



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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

The Fifty-fourth World Health Assembly took place in Geneva, Switzerland, from 14 to 22 May 2001. The Assembly adopted 22 resolutions, 5 more than in 2000.

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 22 resolutions and the new membership of the WHO 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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## **1. Introduction**

The Fifty-fourth World Health Assembly (WHA54) was held in Geneva, Switzerland, from 14 to 22 May 2001. Mrs. Mariángeles Argüello, Minister of Health, Nicaragua, was elected one of the four Vice-Presidents, and Dr. Merceline Dahl-Regis, Chief Medical Officer, Bahamas, was elected Vice-Chairperson of Committee B.

During its deliberations, the World Health Assembly reviewed the work of the Executive Board at its 107th Session and considered a variety of programmatic, administrative and financial, and other issues. The Assembly adopted a total of 22 resolutions, 5 more than in 2000 but 2 fewer than in 1999.

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 22 Assembly resolutions are included in the Annex in numerical order.

## **2. Program Policy Matters**

### **2.1 *General program of work (WHA54.1)***

Resolution WHA54.1 approves the general program of work of WHO for the period 2002-2005. As the Regional Office for the Americas, PAHO will be executing all relevant aspects of the general program of work, and there will be close correspondence between PAHO's biennial program budget for the period and WHO's general program of work. Under item 4.1, the 128th Session of the Executive Committee will consider the proposed program budget for PAHO for the financial period 2002-2003, and under 4.13 it will receive an update on the strategic planning process for PAHO for the period 2003-2007.

### **2.2 *Infant and young child nutrition (WHA54.2)***

Expressing concern that more than one-third of under-five children are still malnourished and that malnutrition contributes to nearly half of the 10.5 million deaths each year among pre-school children worldwide and noting the need to reinforce the fundamental role of the International Code of Marketing of Breast-milk Substitutes in protecting, promoting, and supporting breastfeeding, resolution WHA54.2 calls on all sectors of society to cooperate in efforts to improve the nutrition of infants and young children. It urges Member States to implement the Convention on the Rights of the Child; to reach national consensus on strategies and policies for improving nutrition; to

protect, promote and support exclusive breastfeeding for six months as a global public health recommendation; to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond; to support the Baby-friendly Hospital Initiative; to improve complementary food and feeding practices; to ensure global compliance with the International Code and subsequent relevant Health Assembly resolutions; and to recognize and assess the available scientific evidence on the balance of risk of HIV transmission through breastfeeding compared with the risk of not breastfeeding.

The resolution further requests the Director-General to give greater emphasis to infant and young child nutrition; to monitor progress toward implementation of the International Code; to provide support to Member States, emphasizing exclusive breastfeeding for six months, the provision of safe and appropriate complementary foods, and continuous breastfeeding up to two years of age or beyond; to involve the international health and development community, in particular UNICEF; to encourage and support further independent research on HIV transmission; and to submit the global strategy for infant and young child feeding to the Executive Board at its 109th Session in January 2002 and to the 55th World Health Assembly in May 2002.

The global strategy is important to PAHO as it will provide a platform for the development and implementation of policies and programs in infant and young child feeding. The process for review and finalization of the strategy involves a series of country and regional meetings throughout the WHO regions, including the Americas. PAHO has been actively involved in planning meetings in this Region, including ones in Brazil, Jamaica, and Guatemala. Currently, the majority of national guidelines and recommendations call for exclusive breastfeeding for six months, with the introduction of appropriate complementary foods thereafter and continued breastfeeding up to two years of age and beyond.

### **2.3 *Scaling up the response to HIV/AIDS (WHA54.10)***

Resolution WHA54.10 recalls that the Constitution of the World Health Organization states that enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being and that realization of that right in the context of HIV/AIDS should involve access to health facilities, prevention, care, treatment, and support; recognizes that prevention and care are inextricably linked; further recognizes that inexpensive and effective drugs to prevent and treat opportunistic infections exist, are urgently needed, and can be made rapidly available; acknowledges that the lack of affordable pharmaceuticals and of feasible supply structures and health systems continues to hinder an effective response to HIV/AIDS; and welcomes the work in progress to develop a global AIDS and health fund. It urges Member States to scale up

their responses to HIV/AIDS; reduce stigma and discrimination; provide progressively and in a sustainable manner, the highest standard of treatment for HIV/AIDS; develop appropriate modalities of care; increase investment in research; and cooperate constructively in strengthening pharmaceutical policies and practices. It urges the Director-General to provide Member States high-quality, normative, health-related guidance; to support the development of necessary health system capacities and structures; to foster research; to give guidance and support the building of national capacity for surveillance of adverse drug reactions and emergence of resistance to antiretroviral medicines; to maintain close collaboration with the international community and the private sector; and to take an active part in the development and establishment of the global HIV/AIDS and health fund.

PAHO has been working with its Member States since the mid-1980s to help them build effective national HIV/AIDS programs. All countries have made considerable progress and are incorporating modern approaches, including the “building blocks” model and new surveillance strategies. The availability and distribution of antiretroviral drugs and antimicrobial agents to treat opportunistic infections remains a challenge. PAHO has established a Regional Revolving Fund for Strategic Public Health Supplies, which countries are beginning to join, and PAHO is also facilitating the exchange of information about pharmaceutical prices. Experiences in the Bahamas, Brazil, and other countries have shown that effective treatment of HIV infections and control of the epidemic through structured programs are possible in developing countries. PAHO will continue to work for increased access to and availability of affordable pharmaceuticals as one important component of national AIDS programs. Efforts will also continue to strengthen other critical elements of those programs, including surveillance, prevention, and research. The Executive Committee will review the current situation of HIV/AIDS in the Americas under item 4.2 of its agenda.

#### **2.4 *WHO medicines strategy (WH54.11)***

Resolution WHA54.11 acknowledges the four main objectives of WHO’s medicines strategy, namely, to frame and implement policy; to ensure access; to ensure quality, safety and efficacy; and to promote rational use of medicines. It further observes that the four components of the WHO global framework for expanding access to essential drugs are the rational selection and use of medicines, reliable health and supply systems, sustainable financing, and affordable prices, and notes the need to evaluate the impact of international trade agreements on access to, or local manufacturing of, essential drugs and on the development of new drugs. The resolution urges Member States to make every effort to promote equitable access to medicines in accordance with international law and international agreements; to expand access of their populations to essential drugs; and to cooperate constructively in strengthening pharmaceutical policies and practices. It

requests the Director-General to stimulate the development of drugs for diseases whose burden lies predominantly in poor countries; to explore systems for voluntary monitoring of drug prices and reporting global drug prices with a view to improving equity and access; to support drug monitoring systems for resistance, adverse reactions and misuse of drugs; to study and report on existing and future health implications of international trade agreements in close cooperation with relevant intergovernmental organizations; to provide support to Member States to set up efficient national regulatory mechanisms; and to report to the Fifty-fifth World Health Assembly on the progress of initiatives taken.

PAHO's work on essential drugs is consistent with the four components of the WHO medicines strategy. PAHO continues to promote the implementation of national drug policies for securing essential drug supplies and promotes the adoption of common drug policies by economic integration groups such as MERCOSUR. As part of the Shared Agenda in collaboration with the World Bank and the Interamerican Development Bank, PAHO is preparing a proposal on a pharmaceutical clearinghouse to improve availability of key data and analytical information on drugs. Along with the Regional Revolving Fund for Strategic Public Health Supplies, PAHO is exploring the financial and economic implications of drug policies. The Organization serves as Secretariat for the Pan American Network for Drug Regulatory Harmonization, as part of the drug regulatory harmonization process taking place within subregional integration groups in the Americas. Finally, to promote rational use of pharmaceuticals, PAHO is working with regional professional associations and national schools of pharmacy and medicine to disseminate information, support courses and workshops, and improve prescribing and dispensing of drugs.

### **2.5 *Strengthening nursing and midwifery (WHA54.12)***

Recognizing the importance of using appropriate resources, including human resources in the provision of health services; aware that nurses and midwives play a crucial and cost effective role in reducing excess mortality, morbidity and disability and in promoting healthy lifestyles; and concerned about global shortages of nurses and midwives, Resolution WHA54.12 urges Member States to involve nurses and midwives in the framing, planning and implementation of health policy at all levels; develop national action plans for health and models of education, legislation, regulation and practice for nurses and midwives; establish comprehensive programs for the development of human resources; ensure healthy workplaces; continue assessment of nursing and midwifery needs; and prepare plans for evaluating nursing services. The Resolution requests the Director-General to provide support to Member States in setting up mechanisms for inquiry into the global shortage of nursing and midwifery personnel; to strengthen the contribution of nurses and midwives to the health of populations; to ensure integrated planning of human resources for health; to continue the work of the Global

Advisory Group on Nursing and Midwifery; to prepare rapidly a plan of action; and to report to the Fifty-sixth World Health Assembly in 2003.

The Region of the Americas suffers from persistent shortages of nursing and midwifery personnel, who often have to work under poor conditions with low salaries and few incentives. Migration of qualified personnel continues to be a problem, and few students are choosing nursing and midwifery as professions. These professions have limited involvement in the development of policies that affect their work. PAHO's approach is to strengthen the quality of education, including information systems, and support collaborative research, especially through the Pan American Nursing Colloquia. PAHO is also working to improve the management of nursing services in hospitals and the community, through regional bodies and national institutions. The effort is carried out in the context of health sector reform processes and the development of essential public health functions. Partnerships include the Kellogg Foundation, WHO collaborating centers, national and regional nursing associations, health authorities, health care institutions, and universities. The Executive Committee will be considering the development and strengthening of human resources management in the health sector under item 4.5 of its agenda.

## **2.6 *Strengthening health systems in developing countries (WHA54.13)***

Resolution WHA54.13 recognizes that the main determinants of ill health, such as poverty and lack of education, are also among the critical causes of underdevelopment, and that health is both a necessary precondition to, and an outcome, of the overall development process; it reaffirms commitment to the achievement of equitable, affordable, accessible, and sustainable health systems based on primary health care in all Member States, while recognizing the sovereign right of each country. It urges Member States to reaffirm the importance of health as an indispensable resource for sustainable development; to continue to develop health systems; to participate in the special session of the World Trade Organization TRIPS Council on intellectual property issues relevant to the access to essential medicines; to continue to support research in human genetics and biotechnology; and to refrain from all measures which hinder health service delivery and deny care to those in greatest need. It further calls on developed countries to continue to facilitate the transfer of materials, equipment, technology, and resources appropriate to the health needs of developing countries and to support technical cooperation with and among developing countries. The Resolution requests the international community and multilateral organizations to integrate the health dimension into their programs and strategies, particularly in respect of HIV/AIDS and other priority diseases; to provide support for efforts aimed at strengthening the health systems of developing countries; to identify durable solutions to debt servicing problems; to implement the conclusions of the United Nations summits and conferences; and to support the establishment of a global

HIV/AIDS and health fund. Finally, it requests the Director-General to continue to support Member States in achieving access to safe and affordable essential medicines and other appropriate health technologies; to strengthen multisectoral efforts; to continue to provide support for health sector reform, and to report to the Fifty-sixth World Health Assembly on steps taken and progress made.

