



Fourth report of Committee A

(Draft)

Committee A held its fourth and fifth meetings on 15 May 1998 under the chairmanship of Dr G. Durham (New Zealand) and Mr B.R. Pokhrel (Nepal).

It was decided to recommend to the Fifty-first World Health Assembly the adoption of the attached resolutions relating to the following agenda items:

20. Implementation of resolutions and decisions (progress reports by the Director-General)

Five resolutions entitled:

- Cross-border advertising, promotion and sale of medical products using the Internet
- Ethical, scientific and social implications of cloning in human health
- Global elimination of blinding trachoma
- Health promotion
- Tuberculosis

21. Disease prevention and control

21.1 Control of tropical diseases

Two resolutions entitled:

- Elimination of transmission of Chagas disease
- Elimination of leprosy as a public health problem

Agenda item 20

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

The Fifty-first World Health Assembly,

Recalling resolution WHA50.4, “Cross-border advertising, promotion and sale of medical products using the Internet”, requesting that the Director-General convene a WHO ad hoc working group to formulate recommendations on cross-border advertising, promotion, and sale of medical products using the Internet;

Recalling resolutions WHA41.17, WHA45.30 and WHA47.16 on ethical criteria for medicinal drug promotion;

Recognizing the value and great potential of electronic communications means, including the Internet, for disseminating and obtaining information regarding medical products;

Recognizing the differences among Member States in their regulatory capacities, and in their approaches to cross-border advertising, promotion, and sale of medical products;

Recognizing the importance of collaboration between Member States and WHO, as well as between consumers, health professionals, and industry, on issues involving cross-border advertising, promotion, and sale of medical products using the Internet;

Recognizing the importance of national and regional legislation, regulations, guidelines, and policies to control cross-border advertising, promotion, and sale of medical products, and the importance of ensuring adherence to these regulations;

Recognizing the importance of the development and implementation of self-regulatory mechanisms for guidelines on good information practices, where applicable consistent with the principles embodied in the WHO Ethical Criteria for Medicinal Drug Promotion;

Bearing in mind the importance of educating and training the public to recognize the value and quality of information on medical products obtained using the Internet, and of the rational use of medical products;

Recognizing the report and recommendations of the ad hoc working group on cross-border advertising, promotion, and sale of medical products using the Internet as reflected in the Director-General’s report,¹

1. URGES all Member States:

(1) to review existing legislation, regulations, and guidelines to ensure that they are applicable and adequate to cover questions of advertising, promotion, and sale of medical products using the Internet and to develop, evaluate, and implement strategies for monitoring, surveillance and enforcement;

(2) to collaborate in matters raised by use of the Internet, especially (a) the dissemination of information on difficult cases, (b) the cross-border advertising, promotion, and sale of medical products using the Internet, and (c) specific national measures for enforcement; to designate contact points for such collaboration; and to disseminate this information through WHO;

¹ Document EB101/10, section VIII.

- (3) to promote the use of the Internet for obtaining scientific information about medical products, validated by competent health authorities to ensure the quality of this information;
2. APPEALS to industry, health professional and consumer organizations and other interested parties:
 - (1) to encourage their members, where appropriate, to promote the formulation and use of good information practices, where applicable consistent with the principles embodied in the WHO Ethical Criteria for Medicinal Drug Promotion;
 - (2) to monitor and report problem cases and aspects of cross-border advertising, promotion, and sale of medical products using the Internet;
 - (3) to maintain legal and ethical standards in the cross-border advertising, promotion, and sale of medical products using the Internet;
3. REQUESTS the Director-General:
 - (1) to encourage the international community to formulate self-regulatory guidelines for good informational practices, consistent with the principles of the WHO Ethical Criteria for Medicinal Drug Promotion;
 - (2) to develop a model guide for Member States to educate people using the Internet as to how best to obtain reliable, independent and compatible information on medical products using the Internet;
 - (3) to collaborate with other appropriate international organizations and institutions on Internet issues relating to medical products;
 - (4) to urge Member States to set up or strengthen mechanisms to monitor and survey cross-border advertising, promotion, and sale of medical products using the Internet, and provide technical assistance as required;
 - (5) to urge Member States to take regulatory action, where appropriate, against violation of their national laws regarding cross-border advertising, promotion, and sale of medical products using the Internet;
 - (6) to encourage Member States and nongovernmental organizations concerned to report to WHO problem cases and aspects of cross-border advertising, promotion, and sale of medical products using the Internet and report problem cases and other aspects, as appropriate.

