



# WORLD HEALTH ORGANIZATION

FIFTY-SECOND WORLD HEALTH ASSEMBLY

(Draft) A52/36  
22 May 1999

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## First report of Committee A

(Draft)

On the proposal of the Committee on Nominations,<sup>1</sup> Mr S. Nuamah Donkor (Ghana) and Dr M. Taha bin Arif (Malaysia) were elected Vice-Chairmen, and Professor A. Akanov (Kazakhstan), Rapporteur.

Committee A held its first three meetings on 17, 19 and 20 May 1999 under the chairmanship of Dr A.J.M. Sulaiman (Oman), its fourth meeting on 20 May 1999 under the chairmanship of Mr S. Nuamah Donkor (Ghana), and its fifth and sixth meetings on 21 May 1999 under the chairmanship of Dr A.J.M. Sulaiman (Oman).

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

12. Proposed programme budget for the financial period 2000-2001

One resolution entitled:

% Reimbursement of travel expenses for attendance at regional committees

13. Technical and health matters

Two resolutions entitled:

% Smallpox eradication: destruction of variola virus stocks

% Roll Back Malaria

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<sup>1</sup> Document A52/30.

**Agenda item 12**

**Reimbursement of travel expenses for attendance  
at regional committees**

The Fifty-second World Health Assembly,

Recalling resolution WHA50.1 on reimbursement of travel expenses for attendance at the Health Assembly and resolution WHA34.4 on reimbursement of travel costs of representatives to regional committees;

Noting the inconsistency in the criteria for reimbursement of travel expenses contained in these two resolutions and desiring to harmonize policies on reimbursement,

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

## Agenda item 13

### **Smallpox eradication: destruction of variola virus stocks**

The Fifty-second World Health Assembly,

Recalling that resolution WHA49.10 recommended that the remaining stocks of variola virus should be destroyed on 30 June 1999 after a final decision had been taken by the Health Assembly;

Having considered the report of the Secretariat on destruction of the variola virus stocks, as well as the report of the January 1999 meeting of the WHO ad hoc Committee on Orthopox Virus Infections;

Affirming that the final elimination of all variola virus remains the goal of the World Health Organization and all Member States;

Noting that recent scientific reviews of the smallpox issue have presented arguments that retention of the variola virus stocks for the present would permit research for public health purposes, including the development of antiviral agents as well as an improved and safer vaccine;

Having noted a lack of consensus among Member States as to whether the Assembly should proceed to authorize destruction of the variola virus stocks on 30 June 1999, as proposed by the Assembly in 1996,

1. **STRONGLY REAFFIRMS** the decision of previous Assemblies that the remaining stocks of variola virus should be destroyed;
2. **DECIDES** to authorize temporary retention up to not later than 2002 and subject to annual review by the World Health Assembly of the existing stocks of variola virus at the current locations - the Centers for Disease Control and Prevention, Atlanta, Georgia, United States of America, and the Russian State Centre for Research on Virology and Biotechnology, Koltsovo, Novosibirsk Region, Russian Federation - for the purpose of further international research into antiviral agents and improved vaccines, and to permit high-priority investigations of the genetic structure and pathogenesis of smallpox;
3. **FURTHER DECIDES** that any such research shall be funded by Member States or by other national or international bodies and shall be conducted in an open and transparent manner only with the agreement and under the control of WHO;
4. **REQUESTS** the Director-General:
  - (1) to appoint a new group of experts which will establish what research, if any, must be carried out in order to reach global consensus on the timing for the destruction of existing variola virus stocks, and will:
    - (a) advise WHO on all actions to be taken with respect to variola;
    - (b) develop a research plan for priority work on the variola virus;

- (c) devise a mechanism for reporting of research results to the world health community;
  - (d) outline an inspection schedule to confirm the strict containment of existing stocks and to assure a safe and secure research environment for work on the variola virus, and make recommendations on these points;
- (2) to facilitate the full participation in the work of the new group of experts of a limited number of scientists and public health experts from Member States of each of the WHO regions;
  - (3) to report the initial recommendations and plans of the group of experts, including relevant costs for WHO, to the Executive Board at its 106th session in May 2000, providing that external funding has been made available for this purpose;
  - (4) to present a detailed report, including progress of the research programme on the smallpox virus, to the Executive Board and Health Assembly as soon as possible, but in any event not later than 2002, and to make recommendations to the Executive Board and Health Assembly regarding their proposals for the date of final destruction of the remaining stocks of variola virus.

## Agenda item 13

### Roll Back Malaria

The Fifty-second World Health Assembly,

Having considered the report of the Director-General on Roll Back Malaria;

Concerned that the global burden of malaria is a challenge to human development and a significant cause of poverty and human suffering, particularly in the poorest nations of the world;

Mindful of the efficacious tools currently available to reduce this burden, and the potential for their more effective use within malaria-affected communities;

Welcoming the decision by the Director-General to establish a Cabinet project to support rolling back malaria which works across the Organization;

Noting that Roll Back Malaria represents a new approach promoted by WHO, in which all concerned parties are encouraged to work in a coordinated partnership, united by common goals, consistent strategies and agreed methods of working, and that Roll Back Malaria is serving as a pathfinder in bringing these concepts into operation in relation to other international health issues;

Commending the key features of the new approach, namely, increased focus on the needs of people at risk, better response to those needs with evidence-based action, greater use of existing tools, their full integration into the health sector as a horizontal programme, and innovative public-private partnerships to develop cost-effective products and tools in view of the emergence of drug and insecticide resistance;

Appreciating the strong commitment to Roll Back Malaria from several heads of State, the Administrator of UNDP, the President of the World Bank, the Executive Director of UNICEF, and directors of other development banks, foundations and bilateral assistance agencies, expressed when the global partnership was established in December 1998,

1. ENCOURAGES Member States to reduce malaria-related suffering and promote national development in a sustained way by rolling back malaria and preventing its resurgence or reintroduction, by:

(1) engaging a wide range of personnel and institutions involved in health systems, disease control, and research, with representatives of civil society, the private sector, development agencies and other sectors;

and, where relevant, by:

(2) ensuring that sufficient resources are available to meet the challenge of rolling back malaria;

- (3) establishing and sustaining country-level partnerships to roll back malaria within the context of health sector and human development;
  - (4) utilizing relevant technical expertise that exists within countries and regions in an effective manner;
2. REQUESTS the Director-General to draw on the whole Organization in supporting Member States by:
- (1) promoting harmonized strategies and encouraging consistent technical guidance for efforts to roll back malaria;
  - (2) working with them as they establish criteria for success in rolling back malaria, and monitoring progress of country and global efforts within the context of health sector and human development;
  - (3) promoting international investment in cost-effective new approaches and products through focused support for research and for strategic public and private initiatives;
  - (4) brokering the technical and financial support that is required for success;
3. REQUESTS the Director-General:
- (1) to report regularly on progress of the global Roll Back Malaria partnership to the Executive Board and the Health Assembly, stressing the contribution that Roll Back Malaria makes to the reduction of poverty, and reviewing the extent to which the partnership serves as a pathfinder for effective joint action on other international health issues;
  - (2) to promote the aims and outcomes of the Roll Back Malaria partnership in relevant intergovernmental bodies, organizations of the United Nations system, and - when appropriate - other bodies committed to equitable human development.

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