The attainment of health for all and equitable access to health services remain a cornerstone for PAHO's technical cooperation. A major thrust has been the development of health services through health sector reform, focusing on the regulatory roles of ministries of health and the execution of essential public health functions. Through the Shared Agenda and other mechanism, PAHO has sought greater involvement of the international community and bilateral institutions. With the establishment of the Regional Revolving Fund for Strategic Public Health Supplies, to which more countries are adhering, PAHO expects to make essential drugs and other supplies available at more affordable prices and with greater reliability. Finally, as noted in previous sections, PAHO has supported the development of national HIV/AIDS programs and national essential drug programs.

## **2.7 *Global health security: epidemic alert and response (WHA54.14)***

Mindful of the globalization of trade and of the movement of people, animals, fruits and food products and recognizing that any upsurge in cases of infectious diseases in a given country is potentially of concern for the international community, Resolution WHA54.14 expresses its support for the revision of the International Health Regulations, development of a global strategy for containment and prevention of antimicrobial drug resistance, and collaboration between WHO and all potential partners in the area of epidemic alert and response. It urges Member States to participate actively in the verification and validation of surveillance data, to develop and update national preparation and response plans, to develop training for staff, to update regularly information on the resources available, and to designate a focal point for the international health regulations. Furthermore, it requests the Director-General to revise relevant international tools, to provide technical support to Member States for developing intervention programs that prevent epidemics and respond to communicable disease threats in emergencies, to arrange for the development of regional preparedness and response plans, to support the development of laboratory skills needed for diagnosis and for providing training in epidemiological methods, to make available relevant information on public health risks, and to provide technical support to contain and prevent resistance to antimicrobials.

In 1995, PAHO developed a regional plan for response to emerging infectious diseases, and that plan has been implemented and updated. Emphasis has been placed on



building national capacity for infectious disease detection, investigation and control, including improvement of laboratory services as a priority. Subregional networks have been consolidated and partnerships have been expanded with the inclusion of the centers of excellence and the mobilization of resources. PAHO has sought the engagement of Member States in a more active role in the revision of the International Health Regulations. Subregional networks dealing with emerging and re-emerging infectious diseases have been developed in the Southern Cone, Amazon subregion, English-speaking Caribbean, and Central America. Contributions have come from bilateral development agencies, universities, and the international financing institutions. The Executive Committee will consider the status of the revision of the International Health Regulations under item 4.7 of its agenda.

## **2.8 *International decade of the world's indigenous people (WHA54.16)***

Resolution WHA54.16 recalls the United Nations General Assembly Resolution 50/157, which adopted the program of activities for the International Decade of the World's Indigenous People; commends the progress made in the Region of the Americas on the Initiative on the Health of Indigenous People of the Americas; and expresses deep concern about the disparities in health conditions of indigenous people in comparison to the overall population. It urges Member States to recognize and protect the right of indigenous people to enjoyment of the highest attainable standard of health; to make adequate provisions for indigenous health needs; and to respect, preserve, and maintain traditional healing practices and remedies. It further requests WHO's Regional Committees to give urgent attention to the adoption of regional plans of action on indigenous health. It requests the Director-General to strengthen the partnership with indigenous people; to collaborate with partners in health and development; to complete a framework for a plan of action to improve the health of indigenous people; and to cooperate with and support the Secretary General of the United Nations and the Office of the High Commissioner for Human Rights in its role as lead agency.

At this time, PAHO/AMRO is the only Region that has established a distinct initiative specifically to promote indigenous health. Recent PAHO activities include an international workshop on "Health and Indigenous Peoples: Successes and Challenges in the Americas;" a workshop on indigenous peoples and social sector projects, held jointly with the World Bank and Inter-American Development Bank; work on harmonizing conventional and indigenous health systems; and collaboration on the use of indigenous medicines and primary care. The strategic framework and plan of action for 1999-2004 focuses on three priority work areas: strategic planning and alliance, intercultural frameworks and models of care, and information systems to detect and monitor inequities. The fact that indigenous health has been included as an issue in Summits of the Americas has served to raise awareness and assist in mobilizing resources.

## **2.9 *Transparency in tobacco control process (WHA54.18)***

Noting the findings of the Committee of Experts on Tobacco Industry Documents, Resolution WHA54.18 urges WHO and its Member States to be alert to any efforts by the tobacco industry to subvert the role of governments and of WHO in implementing public health policies to combat the tobacco epidemic. Furthermore, it urges Member States to be aware of affiliations between the tobacco industry and members of their delegations and calls on WHO to continue to inform Member States on activities of the tobacco industry.

Because of allegations contained in the report of the Committee of Experts on Tobacco Industry Documents, PAHO asked two external evaluators, Mr. David Dingwall, former Minister of Health of Canada, and Mr. Brandford Taitt, former Minister of Health of Barbados, to assess whether PAHO had been influenced by the tobacco industry during the period 1985-1995. They found no evidence that the tobacco industry had influenced PAHO's budget, policies, or programs. PAHO is following the recommendations made in the report as they are implemented by WHO. In other aspects of tobacco control, PAHO sponsored a regional meeting at the 11th World Conference on Tobacco or Health in August 2000. It is helping several Member States implement youth tobacco surveys and launched a "Smoke Free Americas" initiative in celebration of World No Tobacco Day on 31 May 2001. PAHO Member States, with active support from the Secretariat, have been involved in the negotiations for the Framework Convention on Tobacco Control (FCTC), including meetings of the intergovernmental negotiating body. The Secretariat developed a brochure, disseminated FCTC materials to the countries, and made presentations in various forums. With external support and participation by partners, PAHO sponsored a meeting for English-speaking Caribbean countries in April 2000 to build capacity for FCTC participation and for domestic tobacco control. The Executive Committee will consider the status of the FCTC negotiations under item 4.9.

## **2.10 *Schistosomiasis and soil-transmitted helminth infections (WHA54.19)***

Noting that 2,000 million people are infected by schistosomes and soil-transmitted helminths worldwide, with higher prevalence of infections in the poorest populations, Resolution WHA54.19 endorses the regular treatment of high-risk groups in infected communities, particularly school-age children, and ensured access to single dose drugs, complemented by the simultaneous implementation of plans for basic sanitation and adequate safe water supplies. It urges Member States to sustain successful control activities to eliminate schistosomiasis and soil-transmitted helminth infections as a public health problem; to ensure access to essential drugs, with the goal of obtaining a minimum target of regular administration of chemotherapy to at least 75% of all school-age children at risk of morbidity by 2010; to promote access to safe water, sanitation and health

education; and to ensure that any development activity be accompanied by preventive measures to limit its negative impact. The resolution encourages organizations of the United Nations system, bilateral agencies, and non-governmental organizations to intensify support for control of helminth infections and for sanitation and safe water programs, and it requests the Director-General to advocate new partnerships, to continue to seek resources, to continue to promote the strengthening of health systems and services, and to keep the Executive Board and the Health Assembly informed.

The relatively low morbidity associated with schistosomiasis in the Americas should facilitate its elimination from those countries where it is endemic, including Brazil, Dominican Republic, Puerto Rico, Saint Lucia, and Venezuela. Significant efforts are underway to control intestinal helminth infections in school-age children, with programs being a compatible part of healthy school and healthy municipality initiatives.

### **2.11 *International classification of functioning, disability and health (WHA54.21)***

Resolution WHA54.21 endorses the second edition of the International Classification of Impairments, Disabilities and Handicaps, with the title International Classification of Functioning, Disability and Health, to be known as ICF. It urges Member States to use ICF and requests the Director-General to provide support to Member States.

Several countries of the Americas participated in field trials to develop ICF, which is an important instrument for health situation description and analysis. It is anticipated that PAHO will establish a survey program using ICF in the Region and advocate the use of regular surveys in countries of the Americas. To date, full-scale surveys have been carried out in 14 countries, and brief surveys will be conducted in 25. Twenty-nine countries will participate in postal surveys, and data will also be gathered from key informant interviews.

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

### **3.1 *Salary of staff in ungraded posts and of the Director-General (WHA54.3)***

Resolution WHA54.3 establishes the salary for ungraded posts and for the Director-General, to take effect on 1 March 2001.

The Executive Committee will consider the salary for ungraded posts under item 6.1, in order to bring those salaries into line with the decision made by the Assembly. The Executive Committee will make a recommendation to the Directing Council regarding the salary of the Director of PASB, under the same item.

### **3.2 *Real Estate Fund (WHA54.7)***

Resolution WHA54.7 authorizes the financing from the Real Estate Fund of the expenditures indicated under section three of the Director-General's report on that item, at an estimated cost of US\$ 3,250,000.

The financing authorized by this Resolution provides WHO's 25% share of the cost of renovation of the PAHO headquarters building. The Executive Committee will receive a separate report on the status of those renovations under item 5.3.

### **3.3 *Casual income (WHA54.8)***

Resolution WHA54.8 expresses the Assembly's decision that the estimated amount available in casual income as at 31 December 2000 should be used to part-finance the regular budget for the period 2002-2003, to finance the Real Estate Fund, and to replenish the Working Capital Fund, with the estimated balance to be retained as part of Miscellaneous Income.

According to the new financial regulations, WHO's treatment of casual income is now more similar to PAHO Miscellaneous Income, except that the budgeted amount is not included in the effective working budget. It had been hoped that part of the funds available in Miscellaneous Income to be used for priority programs would come to the Region of the Americas. However, with the change in assessments for the financial period 2002-2003, it is not certain that such funds for priority programs will be available.

### **3.4 *Appropriation resolution for the financial period 2002-2003 (WHA54.20)***

Resolution WHA54.20 appropriates for the financial period 2002-2003 an amount of \$935,654,000 under the regular budget in twelve appropriation sections. It allows transfers between appropriations sections 1 to 10 of the effective working budget up to an amount not to exceed 10% of the amount appropriated for the section from which the transfer is made. The resolution notes the estimated expenditure in the program budget for 2002-2003 to be financed by sources other than the regular budget in an amount of \$1,380 million, leading to a total budget under all sources of funds of \$2,235,654,000.

In the program budget for 2002-2003, the level proposed for PAHO, \$74,682,000, will represent about 30% of PAHO's regular budget funding. This amount is a reduction of 3.9%, or \$3,043,000, from the 2000-2001 budget level. The extra budgetary resources expected by WHO for the period 2002-2003 are \$283 million over those expected for 2000-2001. At no place in the proposal is it indicated what proportion, if any, of those resources will be allocated or targeted for use in the regions or the countries.