Agenda item 20

Ethical, scientific and social implications of cloning in human health

The Fifty-first World Health Assembly,

Recalling resolution WHA50.37 and its condemnation of human cloning for reproductive purposes as contrary to human dignity;

Noting the general consensus reached at the national and international levels since the Fiftieth World Health Assembly regarding human cloning for reproductive purposes;

Noting in particular UNESCO's Universal Declaration on the Human Genome and Human Rights and the Council of Europe's Additional Protocol to the Convention on Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine, which deal with the prohibition of cloning of human beings;

Considering that the currently available information from animal studies involving cloning by somatic cell nuclear transfer indicates that this would be an unsafe procedure for reproductive purposes in the human;

Recognizing that developments in cloning have unprecedented ethical implications and raise serious matters for concern in terms of safety of the individual and subsequent generations of human beings,

1. REAFFIRMS that cloning for the replication of human individuals is ethically unacceptable and contrary to human dignity and integrity;
2. URGES Member States to foster continued and informed debate on these issues and to take appropriate steps, including legal and juridical measures, to prohibit cloning for the purpose of replicating human individuals;
3. REQUESTS the Director-General:
 - (1) to establish a group, involving also government experts, with the aim of clarifying concepts and developing guidelines relating to the use of cloning procedures for non-reproductive purposes;
 - (2) to continue to monitor, assess and clarify, in consultation with other international organizations, national governments and professional and scientific bodies, the ethical, scientific, social and legal implications of the use of cloning for human health;
 - (3) to ensure that Member States are kept informed of developments in this area in order to facilitate decisions on national regulatory frameworks;
 - (4) to report to the Executive Board at its 103rd session and to the Fifty-second World Health Assembly on action taken by the Organization in this field.

Agenda item 20

Global elimination of blinding trachoma

The Fifty-first World Health Assembly,

Recalling resolutions WHA22.29, WHA25.55 and WHA28.54 on the prevention of blindness, and WHA45.10 on disability prevention and rehabilitation;

Aware of previous efforts and progress made in the global fight against infectious eye diseases, in particular trachoma;

Noting that blinding trachoma still constitutes a serious public health problem amongst the poorest populations in 46 endemic countries;

Concerned that there are at present some 146 million active cases of the disease, mainly among children and women, and that in addition, almost six million people are blind or visually disabled as a result of trachoma;

Recognizing the need for sustainable community-based action - including surgery for intumed eyelids, antibiotics use, facial cleanliness and environmental improvement (the SAFE strategy) - for the elimination of blinding trachoma in the remaining endemic countries;

Encouraged by recent progress towards simplified assessment and enhanced management of the disease, including large-scale preventive measures, particularly for vulnerable groups;

Noting with satisfaction the recent establishment of the WHO alliance for the global elimination of trachoma, comprising certain collaborating nongovernmental organizations and foundations and other interested parties,

1. CALLS ON Member States:

(1) to apply the new methods for the rapid assessment and mapping of blinding trachoma in the remaining endemic areas;

(2) to implement, as required, the strategy including surgery for intumed eyelids, antibiotics use, facial cleanliness and environmental improvement (the SAFE strategy) for the elimination of blinding trachoma;

(3) to collaborate in the WHO alliance for the global elimination of trachoma and its network of interested parties for the global coordination of action and specific support;

(4) to consider all possible intersectoral approaches for community development in endemic areas, particularly for greater access to clean water and basic sanitation for the populations concerned;

2. REQUESTS the Director-General:

(1) to intensify the cooperation needed with Member States in which the disease is endemic for the elimination of blinding trachoma;

- (2) further to refine the components of the SAFE strategy for trachoma elimination, particularly through operational research, and by considering potential antibiotic or other treatment schemes for safe large-scale application;
- (3) to strengthen interagency collaboration, particularly with UNICEF and the World Bank, for the mobilization of the necessary global support;
- (4) to facilitate the mobilization of extrabudgetary funds;
- (5) to report, as appropriate, to the Executive Board and the Health Assembly on progress made.

Agenda item 20

Health promotion

The Fifty-first World Health Assembly,

Recalling resolution WHA42.44 on health promotion, public information and education for health and the outcome of the four international conferences on health promotion (Ottawa, 1986; Adelaide, Australia, 1988; Sundsvall, Sweden, 1991; Jakarta, 1997);

Recognizing that the Ottawa Charter for Health Promotion has been a worldwide source of guidance and inspiration for health promotion development through its five essential strategies to build healthy public policy, create supportive environments, strengthen community action, develop personal skills, and reorient health services;

