000 of the balance of casual income available on 31 December 1998 to high priority programs, including the eradication of poliomyelitis, Roll Back Malaria, tuberculosis, HIV/AIDS, and the Tobacco-free Initiative. The resolution encourages the Director-General to continue to identify additional efficiency savings of 2% to 3%, and requests the Director-General to undertake a study of the existing Financial Regulations and Financial Rules.

While maintaining zero nominal growth for the approved budget for the biennium 2000-2001, the application of \$15,000,000 of casual income to high priority programs represents a very modest increase. While the impact on the portion of the WHO budget allocated to the Americas is uncertain at this time, it is evident that there will not be enough resources to mitigate the \$4,900,000 reduction in allocation approved by the WHA51 in 1998. This reduction will have a significant impact on the PAHO/WHO regular budget for the Region.

## **4. Other Matters**

### **4.1 *Agreement Between the World Health Organization and the Universal Postal Union (WHA52.6)***

This resolution approves the Agreement between WHO and the Universal Postal Union (UPU), in which WHO and UPU agree to promote the safe transport of infectious substances and diagnostic specimens and the development of safer packaging systems, simple labeling to aid compliance, and training programs and awareness campaigns to introduce recommendations in all countries. WHO and UPU will cooperate to sensitize national postal administrations to the need to apply measures to ensure the safe transport of infectious substances.

PAHO adheres to the principles contained in the agreement and will cooperate with UPU in these endeavors.

#### **4.2 *Smallpox Eradication: Destruction of Variola Virus Stocks (WHA52.10)***

Resolution WHA52.10 strongly reaffirms the decision of previous Assemblies that the remaining stocks of variola virus should be destroyed but decides to authorize temporary detention of the stocks up to not later than 2002 for the purpose of further international research into antiviral agents and improved vaccines, and to permit high-priority investigations of the genetic structure and pathogenesis of smallpox. Such research shall be conducted in an open and transparent manner only with the agreement and under the control of WHO. For that reason, the resolution requests the Director-General to appoint a new group of experts which will establish what research, if any, must be carried out and will outline an inspection schedule to confirm the strict containment of existing stocks. A detailed progress report should be presented to the Executive Board and the WHA as soon as possible but not later than 2002.

The Secretariat of PAHO recognizes the political difficulty in arriving at a decision to destroy the remaining variola virus stocks in the face of scientific disagreement within the international community. However, the Secretariat is concerned about the possible implications for the consolidation and destruction of remaining poliovirus stocks once eradication of wild poliovirus has been achieved. It will be important for Member States to honor long-term commitments made to the health and scientific communities when virus stocks are consolidated for ultimate eradication.

#### **4.3 *Reform of the Health Assembly (WHA52.21)***

The resolution welcomes the incorporation of ministerial round tables in the agenda of the WHA52 and decides to incorporate in the provisional agenda for the WHA53 high-level discussions on subjects to be suggested by the Director-General. It encourages group or regional statements in the plenary debate were possible in order to facilitate this process and asks the Director-General to propose procedures for the conduct of the high-level discussions to ensure the full participation of all ministers and heads of delegations.

The Secretariat of PAHO is prepared to support preparations for the ministerial round-tables and other high-level discussions, as shall be decided by the Executive Board in its 105th session. It will be essential to have topics selected and materials available sufficiently in advance to allow the PAHO Secretariat to assist ministers and heads of delegations in their preparations.

#### **4.4 *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 Guatemala was elected to replace Honduras, whose term had expired. The person designated by Guatemala joined those from Canada, Chile, Peru, Trinidad and Tobago, and the United States of America and took up membership on the Board immediately after the close of the Assembly.

The WHA52 resolutions are available at the following WHO Web site:

[www.who.int/wha-1998/WHA99/listang.htm](http://www.who.int/wha-1998/WHA99/listang.htm)