Under item 4.1, the Executive Committee will consider the proposed program budget of PAHO for the financial period 2002-2003.

#### **4. Other Matters**

##### **4.1 *Reform of the Executive Board (WHA54.22)***

Affirming the need for equitable participation of Members of the Organization in its affairs and noting the limited participation of Member States not represented in the Executive Board or its subsidiary bodies in the proceedings thereof, Resolution WHA54.22 requests the Executive Board to conduct a review of its working methods to ensure improved participation of Member States in its proceedings, including working groups and drafting committees; to establish an ad hoc open-ended intergovernmental working group that will make recommendations to the Executive Board for improvements of its working methods; and to inform the Fifty-fifth World Health Assembly on the progress of the review. It requests the Director-General to ensure that Member States that are not members have adequate seating arrangements with name plates.

Through its PWR offices, PAHO actively informs its Member States about issues to be considered by the Executive Board and the World Health Assembly. The Secretariat expects to facilitate participation by Member States in the work of the Governing Bodies, especially in those issues which are of particular concern to a Member State.

##### **4.2 *Executive Board membership***

The Assembly elected 12 Member States to designate a person to serve on the Executive Board. From the Region of the Americas, Colombia, Cuba, and Grenada were elected to replace Chile, Trinidad and Tobago, and the United States of America, whose terms had expired. The persons designated by Colombia, Cuba, and Grenada joined those from Brazil, Guatemala, and Venezuela at the 108th Session of the Executive Board, which took place on 23-24 May 2001. During that Meeting, Mrs. C. Modeste-Curwen, Minister for Health and the Environment, Grenada, was elected Rapporteur of the Board.

Annexes

## General programme of work

The Fifty-fourth World Health Assembly,

Having considered the draft General programme of work, 2002-2005, submitted to it by the Executive Board, in accordance with Article 28(g) of the Constitution;

Mindful of the challenges of the rapidly evolving context of international health and the need for WHO to adapt accordingly;

Aware of the strategic directions and core functions set out in the corporate strategy developed by the Director-General and endorsed by the Executive Board,<sup>1</sup> and of the close interrelationship between priority setting, programme planning and budgeting as products of this strategy;

Noting the greater coherence and closer linkage between the General programme of work, 2002-2005 and the Proposed programme budget 2002-2003;<sup>2</sup>

Welcoming the introduction of a process of programme planning supported by evaluation and prepared closer to the time of implementation as part of WHO's efforts to become a more efficient and productive organization,

APPROVES the General programme of work, 2002-2005.

Seventh plenary meeting, 18 May 2001  
A54/VR/7

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<sup>1</sup> Document EB105/3.

<sup>2</sup> Document PPB/2002-2003.

## Infant and young child nutrition

The Fifty-fourth World Health Assembly,

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5 and WHA49.15 on infant and young child nutrition, appropriate feeding practices and related questions;

Deeply concerned to improve infant and young child nutrition and to alleviate all forms of malnutrition in the world, because more than one-third of under-five children are still malnourished – whether stunted, wasted, or deficient in iodine, vitamin A, iron or other micronutrients – and because malnutrition still contributes to nearly half of the 10.5 million deaths each year among preschool children worldwide;

Deeply alarmed that malnutrition of infants and young children remains one of the most severe global public health problems, at once a major cause and consequence of poverty, deprivation, food insecurity and social inequality, and that malnutrition is a cause not only of increased vulnerability to infection and other diseases, including growth retardation, but also of intellectual, mental, social and developmental handicap, and of increased risk of disease throughout childhood, adolescence and adult life;

Recognizing the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realization of this right;

Acknowledging the need for all sectors of society – including governments, civil society, health professional associations, nongovernmental organizations, commercial enterprises and international bodies – to contribute to improved nutrition for infants and young children by using every possible means at their disposal, especially by fostering optimal feeding practices, incorporating a comprehensive multisectoral, holistic and strategic approach;

Noting the guidance of the Convention on the Rights of the Child, in particular Article 24, which recognizes, *inter alia*, the need for access to and availability of both support and information concerning the use of basic knowledge of child health and nutrition, and the advantages of breastfeeding for all segments of society, in particular parents and children;

Conscious that despite the fact that the International Code of Marketing of Breast-milk Substitutes and relevant, subsequent Health Assembly resolutions state that there should be no advertising or other forms of promotion of products within its scope, new modern communication methods, including electronic means, are currently increasingly being used to promote such products; and conscious of the need for the Codex Alimentarius Commission to take the International Code and subsequent relevant Health Assembly resolutions into consideration in dealing with health claims in the development of food standards and guidelines;

Mindful that 2001 marks the twentieth anniversary of the adoption of the International Code of Marketing of Breast-milk Substitutes, and that the adoption of the present resolution provides an opportunity to reinforce the International Code's fundamental role in protecting, promoting and supporting breastfeeding;

Recognizing that there is a sound scientific basis for policy decisions to reinforce activities of Member States and those of WHO; for proposing new and innovative approaches to monitoring growth and improving nutrition; for promoting improved breastfeeding and complementary feeding practices, and sound culture-specific counselling; for improving the nutritional status of women of reproductive age, especially during and after pregnancy; for alleviating all forms of malnutrition; and for providing guidance on feeding practices for infants of mothers who are HIV-positive;

Noting the need for effective systems for assessing the magnitude and geographical distribution of all forms of malnutrition, together with their consequences and contributing factors, and of foodborne diseases; and for monitoring food security;

Welcoming the efforts made by WHO, in close collaboration with UNICEF and other international partners, to develop a comprehensive global strategy for infant and young child feeding, and to use the ACC Sub-Committee on Nutrition as an interagency forum for coordination and exchange of information in this connection,

1. THANKS the Director-General for the progress report on the development of a new global strategy for infant and young child feeding;
2. URGES Member States:
  - (1) to recognize the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realization of this right and to call on all sectors of society to cooperate in efforts to improve the nutrition of infants and young children;
  - (2) to take necessary measures as States Parties effectively to implement the Convention on the Rights of the Child, in order to ensure every child's right to the highest attainable standard of health and health care;
  - (3) to set up or strengthen interinstitutional and intersectoral discussion forums with all stakeholders in order to reach national consensus on strategies and policies including reinforcing, in collaboration with ILO, policies that support breastfeeding by working women, in order substantially to improve infant and young child feeding and to develop participatory mechanisms for establishing and implementing specific nutrition programmes and projects aimed at new initiatives and innovative approaches;



- (4) to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding,<sup>3</sup> and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond, emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices;
- (5) to support the Baby-friendly Hospital Initiative and to create mechanisms, including regulations, legislation or other measures, designed, directly and indirectly, to support periodic reassessment of hospitals, and to ensure maintenance of standards and the Initiative's long-term sustainability and credibility;
- (6) to improve complementary foods and feeding practices by ensuring sound and culture-specific nutrition counselling to mothers of young children, recommending the widest possible use of indigenous nutrient-rich foodstuffs; and to give priority to the development and dissemination of guidelines on nutrition of children under two years of age, to the training of health workers and community leaders on this subject, and to the integration of these messages into strategies for health and nutrition information, education and communication;
- (7) to strengthen monitoring of growth and improvement of nutrition, focusing on community-based strategies, and to strive to ensure that all malnourished children, whether in a community or hospital setting, are correctly diagnosed and treated;
- (8) to develop, implement or strengthen sustainable measures including, where appropriate, legislative measures, aimed at reducing all forms of malnutrition in young children and women of reproductive age, especially iron, vitamin A and iodine deficiencies, through a combination of strategies that include supplementation, food fortification and diet diversification, through recommended feeding practices that are culture-specific and based on local foods, as well as through other community-based approaches;
- (9) to strengthen national mechanisms to ensure global compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions, with regard to labelling as well as all forms of advertising, and commercial promotion in all types of media, to encourage the Codex Alimentarius Commission to take the International Code and relevant subsequent Health Assembly resolutions into consideration in developing its standards and guidelines; and to inform the general public on progress in implementing the Code and subsequent relevant Health Assembly resolutions;
- (10) to recognize and assess the available scientific evidence on the balance of risk of HIV transmission through breastfeeding compared with the risk of not breastfeeding, and the need for independent research in this connection; to strive to ensure adequate nutrition of infants of HIV-positive mothers; to increase accessibility to voluntary and confidential counselling and testing so as to facilitate the provision of information and informed decision-making; and to recognize that when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-positive women is recommended; otherwise, exclusive breastfeeding is recommended during the first months of life; and that those who choose other options should be encouraged to use them free from commercial influences;

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<sup>3</sup> As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

(11) to take all necessary measures to protect all women from the risk of HIV infection, especially during pregnancy and lactation;

(12) to strengthen their information systems, together with their epidemiological surveillance systems, in order to assess the magnitude and geographical distribution of malnutrition, in all its forms, and of foodborne disease;

3. REQUESTS the Director-General:

(1) to give, greater emphasis to infant and young child nutrition, in view of WHO's leadership in public health, consistent with and guided by the Convention on the Rights of the Child and other relevant human rights instruments, in partnership with ILO, FAO, UNICEF, UNFPA and other competent organizations both within and outside the United Nations system;

(2) to foster, with all relevant sectors of society, a constructive and transparent dialogue in order to monitor progress towards implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions, in an independent manner and free from commercial influence, and to provide support to Member States in their efforts to monitor implementation of the Code;

(3) to provide support to Member States in the identification, implementation and evaluation of innovative approaches to improving infant and young child feeding, emphasizing exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding,<sup>4</sup> the provision of safe and appropriate complementary foods, with continued breastfeeding up to two years of age or beyond, and community-based and cross-sector activities;

(4) to continue the step-by-step country- and region-based approach to developing the new global strategy on infant and young child feeding, and to involve the international health and development community, in particular UNICEF, and other stakeholders as appropriate;

(5) to encourage and support further independent research on HIV transmission through breastfeeding and on other measures to improve the nutritional status of mothers and children already affected by HIV/AIDS;

(6) to submit the global strategy for consideration to the Executive Board at its 109th session in January 2002 and to the Fifty-fifth World Health Assembly (May 2002).

Seventh plenary meeting, 18 May 2001  
A54/VR/7

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<sup>4</sup> As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

## **Salaries of staff in ungraded posts and of the Director-General**

The Fifty-fourth World Health Assembly,

Noting the recommendation of the Executive Board with regard to remuneration of staff in ungraded posts and of the Director-General,

1. ESTABLISHES the salary for ungraded posts at US\$ 151 840 per annum before staff assessment, resulting in a modified net salary of US\$ 104 341 (dependency rate) or US\$ 94 484 (single rate);

2. ESTABLISHES the salary for the Director-General at US\$ 205 309 per annum before staff assessment, resulting in a modified net salary of US\$ 137 492 (dependency rate) or US\$ 122 268 (single rate);

3. DECIDES that those adjustments in remuneration shall take effect on 1 March 2001.

Eighth plenary meeting, 21 May 2001  
A54/VR/8

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## Unaudited interim financial report on the accounts of WHO for 2000

The Fifty-fourth World Health Assembly,

Having examined the unaudited interim financial report for the year 2000 of the financial period 2000-2001;<sup>5</sup>

Having noted the report of the Administration, Budget and Finance Committee of the Executive Board,

ACCEPTS the Director-General's unaudited interim financial report for the year 2000.