Mindful of the clear evidence that: (a) comprehensive approaches that use combinations of the five strategies are the most effective; (b) certain settings offer practical opportunities for the implementation of comprehensive strategies, such as cities, islands, local communities, markets, schools, workplaces, and health services; (c) people have to be at the centre of health promotion action and decision-making processes if they are to be effective; (d) access to education and information is vital in achieving effective participation and the “empowerment” of people and communities; (e) health promotion is a “key investment” and an essential element of health development;

Mindful of the new challenges and determinants of health and that new forms of action are needed to free the potential for health promotion in many sectors of society, among local communities, and within families, using an approach based on sound evidence;

Appreciating the potential of health promotion activities to act as a resource for societal development and that there is a clear need to break through traditional boundaries within government sectors, between governmental and nongovernmental organizations, and between the public and private sectors;

Noting the efforts made by the 10 countries with a population of over 100 million to promote the establishment of a network of most-populous countries for health promotion;

Confirming the priorities set out in the Jakarta Declaration for Health Promotion in the Twenty-first Century,

1. URGES all Member States:
 - (1) to promote social responsibility for health;
 - (2) to increase investments for health development;
 - (3) to consolidate and expand “partnerships for health”;
 - (4) to increase community capacity and “empower” the individual in matters of health;
 - (5) to strengthen consideration of health requirements and promotion in all policies;

- (6) to adopt an evidence-based approach to health promotion policy and practice, using the full range of quantitative and qualitative methodologies;
2. CALLS ON organizations of the United Nations system, intergovernmental and nongovernmental organizations and foundations, donors and the international community as a whole:
 - (1) to mobilize Member States and assist them to implement these strategies;
 - (2) to form global, regional and local health promotion networks;
3. CALLS ON the Director-General:
 - (1) to enhance the Organization's capacity with that of the Member States to foster the development of health-promoting cities, islands, local communities, markets, schools, workplaces, and health services;
 - (2) to implement strategies for health promotion throughout the life span with particular attention to the vulnerable groups in order to decrease inequities in health;
4. REQUESTS the Director-General:
 - (1) to take the lead in establishing an alliance for global health promotion and in enabling Member States to implement the Jakarta Declaration and other local/regional declarations on health promotion;
 - (2) to support the development of evidence-based health promotion policy and practice within the Organization;
 - (3) to raise health promotion to the top priority list of WHO in order to support the development of health promotion within the Organization;
 - (4) to report back to the 105th session of the Executive Board and to the Fifty-third World Health Assembly on the progress achieved.

Agenda item 20

Tuberculosis

The Fifty-first World Health Assembly,

Aware that tuberculosis is strongly associated with social and economic inequalities, especially those related to low income and gender;

Aware also that tuberculosis remains one of the most important causes of death in adults despite the existence of the highly cost-effective strategy known as “directly observed treatment, short course (DOTS)” to control the disease, and that poor treatment and inadequate control of anti-tuberculosis drugs will result in the development of drug-resistant strains that may make tuberculosis incurable;

Recognizing that the already serious situation is worsening in many countries that have been slow to implement the strategy, and that in some the disease is rapidly spreading owing to HIV infection, itself facilitated by sexually transmitted diseases;

Convinced that tuberculosis can be controlled using the DOTS strategy even under difficult conditions, although the strategy presupposes strong political commitment;

Appreciating WHO’s leadership in persuading more countries to adopt the DOTS strategy (from ten in 1990 to nearly a hundred in 1997);

Acknowledging that many countries will achieve the global targets for the year 2000 set by resolutions WHA44.8 and WHA46.36;

Concerned that most of the countries with the greatest disease burden will be unable to meet the targets;

Aware that the delay in introducing the DOTS strategy will lead to significant increase in tuberculosis prevalence and cause millions more preventable deaths,

1. URGES all Member States:

- (1) to give high priority to intensifying tuberculosis control as an integral part of primary health care;
- (2) to improve social and economic conditions for vulnerable groups in their communities;
- (3) to ensure before the year 2000 the effective introduction of the strategy known as “directly observed treatment, short course (DOTS)” as an integral part of primary health care if it has not yet been implemented;
- (4) to monitor implementation of the strategy and establish an effective disease surveillance system;
- (5) to take the necessary steps, especially in those 17 countries with the highest burden of disease that are not expected to meet the targets by the year 2000:
 - (a) to improve and sustain political commitment at national and local levels;

(b) to review the constraints faced in meeting the targets, if necessary with support from WHO, development agencies or nongovernmental organizations;

(c) to meet the targets through implementation and expansion of the DOTS strategy;

(d) to develop a detailed plan to meet the targets as soon as feasible after 2000, clearly specifying the type, amount and phasing of support to be provided by their governments, WHO, donors or nongovernmental organizations as appropriate;

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

2. CALLS ON the international community, organizations and bodies of the United Nations system, donors, nongovernmental organizations and foundations:

(1) to mobilize and sustain external financial and operational support;

(2) to encourage cooperation from other organizations and programmes for health systems development, and prevention and control of HIV/AIDS and sexually transmitted diseases and lung diseases;

3. REQUESTS the Director-General:

(1) to use all appropriate existing fora where Member States, including those 17 with the highest burden of disease, may present problems faced in implementation of the DOTS strategy and other strategies in order to overcome these problems and mobilize external technical, financial and other support needed;

(2) to encourage the accessibility of poor countries to an adequate supply of good quality medication and diagnostic equipment;

(3) to encourage the establishment of networks for the surveillance of multidrug resistance at country level or in groups of poor countries;

(4) to encourage research to ensure sustainable, cost-effective programme implementation, as well as action to prevent multi-drug-resistant tuberculosis, including the development of tools to monitor multidrug resistance, and to develop new tools to supplement the DOTS strategy (including vaccines);

(5) to intensify collaboration and coordination with UNAIDS and other programmes and agencies;

(6) to take all possible steps to maintain WHO's regular budget contribution for global tuberculosis control;

(7) to keep the Executive Board and Health Assembly informed of progress.

Agenda item 21.1

Elimination of transmission of Chagas disease

The Fifty-first World Health Assembly,

Encouraged by the considerable progress achieved in many countries such as Argentina, Brazil, Chile and Uruguay towards the elimination of Chagas disease;

Recognizing the support to national control activities provided by the national authorities;

Acknowledging the decision taken at recent subregional meetings of Ministers of Health of the Andean Region and Central America in Bogotá, and in Tegucigalpa, to launch initiatives in several countries to achieve the elimination of transmission in the above subregions;

Aware of the need for additional entomological and epidemiological data to support these initiatives;

Aware that the countries in question have set national goals to ensure the interruption of transmission by the year 2010,

1. EXPRESSES its satisfaction with the progress made by Member States in eliminating the transmission of Chagas disease;
2. DECLARES its commitment to the goal of elimination of transmission of Chagas disease by the end of 2010 as technically feasible given appropriate political, technical and economic support;
3. ENDORSES a combined strategy of house disinfection, blood-bank screening for *Trypanosoma cruzi*-infected blood, active surveillance, health education and community mobilization;
4. CALLS ON all Member States with populations still affected by Chagas disease to determine the full extent of the disease, including vector distribution, behaviour and sensitivity to insecticides, and to elaborate plans of action; establish intercountry technical commissions to initiate certification of elimination; coordinate the contributions of the international community, including multilateral and bilateral agencies and nongovernmental organizations; and explore possibilities for mobilizing additional resources to eliminate the disease within the context of primary health care;
5. INVITES bilateral and international development agencies, nongovernmental organizations, appropriate regional organizations, foundations and other donors to help to ensure that funds are available to accelerate and sustain countries' efforts to eliminate the disease;
6. URGES the Director-General:
 - (1) to support efforts to eliminate transmission of Chagas disease by the year 2010 and to provide WHO certification of elimination country by country;
 - (2) to support Member States in surveillance, programme development and implementation;
 - (3) to continue to seek extrabudgetary resources for this purpose;
 - (4) to report to the 105th session of the Executive Board on the progress achieved.

Agenda item 21.1

Elimination of leprosy as a public health problem

The Fifty-first World Health Assembly,

Recalling resolution WHA44.9 and earlier resolutions of the Health Assembly and the Executive Board on leprosy;

Noting with satisfaction the progress made so far towards eliminating leprosy as a public health problem through the widespread implementation of multidrug therapy together with intensified case-finding activities;

Recognizing the need to intensify antileprosy activities, particularly in countries with a high rate of prevalence, in order to reach the goal of elimination of leprosy as a public health problem by the year 2000,

1. URGES Member States:

- (1) to recognize the excellent opportunity to eliminate leprosy as a public health problem;
- (2) to intensify their efforts to reach remaining cases through accelerated plans, including national leprosy elimination campaigns and special initiatives to detect and treat patients in underserved communities, and by making multidrug therapy available in all peripheral health facilities;

2. REQUESTS the Director-General:

- (1) to continue to strengthen technical support to Member States in order to reach the goal of elimination of leprosy through treatment of patients with multidrug therapy, together with case-finding activities;
- (2) to continue to mobilize and coordinate technical and additional financial resources for sustainable efforts to eliminate leprosy;
- (3) to strengthen further collaboration with national and international nongovernmental organizations in order to ensure the attainment of the goal of elimination of leprosy as a public health problem;
- (4) to keep the Executive Board and the Health Assembly informed of progress.

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