Eighth plenary meeting, 21 May 2001  
A54/VR/8

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<sup>5</sup> Documents A54/20, A54/20 Add.1 and A54/20 Add.1 Corr.1.

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

The Fifty-fourth World Health Assembly,

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

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

Noting that, in accordance with resolution WHA53.2, the voting privileges of Nauru and Nigeria have been suspended as from 14 May 2001 at the opening of the Health Assembly, such suspension to continue until the arrears have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution;

Noting that Belarus, Burundi, Djibouti, Democratic Republic of the Congo, Guinea, Mauritania, Peru, Suriname and Togo were in arrears at the time of the opening of the Fifty-fourth World Health Assembly to such an extent that it is necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these countries should be suspended at the opening of the Fifty-fifth World Health Assembly,

DECIDES:

(1) that in accordance with the statement of principles in resolution WHA41.7 if, by the time of the opening of the Fifty-fifth World Health Assembly, Belarus, Burundi, Djibouti, Democratic Republic of the Congo, Guinea, Peru, Suriname and Togo are still in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, their voting privileges shall be suspended as from the said opening;

(2) that any suspension which takes effect as aforesaid shall continue at the Fifty-fifth and subsequent Health Assemblies, until the arrears of Belarus, Burundi, Djibouti, Democratic Republic of the Congo, Guinea, Peru, Suriname and Togo have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution;

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

Eighth plenary meeting, 21 May 2001  
A54/VR/8

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## Special arrangements for settlement of arrears

The Fifty-fourth World Health Assembly,

Recalling previous resolutions of the Health Assembly concerning Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution and, in particular, resolutions WHA8.13 and WHA41.7;

1. INVITES Members that are in arrears to an extent which would invoke the provisions of Article 7 of the Constitution, or that expect difficulties in meeting their obligations to the Organization, to contact the Director-General to review the status of their accounts;
2. FURTHER INVITES those Members in arrears who wish to reschedule the payment of their arrears as part of an arrangement to have their voting rights restored to address requests in writing to the Director-General, to be received no later than 31 March, including at least the following information: (i) the total amount due, including the current year's assessment; (ii) the period over which payment is proposed; (iii) the minimum amount of payment that the Member State intends to make each year; and (iv) an indication of whether the Member State expects to request approval from the Director-General to make the payment in local currency, in accordance with the Financial Regulations and Financial Rules;
3. REQUESTS the Director-General to review such requests with the Member States concerned and to submit proposals to reschedule payment of arrears to the Administration, Budget and Finance Committee of the Executive Board at its meeting immediately before the Health Assembly; and
4. REQUESTS the Administration, Budget and Finance Committee, on behalf of the Executive Board, to make appropriate recommendations to the Health Assembly for consideration.

Eighth plenary meeting, 21 May 2001  
A54/VR/8

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## Real Estate Fund

The Fifty-fourth World Health Assembly,

Having considered the report of the Director-General on the status of projects financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 2001 to 31 May 2002 and the possible future WHO/UNAIDS office development in Geneva;

Expressing appreciation to the Swiss Confederation and to the Republic and Canton of Geneva for the continued expression of their hospitality;

Recognizing that certain estimates must necessarily remain provisional,

1. AUTHORIZES the financing from the Real Estate Fund of the expenditures indicated under Section III of the Director-General's report, at an estimated cost of US\$ 3 250 000;
2. APPROPRIATES to the Real Estate Fund from casual income the sum of US\$ 2 689 712;
3. AUTHORIZES the Director-General to proceed with negotiations with the Swiss authorities on the project outlined in Section II of her report;
4. REQUESTS the Director-General to report further on the project to the Fifty-fifth World Health Assembly.

Eighth plenary meeting, 21 May 2001  
A54/VR/8

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## Casual income

The Fifty-fourth World Health Assembly,

DECIDES that the estimated amount available in casual income as at 31 December 2000 should be used:

US\$

(i) Part finance the regular budget for the period 2002-2003, to be apportioned among Members in accordance with the financial incentive scheme (resolution WHA41.12) from the estimated interest earnings in the Real Estate Fund	6 883 150
(ii) Finance the Real Estate Fund in accordance with proposals contained in the report by the Director-General	2 689 712
(iii) replenish the Working Capital Fund by the estimated amount of arrears in contributions credited to casual income	7 602 828
(iv) Maintain the estimated balance in the Casual Income account pending disposition as part of Miscellaneous Income	6 111 160

Eighth plenary meeting, 21 May 2001  
A54/VR/8

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## Assessment of the Federal Republic of Yugoslavia

The Fifty-fourth World Health Assembly,

Noting that the United Nations General Assembly, in resolution 55/5, established the assessment of the Federal Republic of Yugoslavia at the rate of 0.026% for 2000 and of 0.020% for 2001;

Recalling the principle established in resolution WHA8.5, and confirmed in resolution WHA24.12, that the latest available United Nations scale of assessments should be used as a basis for determining the scale of assessments to be used by WHO,

DECIDES:

- (1) that the Federal Republic of Yugoslavia shall be assessed at an annual rate of 0.026% for the year 2000;
- (2) that its assessment for the year 2000 shall be reduced to two-twelfths of 0.026%;
- (3) that the Federal Republic of Yugoslavia shall be assessed at an annual rate of 0.020% for the year 2001.

Eighth plenary meeting, 21 May 2001  
A54/VR/8

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## Scaling up the response to HIV/AIDS

The Fifty-fourth World Health Assembly,

Taking into consideration the report on HIV/AIDS;<sup>6</sup>

Recognizing that AIDS is a crisis of unprecedented proportions that threatens development, social cohesion, political stability, life expectancy and places a devastating burden on many countries and regions;

Recalling that the Constitution of the World Health Organization states that enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, and considering that progressive realization of that right in the context of HIV/AIDS, should involve access, on a non-discriminatory basis to health facilities, prevention, care, treatment and support;

Considering that stigmatization, silence, discrimination and denial aggravate the impact of the pandemic;

Acknowledging that all countries must continue to emphasize widespread and effective prevention, including education, nutrition, information and services, as well as access to, among other products, vaccines, condoms, microbicides and drugs;

Recognizing that prevention and care are inextricably linked, and that their effectiveness is increased when they are used together;

Considering that HIV/AIDS affects women and children with special severity;

Recognizing that inexpensive and effective drugs to prevent and treat opportunistic infections exist, are urgently needed, and can be made rapidly available;

Acknowledging that the lack of affordable pharmaceuticals and of feasible supply structures and health systems continues to hinder an effective response to HIV/AIDS in many countries and especially for the poorest people; Recognizing that, where it has been available, antiretroviral therapy has reduced mortality and prolonged healthy lives, that recent reductions in prices create a new opportunity to extend this benefit to those that would otherwise not be able to afford them;

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<sup>6</sup> Document A54/15.

Noting the critical role that health services and systems must play in delivering or scaling up delivery of these responses, and that the health systems in many developing countries are already overstretched by the existing burden of diseases and particularly by the added impact of HIV/AIDS;

Recognizing that in order to implement a comprehensive and multisectoral approach to combat HIV/AIDS, tuberculosis and other infectious diseases will require adequate human and financial resources at national and international levels;

Taking into account the need to implement measures that incorporate HIV/AIDS prevention, care and awareness interventions in humanitarian assistance programmes to ensure that populations affected by conflict, and natural and human disasters – refugees, internally displaced persons and, in particular, women and children – are protected from and treated appropriately for HIV and related infections;

Recalling efforts to make drugs available at lower prices for those in need;

Welcoming the work in progress to develop a global AIDS and health fund;

Bearing in mind various regional initiatives, including the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, of the African Heads of State and Government, which recognizes that those epidemics should be tackled as an integral part of the agenda for promoting poverty reduction and sustainable development and the Declaration of Quebec City of the Heads of State and Governments of the Americas, which emphasizes that good health and equal access to medical attention, health services and affordable medical drugs are vital for human development and for achievement of political, economic and social objectives;

Noting resolutions 2001/33 and 2001/51 adopted by the Commission on Human Rights at its 57th session;

Recognizing the role of UNAIDS in leading the global response to HIV/AIDS and its support to national AIDS programmes, the leadership of the United Nations Secretary-General, particularly in the context of the special session of the United Nations General Assembly on HIV/AIDS (June 2001);

Recognizing also the key role that WHO plays in health promotion, prevention of disease, care and treatment, organization of services, dissemination of information to support the formulation of health policies, and the improvement of access to affordable drugs and commodities;

1. URGES Member States:

(1) to ensure that HIV/AIDS is one of the highest priorities on the health and development agenda and to allocate sufficient resources for the response to HIV/AIDS;

(2) to take effective measures, within a supportive environment, to ensure that people everywhere, particularly young people, know how to avoid infection, and to facilitate access to services and methods of prevention which should be the mainstay of programmes;

(3) to scale up their responses to HIV/AIDS, with particular emphasis on building up partnerships across sectors, strengthening health care systems, nutritional programmes, education and information programmes and developing prevention, treatment and care interventions that involve people living with HIV/AIDS;

- (4) to recognize and act on the need for a society-wide response to reduce stigma and discrimination associated with HIV/AIDS;
- (5) to make every effort to provide, progressively and in a sustainable manner, the highest standard of treatment for HIV/AIDS, including the prophylaxis and treatment of opportunistic infections, and effective use of quality-controlled antiretroviral therapy in a careful and monitored manner to improve adherence and effectiveness and reduce the risk of development of resistance;
- (6) to strive to include participation of people living with HIV/AIDS in the formulation of national policies on HIV/AIDS;
- (7) while taking into account differences of health care systems, to develop appropriate modalities of care such as outpatient services, home-based care, day care in the context of a true continuum of care, so as to ensure sustainable and high-quality diagnosis, counselling, testing, care, treatment and support;
- (8) to support, encourage and provide incentives for increased investment in research related to HIV/AIDS, including social and behavioural research, and in the development of new preventive and therapeutic approaches and technologies, including in particular HIV/AIDS vaccines and microbicides;
- (9) to make every effort to provide financial support and technical cooperation to enable Member States to expand their response to the pandemic;
- (10) in order to increase access to medicines, to cooperate constructively in strengthening pharmaceutical policies and practices, including those applicable to generic drugs and intellectual property regimes, in order further to promote innovation and the development of domestic industries consistent with international law;
- (11) to support the establishment of a global HIV/AIDS and health fund;

2. URGES the Director-General:

- (1) to provide Member States and other health and development partners with high-quality, normative, health-related guidance and sustained and comprehensive technical support that will enable countries to intensify their national responses to HIV/AIDS in line with their particular circumstances and priorities;
- (2) to assist in the development and implementation of integrated and comprehensive prevention and care strategies;
- (3) to expand with urgency support for the development of necessary health system capacities and structures, and to provide normative guidance and technical cooperation in order to enhance prevention, clinical management, nursing care, counselling, and social and psychological support to people living with HIV/AIDS;

- (4) to foster research, including ethical, controlled, clinical trials, on HIV vaccines, microbicides, and new antiretroviral therapies, and on necessary commodities such as testing kits;
- (5) to give guidance and support the building of national capacity for surveillance of adverse drug reactions and emergence of resistance in connection with antiretroviral medicines;
- (6) to maintain close collaboration with the international community and the private sector with the aim of improving the availability of medicines for HIV/AIDS, including antiretroviral therapy;
- (7) to take an active part, together with other international actors, in the development and establishment of a global HIV/AIDS and health fund, including promoting mechanisms for a transparent and participatory governance structure including representation of civil society.

Eighth plenary meeting, 21 May 2001  
A54/VR/8

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## WHO medicines strategy

The Fifty-fourth World Health Assembly,  
Recalling resolutions, nominally WHA39.27, WHA41.16, WHA43.20, WHA45.27, WHA47.12, WHA47.16, WHA47.17, WHA49.14 and WHA52.19;  
Having considered the report on the revised drug strategy,<sup>7</sup> and bearing in mind the previous report on the subject,<sup>8</sup> that highlight challenges related to international trade agreements, access to essential drugs, drug quality and rational use of medicines, together with the urgent need to improve access to drugs for treating priority health problems such as malaria, childhood illnesses, HIV/AIDS and tuberculosis, among others;  
Acknowledging the four main objectives of WHO's medicines strategy, namely, to frame and implement policy; to ensure access; to ensure quality, safety and efficacy; and to promote rational use of medicines;  
Taking into account that the aforementioned health problems are particularly acute among poor and vulnerable populations, entrapping them in poverty, and substantially inhibiting the growth of national and international economies to the detriment of all humanity;  
Recalling that the Constitution of the World Health Organization provides that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, and considering that progressive realization of that right should involve access, on a non-discriminatory basis, to health facilities, prevention, care, treatment and support in the context of access to medicines;  
Bearing in mind the WHO global framework for expanding access to essential drugs, and its four components: the rational selection and use of medicines, reliable health and supply systems, sustainable financing, and affordable prices;  
Taking into account that access to medicines is particularly price sensitive, since most people in developing countries have to pay personally for health care, and that the commitment of governments, organizations of the United Nations system, the private sector, and the civil society is necessary in order to achieve universal access;<sup>9</sup>  
Taking into account the urgency of implementing the WHO medicines strategy in order fully to realize the enormous health benefits that essential drugs can offer to the one-third of the human population now lacking them;  
Taking into account the need to increase the current levels of international technical and economic assistance channeled to implementation of the WHO medicines strategy;  
Recognizing the importance of national drug policies established in accordance with WHO guidelines;

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<sup>7</sup> Document A54/17.

<sup>8</sup> Document A53/10.

<sup>9</sup> Globalization, TRIPS and access to pharmaceuticals. WHO Policy Perspectives on Medicines, No. 3, March, 2001. Geneva: WHO (document WHO/EDM/2001.2).

Commending the strong leadership that WHO has shown in re-emphasizing the essential drugs concept, and the contribution of nongovernmental organizations working in public health to attaining such objectives as the framing of national drug policies and related aspects;

Noting that the impact of international trade agreements on access to, or local manufacturing of, essential drugs and on the development of new drugs needs to be further evaluated;

Recognizing that well-functioning and equitable health systems, including reliable supply systems, are key elements in any framework for expanding access to essential drugs;

Noting resolution 2001/33 on access to medication in the context of pandemics such as HIV/AIDS adopted by the United Nations Commission on Human Rights at its 57th session;

1. URGES Member States:

(1) to reaffirm their commitment to ensuring public health interests and to make every effort to promote equitable access to medicines, and to undertake the necessary action within their national health policies, including for priority diseases and pandemics, as an important element for progressively achieving the highest attainable standard of health;

(2) to take effective measures in accordance with international law and international agreements acceded to in order to ensure improved access to medicines;

(3) to cooperate with respect to resolution 2001/33 of the United Nations Commission on Human Rights;

(4) to pursue measures directed to expanding access of their populations to essential drugs, including the implementation of resolution WHA52.19 taking into account the cost-effectiveness of rational drug use as well as affordability;

(5) in order to increase access to medicines, and in accordance with the health needs of people, especially those who can least afford the costs, and recognizing the efforts of Member States to expand access to drugs and promote domestic industry, cooperate constructively in strengthening pharmaceutical policies and practices, including those applicable to generic drugs, and intellectual property regimes in order further to promote innovation and the development of domestic industries, consistent with applicable international law;

(6) to provide financial support and technical cooperation to enable Member States in need to expand access of their populations to essential drugs;

2. REQUESTS the Director-General:

(1) jointly with Member States, nongovernmental organizations and other partners involved in public health, to keep under review the effectiveness of the current strategy for essential drugs, and to stimulate the development of drugs for diseases whose burden lies predominantly in poor countries;

(2) to explore the feasibility and effectiveness of implementing, in collaboration with nongovernmental organizations and other concerned partners, systems for voluntary monitoring drug prices and reporting global drug prices with a view to improving equity in access to essential drugs in health systems, and to provide support to Member States in that regard;

(3) to provide support for implementation of drug monitoring systems in order better to identify development of resistance, adverse reactions and misuse of drugs within health systems, thus promoting rational use of drugs;

(4) to continue and to enhance efforts to study and report on existing and future health implications of international trade agreements in close cooperation with relevant intergovernmental organizations;

(5) to provide enhanced support to Member States that need and request support in achieving the priorities set out in the WHO medicines strategy;



- (6) to provide support to Member States to set up efficient national regulatory mechanisms for quality assurance that will help ensure compliance with good manufacturing practices, bioavailability and bioequivalence;
- (7) to continue WHO's work in the field of traditional medicines;
- (8) to report to the Fifty-fifth World Health Assembly on the progress of initiatives taken, globally or regionally, to expand access to essential drugs.

Eighth plenary meeting, 21 May 2001  
A54/VR/8

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## Strengthening nursing and midwifery

The Fifty-fourth World Health Assembly,

Having reviewed the report on strengthening nursing and midwifery;

Recalling resolutions WHA42.27, WHA45.5, WHA47.9, WHA48.8 and WHA49.1 which recommended action aimed at strengthening nursing and midwifery;

Recognizing the importance of accessible health systems in efforts to improve the health of populations as highlighted in *The world health report 2000*;<sup>10</sup>

Recognizing the importance of using appropriate resources, including human resources, in the provision of health services;

Aware that nurses and midwives play a crucial and cost-effective role in reducing excess mortality, morbidity and disability and in promoting healthy lifestyles and concerned that further action is needed to maximize their contribution;

Concerned about global shortages of nurses and midwives;

Recognizing the importance of nursing services and midwifery services being the core of any health system and in national health;

Mindful of the continuing need to work with the full range of partners whose work impacts on the health of the population, on health promotion and on health care,

1. URGES Member States:

(1) to further the development of their health systems and to pursue health sector reform by involving nurses and midwives in the framing, planning and implementation of health policy at all levels;

(2) to review or develop and implement national action plans for health and models of education, legislation, regulation and practice for nurses and midwives, and to ensure that these adequately and appropriately reflect competencies and knowledge that enable nurses and midwives to meet the needs of the population they serve;

(3) to establish comprehensive programmes for the development of human resources which support the training, recruitment and retention of a skilled and motivated nursing and midwifery workforce within health services;

(4) to develop and implement policies and programmes which ensure healthy workplaces and quality of the work environment for nurses and midwives;

(5) to underpin the above measures through continuing assessment of nursing and midwifery needs and by developing, reviewing regularly, and implementing national action plans for nursing and midwifery, as an integral part of national health policy;

(6) to enhance the development of nursing and midwifery services that reduce risk factors and respond to health needs, on the basis of sound scientific and clinical evidence;

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<sup>10</sup> *The world health report 2000: health systems: improving performance*. Geneva, World Health Organization, 2000.

(7) to prepare plans for evaluating nursing services;

2. REQUESTS the Director-General:

(1) to provide support to Member States in setting up mechanisms for inquiry into the global shortage of nursing and midwifery personnel, including the impact of migration, and in developing human resources plans and programmes, including ethical international recruitment;

(2) to provide support to Member States in their efforts to strengthen the contribution of nurses and midwives to the health of the populations and to take the necessary measures to increase the number of WHO collaborating centres for nursing and midwifery in developing countries;

(3) to ensure the involvement of nursing and midwifery experts in the integrated planning of human resources for health, including to support Member States undertaking programmes of village skilled birth attendants, by developing guidelines and training modules, as an expanded role of nurses and in particular midwives;

(4) to continue to cooperate with governments to promote effective coordination between all agencies and organizations concerned with the development of nursing and midwifery;

(5) to provide continuing support for the work of the Global Advisory Group on Nursing and Midwifery, and to take account of the interest and contribution of nursing and midwifery in wider aspects of the development and implementation of WHO's policy and programmes;

(6) to develop and implement systems and uniform performance indicators at country, regional and global levels to monitor, measure, and report progress in achieving these goals;

(7) to prepare rapidly a plan of action for the strengthening of nursing and midwifery and to provide for external evaluation at the conclusion thereof;

(8) to keep the Health Assembly informed of progress made in the implementation of this resolution, and to report to the Fifty-sixth World Health Assembly in 2003.

Ninth plenary meeting,  
A54/VR/9

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## Strengthening health systems in developing countries

The Fifty-fourth World Health Assembly,

Mindful of the principles of, and obvious need for, technical cooperation among developing countries and of the interest shown by the World Health Assembly by virtue of its resolutions WHA31.41, WHA31.54, WHA32.27, WHA35.24, WHA36.34, WHA37.15, WHA37.16, WHA38.23, WHA39.23, WHA40.17, WHA40.30, WHA50.27, WHA51.16 and WHA52.23 in strengthening this type of cooperation with a view to improving the health situation in developing countries;

Underlining the principles and purposes of the United Nations as set out in the United Nations Charter, including the sovereign equality of States and the development of friendly relations among nations based on the respect for equal rights and the self-determination of peoples, which have been consistently reaffirmed by Members of the Non-Aligned Movement;

Recognizing that in order to realize aspirations and achieve the social development and well-being of people, it is a central responsibility of governments and all sectors of society to establish measures which would facilitate the attainment of goals relating to the eradication of poverty, and to food security, health, education, employment, housing and social integration;

Reaffirming the commitments made in this regard during the twenty-fourth special session of the United Nations General Assembly entitled "World Summit for Social Development and beyond: achieving social development for all in a globalizing world";

Recognizing that the main determinants of ill health such as poverty and lack of education are also among the critical causes of underdevelopment, and that health is both a necessary precondition to, and an outcome of, the overall development process;

Further recognizing that the health needs of women, girls, children and older persons shall be given particular attention;

Mindful of the fact that globalization presents opportunities and challenges for all countries and that developing countries, especially the poorest, are vulnerable to those adverse effects of globalization that lead to greater inequities in health and health care both within such countries and between developed and developing countries;

Recalling that the lack of access to safe and affordable essential medicines and other health technologies is a significant factor in perpetuating and extending such inequities;

Noting with concern the need for funds for development cooperation in the face of growing demands within developing countries, and recognizing that debt-relief including HIPC and other efforts could potentially free up considerable resources for use in the development of health infrastructure and services;

Recognizing the progress that has been achieved in the areas of human genetics and biotechnology, and the potential rewards that could accrue from research in this area;

Noting with concern the increase in HIV/AIDS, tuberculosis and other diseases in developing countries, especially in sub-Saharan Africa;

Welcoming the prominence accorded to HIV/AIDS on the international agenda, and noting the adoption of a resolution on the access to care by the 57th Session of the Commission on Human Rights, the decision by the Abuja Summit on HIV/AIDS, tuberculosis and related diseases, the special discussion of the TRIPS Council of the WTO on the TRIPS Agreement and access to essential medicines to be held at the request of the Africa Group in June 2001 and the forthcoming United Nations General Assembly special session on HIV/AIDS;

Endorsing the recognition of mental health as a significant challenge requiring special attention within the health systems of developing countries;

Appreciating WHO's initiatives with regard to the promotion of horizontal cooperation among developing countries,

1. REAFFIRMS its commitment to the objectives of the health-for-all strategy, in particular the achievement of equitable, affordable, accessible and sustainable health systems based on primary health care in all Member States;

2. RECOGNIZES the sovereign right of each country to adopt national policies appropriate to the specific needs of its people;

3. URGES Member States:

(1) to reaffirm the importance of health as an indispensable resource for sustainable development and to advance such development through actions which promote and maintain equity and equality, including between men and women;

(2) to continue to develop health systems in accordance with the principles listed above, and to ensure that where markets exist within the health sector, they function efficiently within a suitable framework of ethical principles and in accordance with the technical regulations and standards established by the governmental authority;

(3) to participate in the special discussion of the WTO TRIPS Council on intellectual property issues relevant to the access to essential medicines, with a view to addressing the concerns expressed by developing countries;

(4) to adopt, as a matter of priority, measures that will serve the needs of the most vulnerable of their populations;

(5) to make every effort to ensure that countries are not hindered in their efforts to utilize the options available to them under international agreements, acceded to in order to protect and advance the access to life-saving and essential medicines;

(6) to continue to support research in the area of human genetics and biotechnology subject to accepted scientific and ethical standards and to the potential benefit of all, especially the poor;

(7) to refrain from all measures, that are contrary to international law, including international conventions, and which hinder health service delivery and deny care to those in greatest need;

4. CALLS upon Member States, especially developed countries:

(1) to continue to facilitate the transfer of materials, equipment, technology and resources appropriate to the health needs of developing countries;

(2) to support technical cooperation with and among developing countries;

(3) to review, with a view to increasing, their allocation of resources intended for development cooperation and the fight against HIV/AIDS and other priority diseases;

5. REQUESTS the international community and multilateral institutions:

(1) to maintain a people-centred focus in their deliberations, particularly where measures proposed in such deliberations could directly or indirectly impact negatively on the health status of the most vulnerable;

(2) where appropriate, to integrate the health dimension into their programmes and strategies, particularly in respect of HIV/AIDS and other priority diseases;

(3) according to their mandate and particular expertise, to provide support for efforts aimed at strengthening the health systems of developing countries;

- (4) to identify and implement development-oriented and durable solutions to the debt servicing problems of developing countries so as to alleviate external debt;
  - (5) to implement the conclusions of the United Nations summits and conferences that address health problems and to make further recommendations in this regard;
  - (6) to support the establishment of a global HIV/AIDS and health fund;
6. REQUESTS the Director-General:
- (1) to continue to support Member States in their efforts to meet the health needs of their people, especially those who are most vulnerable;
  - (2) to cooperate with Member States in achieving access to safe and affordable essential medicines and other appropriate health technologies;
  - (3) to strengthen the capacity of the health sector to participate effectively in multisectoral efforts which seek to address the root causes of ill health;
  - (4) to continue to provide support for the work being undertaken by institutions in developing countries in the area of health sector reform, and to validate and collate the work of these and other institutions, in order to ensure that future policies and advice are founded on the best available evidence;
  - (5) to expand on the opportunities for interaction with Members of the Non-Aligned Movement and other developing countries, aimed at facilitating and enhancing the work of WHO;
  - (6) to report to the Fifty-sixth World Health Assembly on the steps taken and progress made in implementing this resolution.

Ninth plenary meeting, 21 May 2001  
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## Global health security: epidemic alert and response

The Fifty-fourth World Health Assembly,

Recalling resolutions WHA48.7 on the International Health Regulations, WHA48.13 on new, emerging and re-emerging infectious diseases, and WHA51.17 on antimicrobial resistance;

Recalling that public health is a priority for development and that combating communicable diseases, which are a major burden in terms of human mortality and morbidity, provides important and immediate opportunities for progress;

Mindful of the globalization of trade and of the movement of people, animals, goods and food products, as well as the speed with which these take place;

Recognizing that, as a result, any upsurge in cases of infectious disease in a given country is potentially of concern for the international community,

1. EXPRESSES its support for:

- (1) ongoing work on the revision of the International Health Regulations, including criteria to define what constitutes a health emergency of international concern;
- (2) development of a global strategy for containment and, where possible, prevention of antimicrobial drug resistance;
- (3) collaboration between WHO and all potential technical partners in the area of epidemic alert and response, including relevant public sectors, intergovernmental organizations, nongovernmental organizations and the private sector;

2. URGES Member States:

- (1) to participate actively in the verification and validation of surveillance data and information concerning health emergencies of international concern, together with WHO and other technical partners;
- (2) to develop and update national preparation and response plans;
- (3) to develop training for the staff involved and the exchange of good practice between specialists in response to alerts;
- (4) to update regularly information on the resources available for the surveillance and control of infectious diseases;
- (5) to designate a focal point for the International Health Regulations;

3. REQUESTS the Director-General:

- (1) to devise relevant international tools, and to provide technical support to Member States for developing or strengthening preparedness and response activities against risks posed by biological agents, as an integral part of their emergency management programmes;
- (2) to provide technical support to Member States for developing intervention programmes that prevent epidemics and respond to communicable disease threats and emergencies, particularly

with regard to epidemiological investigations, laboratory diagnoses and community and clinical management of cases;

(3) to make appropriate arrangements for the development of regional preparedness and response plans;

(4) to provide support to Member States for strengthening their capacity to detect and respond rapidly to communicable disease threats and emergencies, especially by developing the laboratory skills needed for diagnosis and providing training in epidemiological methods for use in the field, particularly in the most exposed countries;

(5) to make available relevant information on public health risks to Member States, relevant intergovernmental organizations and technical partners;

(6) to provide technical support to Member States in the implementation of national efforts to contain and prevent resistance to antimicrobials.

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

The Fifty-fourth World Health Assembly,  
Mindful of the basic principle established in the WHO Constitution, which affirms that the health of all peoples is fundamental to the attainment of peace and security;  
Recalling all its previous resolutions on health conditions in the occupied Arab territories;  
Recalling the convening of the International Peace Conference on the Middle East (Madrid, 30 October 1991) on the basis of the United Nations Security Council Resolutions 242 (1967), 338 (1973) and 425 (1978), as well as on the basis of the principle of “land for peace” and the subsequent agreements between the Palestinian and Israeli sides, the latest of which is the Sharm El-Sheikh Agreement;  
Reaffirming the inalienable, permanent and unqualified right of the Palestinian people to self-determination, including their right to establish their sovereign and independent Palestinian State;  
Expressing deep concern at the deterioration of health conditions as a result of the escalation of violence since September 2000, which continues to cause high numbers of deaths and injuries, mostly among Palestinians;  
Expressing deep concern also at the closure of and within the Palestinian areas, seriously affecting health programmes and the provision of health services to the Palestinian population, especially child and mother programmes, immunization and control of epidemics, school health, control of water safety, insect control, mental health and health education;  
Emphasizing the urgent need fully to implement the Declaration of Principles and the subsequent Accords between the Palestine Liberation Organization and the Government of Israel;  
Expressing grave concern about the ongoing Israeli settlement policies in the Palestinian occupied territory, including East Jerusalem, in violation of international law, the Fourth Geneva Convention and of relevant United Nations resolutions;  
Stressing the need to preserve the territorial integrity of all the occupied Palestinian territory and guarantee the freedom of movement of persons and goods within the Palestinian territory, including the removal of restrictions of movement into and from East Jerusalem, and the freedom of movement to and from the outside world having in mind the adverse consequences of the closure of the Palestinian territory on its socioeconomic development, including the health sector, particularly in the current situation;  
Expressing deep concern at the serious deterioration of the economic situation in the Palestinian territories and the resulting threat to the Palestinian health system, aggravated by the withholding by Israel of funds due to the Palestinian Authority;  
Recognizing the need for increased international support and health assistance to the Palestinian population in areas under the responsibility of the Palestinian Authority and to the Arab populations in the occupied Arab territories, including the Palestinians as well as the Arab Syrian population;  
Reaffirming the right of Palestinian patients and the medical staff to be able to benefit from health facilities available in the Palestinian Health Institutions in occupied East Jerusalem;

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

1. LOOKS FORWARD to the resumption of peace talks in order to bring about a just, lasting and comprehensive peace in the Middle East;

2. DEEPLY REGRETS the escalation of violence and the resulting high number of casualties, especially the excessive use of force against Palestinians;

3. AFFIRMS the need to support the efforts of the Palestinian Ministry of Health to secure emergency services, to continue delivering health programmes, and to face the present additional burden of casualties and resulting physical and mental disabilities;

4. CALLS ON Israel not to hamper the Palestinian Ministry of Health in carrying out their full responsibility for the Palestinian People, including in occupied East Jerusalem, to lift the closures of and within the Palestinian areas, and to release the funds due to the Palestinian Authority;

5. URGES Member States, intergovernmental, nongovernmental and regional organizations to provide speedy and generous assistance to bring about health development for the Palestinian people and meet its urgent humanitarian needs;

6. THANKS the Director-General for her effort, and requests her:  
(a) to take urgent steps in cooperation with Member States to support the Palestinian Ministry of Health in its efforts to overcome the current difficulties, and in particular so as to guarantee free circulation of those responsible for health, of patients, of health workers and of emergency services, and the normal provision of medical goods to the Palestinian medical premises, including those in Jerusalem;

(b) to continue to provide the necessary technical assistance to support health programmes and projects for the Palestinian people, and to encourage the provision of emergency humanitarian assistance to meet needs arising from the current crisis;

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

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

(e) to report on implementation of this resolution to the Fifty-fifth World Health Assembly, and to include an evidence-based, comparative assessment of the health situation in the occupied territory in light of the current crisis;

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

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## International Decade of the World's Indigenous People

The Fifty-fourth World Health Assembly,

Recalling resolutions WHA47.27, WHA48.24, WHA49.26, WHA50.31, WHA51.24 and WHA53.10 on WHO's contribution to achieving the objectives of the International Decade of the World's Indigenous People (1994-2003);

Further recalling United Nations General Assembly resolution 50/157, which adopted the programme of activities for the International Decade, in which it is recommended that "specialized agencies of the United Nations system and other international and national agencies, as well as communities and private enterprises, should devote special attention to development activities of benefit to indigenous communities"; that focal points for matters concerning indigenous people should be established in all appropriate organizations of the United Nations system; and that the governing bodies of the specialized agencies of the United Nations system should adopt programmes of action for the Decade in their own field of competence, "in close cooperation with indigenous people";

Welcoming the decision by the United Nations Economic and Social Council in its resolution 2000/22 of 28 July 2000 to establish a Permanent Forum on Indigenous Issues as an advisory body to the Council with a mandate to discuss indigenous issues within the mandate of the Council relating to economic and social development, culture, the environment, education, health and human rights, thereby fulfilling an important objective of the Decade;

Commending the progress made in the Region of the Americas on the Initiative on the Health of Indigenous People of the Americas;

Deeply concerned about the disparities in health conditions of indigenous people in comparison to the overall population,

1. URGES Member States:

(1) to recognize and protect the right of indigenous people to enjoyment of the highest attainable standard of health, as mentioned in the WHO Constitution, within overall national development policies;

(2) to make adequate provisions for indigenous health needs in their national health systems, including through improved collection and reporting of statistics and health data;

(3) to respect, preserve and maintain traditional healing practices and remedies, consistent with nationally and internationally accepted standards, and to seek to ensure that indigenous people retain this traditional knowledge and its benefits;

2. REQUESTS WHO's regional committees to give urgent attention to the adoption of regional plans of action on indigenous health that take into account, as appropriate, the health conclusions and recommendations of the "International Consultation on the Health of Indigenous Peoples" (Geneva, November 1999);

3. REQUESTS the Director-General:

(1) to strengthen the partnership with indigenous people in all appropriate WHO activities;

(2) to collaborate with partners in health and development for protection and promotion of the right of the world's indigenous people to enjoyment of the highest attainable standard of health, as mentioned in the WHO Constitution, including through the use of accurate and up-to-date information on indigenous health status;

(3) to complete, in close consultation with national governments and organizations of indigenous people, a framework for a global plan of action to improve the health of indigenous people, with particular emphasis on an approach geared to the needs of those in developing countries and the determinants of health, for submission to the Fifty-fifth World Health Assembly with the aim of finalizing the global plan of action by the end of the Decade;

(4) to cooperate with and to support the Secretary-General of the United Nations and the Office of the High Commissioner for Human Rights, in its role as lead agency for the establishment of the Permanent Forum on Indigenous Issues, and with other specialized agencies and Member States, in preparation for the Forum's inaugural meeting in 2002, including by submission of information on indigenous health issues.

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## Assessments for the financial period 2002-2003

The Fifty-fourth World Health Assembly,

1. DECIDES that the assessed contributions of Members for the biennium 2002-2003 shall be as set out in the Annex;
2. FURTHER DECIDES to review, on the basis of operative paragraph 1, the assessments for 2003 at its Fifty-fifth session, after review by the Executive Board.

### ANNEX

	Year 2002	Year 2003
	US\$	US\$
Afghanistan	12 640	12 640
Albania	12 640	12 640
Algeria	294 929	294 929
Andorra	16 853	16 853
Angola	8 427	8 427
Antigua and Barbuda	8 427	8 427
Argentina	4 571 398	4 629 330
Armenia	8 427	8 427
Australia	6 147 161	6 310 425
Austria	3 905 701	3 918 341
Azerbaijan	16 853	16 853
Bahamas	50 559	50 559
Bahrain	71 626	72 679
Bangladesh	42 133	42 133
Barbados	33 706	34 759
Belarus	80 052	80 052
Belgium	4 575 611	4 611 424
Belize	4 213	4 213
Benin	8 427	8 427
Bhutan	4 213	4 213
Bolivia	29 493	30 546
Bosnia and Herzegovina	16 853	16 853
Botswana	42 133	42 133
Brazil	6 096 602	6 741 232
Brunei Darussalam	84 265	96 905
Bulgaria	46 346	48 453
Burkina Faso	8 427	8 427
Burundi	4 213	4 213
Cambodia	4 213	4 213
Cameroon	37 919	37 919
Canada	10 689 066	10 689 066

	Year 2002	Year 2003
	US\$	US\$
Cape Verde	4 213	4 213
Central African Republic	4 213	4 213
Chad	4 213	4 213
Chile	564 578	617 244
China	4 124 791	4 694 636
Colombia	450 820	515 072
Comoros	4 213	4 213
Congo	4 213	4 213
Cook Islands	4 213	4 213
Costa Rica	67 412	71 626
Côte d'Ivoire	37 919	37 919
Croatia	122 185	131 665
Cuba	101 118	106 385
Cyprus	139 038	143 251
Czech Republic	442 393	509 806
Democratic People's Republic of Korea	37 919	37 919
Democratic Republic of the Congo	16 853	16 853
Denmark	2 869 237	2 934 543
Djibouti	4 213	4 213
Dominica	4 213	4 213
Dominican Republic	63 199	71 626
Ecuador	84 265	89 532
Egypt	269 649	286 502
El Salvador	50 559	56 879
Equatorial Guinea	4 213	4 213
Eritrea	4 213	4 213
Estonia	42 133	42 133
Ethiopia	16 853	16 853
Fiji	16 853	16 853
Finland	2 178 261	2 178 261
France	27 011 274	27 011 274
Gabon	58 986	58 986
Gambia	4 213	4 213
Georgia	21 066	21 066
Germany	40 813 946	40 813 946
Ghana	21 066	21 066
Greece	1 453 578	1 652 655
Grenada	4 213	4 213
Guatemala	75 839	84 265
Guinea	12 640	12 640
Guinea-Bissau	4 213	4 213
Guyana	4 213	4 213
Haiti	8 427	8 427
Honduras	12 640	13 693
Hungary	497 166	498 219
Iceland	130 611	131 665
India	1 238 701	1 285 047

	Year 2002	Year 2003
	US\$	US\$
Indonesia	779 455	793 148
Iran (Islamic Republic of)	665 697	743 642
Iraq	130 611	203 290
Ireland	926 919	1 002 758
Israel	1 449 365	1 519 937
Italy	21 159 042	21 159 042
Jamaica	16 853	16 853
Japan	81 539 414	81 539 414
Jordan	25 280	27 386
Kazakhstan	117 972	117 972
Kenya	29 493	30 546
Kiribati	4 213	4 213
Kuwait	530 872	551 938
Kyrgyzstan	4 213	4 213
Lao People's Democratic Republic	4 213	4 213
Latvia	42 133	42 133
Lebanon	50 559	50 559
Lesotho	4 213	4 213
Liberia	4 213	4 213
Libyan Arab Jamahiriya	278 076	278 076
Lithuania	63 199	65 306
Luxembourg	282 289	294 929
Madagascar	12 640	12 640
Malawi	8 427	8 427
Malaysia	758 389	814 214
Maldives	4 213	4 213
Mali	8 427	8 427
Malta	58 986	60 039
Marshall Islands	4 213	4 213
Mauritania	4 213	4 213
Mauritius	37 919	40 026
Mexico	4 124 791	4 228 016
Micronesia (Federated States of)	4 213	4 213
Monaco	16 853	16 853
Mongolia	4 213	4 213
Morocco	168 531	172 744
Mozambique	4 213	4 213
Myanmar	33 706	33 706
Namibia	29 493	29 493
Nauru	4 213	4 213
Nepal	16 853	16 853
Netherlands	6 766 512	6 889 750
New Zealand	914 280	937 453
Nicaragua	4 213	4 213
Niger	4 213	4 213
Nigeria	130 611	155 891
Niue	4 213	4 213
Norway	2 527 962	2 571 148
Oman	210 664	222 250

	Year 2002	Year 2003
	US\$	US\$
Pakistan	244 370	246 476
Palau	4 213	4 213
Panama	54 773	60 039
Papua New Guinea	25 280	25 280
Paraguay	58 986	61 092
Peru	408 687	429 754
Philippines	337 062	357 075
Poland	813 161	940 613
Portugal	1 786 426	1 822 239
Puerto Rico	4 213	4 213
Qatar	134 825	135 878
Republic of Korea	4 171 137	5 062 244
Republic of Moldova	8 427	8 427
Romania	231 730	234 890
Russian Federation	4 466 066	4 593 518
Rwanda	4 213	4 213
Saint Kitts and Nevis	4 213	4 213
Saint Lucia	4 213	5 267
Saint Vincent and the Grenadines	4 213	4 213
Samoa	4 213	4 213
San Marino	8 427	8 427
Sao Tome and Principe	4 213	4 213
Saudi Arabia	2 317 299	2 317 299
Senegal	21 066	21 066
Seychelles	8 427	8 427
Sierra Leone	4 213	4 213
Singapore	741 536	966 945
Slovakia	143 251	151 678
Slovenia	252 796	273 863
Solomon Islands	4 213	4 213
Somalia	4 213	4 213
South Africa	1 516 777	1 563 123
Spain	10 524 748	10 524 748
Sri Lanka	50 559	54 773
Sudan	25 280	25 280
Suriname	8 427	8 427
Swaziland	8 427	8 427
Sweden	4 289 109	4 289 109
Switzerland	5 039 071	5 099 110
Syrian Arab Republic	265 436	283 342
Tajikistan	4 213	4 213
Thailand	703 616	791 041
The Former Yugoslav Republic of Macedonia	16 853	18 960
Togo	4 213	4 213
Tokelau	4 213	4 213
Tonga	4 213	4 213



	Year 2002	Year 2003
	US\$	US\$
Trinidad and Tobago	67 412	67 412
Tunisia	113 758	116 918
Turkey	1 824 346	1 828 559
Turkmenistan	12 640	12 640
Tuvalu	4 213	4 213
Uganda	16 853	16 853
Ukraine	219 090	219 090
United Arab Emirates	737 322	764 709
United Kingdom of Great Britain and Northern Ireland	21 112 696	21 616 182
United Republic of Tanzania	12 640	12 640
United States of America	92 691 940	92 691 940
Uruguay	198 024	232 783
Uzbekistan	46 346	46 346
Vanuatu	4 213	4 213
Venezuela	661 483	714 149
Viet Nam	29 493	35 813
Yemen	29 493	29 493
Yugoslavia	84 265	84 265
Zambia	8 427	8 427
Zimbabwe	33 706	33 706
Subtotal	400 673 550	405 827 433
Miscellaneous Income	20 653 450	15 499 567
<b>Total</b>	<b>421 327 000</b>	<b>421 327 000</b>

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## Transparency in tobacco control process

The Fifty-fourth World Health Assembly,

Noting with great concern the findings of the Committee of Experts on Tobacco Industry Documents, namely, that the tobacco industry has operated for years with the expressed intention of subverting the role of governments and of WHO in implementing public health policies to combat the tobacco epidemic;<sup>11</sup>

Understanding that public confidence would be enhanced by transparency of affiliation between delegates to the Health Assembly and other meetings of WHO and the tobacco industry,

1. URGES WHO and its Member States to be alert to any efforts by the tobacco industry to continue this practice and to assure the integrity of health policy development in any WHO meetings and in national governments;
2. URGES Member States to be aware of affiliations between the tobacco industry and members of their delegations;
3. CALLS ON WHO to continue to inform Member States on activities of the tobacco industry that have negative impact on tobacco control efforts.

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<sup>11</sup> Tobacco company strategies to undermine tobacco control activities at the World Health Organization. Geneva, July 2000. <http://www.who.int/genevahearings/inquiry.html>.

## Schistosomiasis and soil-transmitted helminth infections

The Fifty-fourth World Health Assembly,

Recalling resolutions EB5.R5, WHA3.26, EB55.R22, WHA28.53 and WHA29.58 on schistosomiasis;

Noting the report on the control of schistosomiasis and soil-transmitted helminth infections;

Recognizing that where control measures have been implemented in a sustainable way, as demonstrated in several countries, mortality, morbidity and transmission have decreased dramatically, leading to elimination in a number of countries;

Expressing concern that 2000 million people are infected by schistosomes and soil-transmitted helminths worldwide, of whom 300 million have associated severe morbidity, and that schistosomiasis and soil-transmitted helminth infections are invariably more prevalent in the poorest sections of the populations residing in the least-developed countries;

Further recognizing that sanitation and safe water are essential, and that repeated chemotherapy with safe, single-dose, affordable drugs at regular intervals ensures that levels of infection are kept below those associated with morbidity, and improves health and development, especially of children,

1. ENDORSES as the best means of reducing mortality and morbidity and improving health and development in infected communities, the regular treatment of high-risk groups, particularly school-age children, and ensured access to single-dose drugs against schistosomiasis and soil-transmitted helminth infections in primary health care services, complemented by the simultaneous implementation of plans for basic sanitation and adequate safe water supplies.

2. URGES Member States:

(1) to sustain successful control activities in low-transmission areas in order to eliminate schistosomiasis and soil-transmitted helminth infections as a public health problem, and to give high priority to implementing or intensifying control of schistosomiasis and soil-transmitted helminth infections in areas of high transmission while monitoring drug quality and efficacy;

(2) to ensure access to essential drugs against schistosomiasis and soil-transmitted helminth infections in all health services in endemic areas for the treatment of clinical cases and groups at high risk of morbidity such as women and children, with the goal of attaining a minimum target of regular administration of chemotherapy to at least 75% and up to 100% of all school-age children at risk of morbidity by 2010;

(3) to promote access to safe water, sanitation and health education through intersectoral collaboration;

(4) to ensure that any development activity likely to favour the emergence or spread of parasitic diseases is accompanied by preventive measures to limit their impact;

(5) to mobilize resources in order to sustain activities for control of schistosomiasis and soil-transmitted helminth infections;

3. ENCOURAGES organizations of the United Nations system, bilateral agencies, and nongovernmental organizations:

(1) to intensify support for control of helminth infections, and to take advantage of the synergy that can be created with existing initiatives for the prevention, control and elimination of other communicable diseases;

(2) to intensify support to sanitation and safe water programmes as well as taking into account the health aspects of agricultural development programmes and programmes to develop water resources with respect to the possible re-emergence of diseases;

4. REQUESTS the Director-General:

(1) to combat schistosomiasis and soil-transmitted helminth infections by advocating new partnerships with organizations of the United Nations system, bilateral agencies, nongovernmental organizations and the private sector, and by continuing to provide international direction and coordination;

(2) to continue to seek the resources required to support advocacy, coordination, programmes and research activities;

(3) to continue to promote the strengthening of health systems and services as an important component of successful disease control programmes;

(4) to keep the Executive Board and Health Assembly informed of the progress made in controlling or eliminating schistosomiasis and soil-transmitted helminth infections in high- and low-transmission countries, respectively.

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## **Appropriation resolution for the financial period 2002-2003**

The Fifty-fourth World Health Assembly,

1. COMMENDS the Director-General on the further progress in budget reform with the integrated presentation of the proposed programme budget for 2002-2003;
2. NOTES with satisfaction that the proposed programme budget for 2002-2003 has been developed on the basis of a strategic approach to results-based budgeting, and thus complies with earlier resolutions by the Executive Board and the World Health Assembly in this regard;
3. NOTES FURTHER that significant improvements have also been made in the transparency, accountability and effectiveness of the Organization's financial systems in accordance with best management practice, as requested by resolution WHA52.20;
4. RESOLVES to appropriate for the financial period 2002-2003 an amount of US\$ 935 654 000 under the regular budget as follows:

A.

Appropriation section	Amount US\$
1. Communicable diseases .....	50 892 000
2. Noncommunicable diseases and mental health .....	40 170 000
3. Family and community health .....	33 372 000
4. Sustainable development and healthy environments .....	47 368 000
5. Health technology and pharmaceuticals .....	34 982 000
6. Evidence and information for policy .....	94 132 000
7. External relations and governing bodies .....	44 746 000
8. General management .....	139 459 000
9. Director-General, Regional Directors and independent functions .....	21 528 000
10. Country programmes .....	336 005 000
Subtotal	842 654 000
11. From miscellaneous income:	
11.1 Exchange rate hedging (in lieu of the facility under financial regulation 4.4) .....	10 000 000
11.2 Real Estate Fund.....	3 000 000
Subtotal	13 000 000
Effective working budget	855 654 000
12. Transfer to Tax Equalization Fund.....	80 000 000
Total	935 654 000

B. Amounts not exceeding the appropriations approved under paragraph A shall be available for the payment of obligations incurred during the financial period 1 January 2002 to 31 December 2003 in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial period 2002-2003 to sections 1 to 11.

C. Notwithstanding the provisions of Financial Regulation 4.3, the Director-General is authorized to make transfers between appropriation sections 1 to 10 of the effective working budget up to an

amount not exceeding 10% of the amount appropriated for the section from which the transfer is made. All such transfers shall be reported in the financial report for the financial period 2002-2003. Any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.3.

D. The amount required to meet payments under the financial incentive scheme in accordance with Financial Regulation 6.5, estimated at US\$ 3 000 000, shall be financed from miscellaneous income.

E. The appropriations approved under paragraph A shall be financed by assessments on Members and miscellaneous income in accordance with the provisions of resolution WHA 54.17 (**reference scale of assessments**). In establishing the amounts payable by individual Members in respect of their contributions, there shall be a reduction for the amount estimated in respect of the programme support costs payable by UNDP estimated at US\$ 500 000; the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that require staff members of WHO to pay taxes on their emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization, and amounts earned under the financial incentive scheme.

5. WELCOMES efforts under way to effect efficiency savings in pursuance of resolution WHA52.20, and requests that such efforts should continue also in 2002-2003, to be applied towards the required adjustments for cost increases and currency fluctuations of US\$ 16 172 000;

6. WELCOMES further the assurance by the Director-General to provide budget information on staffing and categories of expenditure resulting from the operational planning for 2002-2003 to the Executive Board, at its 109th session;

7. REQUESTS that the Executive Board and the Health Assembly should also be regularly informed of other aspects of reform under way, notably in the area of programme monitoring and evaluation;

8. NOTES the estimated expenditure in the programme budget for 2002-2003 to be financed from sources other than the regular budget in an amount of US\$ 1 380 000 000, leading to a total budget under all sources of funds of US\$ 2 235 654 000.

Ninth plenary meeting, 22 May 2001  
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## **International classification of functioning, disability and health**

The Fifty-fourth World Health Assembly,

1. ENDORSES the second edition of the International Classification of Impairments, Disabilities and Handicaps (ICIDH), with the title International Classification of Functioning, Disability and Health, henceforth referred to in short as ICF;
2. URGES Member States to use the ICF in their research, surveillance and reporting as appropriate, taking into account specific situations in Member States and, in particular, in view of possible future revisions;
3. REQUESTS the Director-General to provide support to Member States, at their request, in making use of ICF.

Ninth plenary meeting, 22 May 2001  
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## **Reform of the Executive Board**

The Fifty-fourth World Health Assembly,

Being guided by the Purposes and Principles of the Charter of the United Nations which recognize the sovereign equality of all Member States of the United Nations;

Affirming the need for equitable participation of Members of the Organization in its affairs;

Recalling the Constitution of the World Health Organization, in particular, Articles 18, 24, 27 and 28;

Noting the views and concerns expressed by Member States on the methods of work of the Executive Board and on the limited participation of Member States not represented in the Executive Board or its subsidiary bodies in the proceedings thereof;

Bearing in mind that improved participation of Member States not represented in the Board in its proceedings, especially in its working groups and drafting committees may contribute to improving the work of the Executive Board,

1. REQUESTS the Executive Board:

(1) to conduct a review of its working methods and those of its subsidiary bodies in order to ensure that they are effective, efficient and transparent, and to ensure improved participation of Member States in its proceedings, including working groups and drafting committees;

(2) to establish, for that purpose, an ad hoc open-ended intergovernmental working group that will make recommendations to the Executive Board for improvement of its working methods;

(3) to inform the Fifty-fifth World Health Assembly on the progress of the review, including any recommendations for consideration by the Assembly;

2. REQUESTS the Director-General, within her mandate, to ensure that Member States participating in the proceedings of the Board, but not being members thereof, have adequate seating arrangements with name plates.

Ninth plenary meeting, 22 May 2001A54/VR/9

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