

Stop Tuberculosis Initiative

The Fifty-third World Health Assembly,

Concerned that the global burden of tuberculosis is a major impediment to socioeconomic development and a significant cause of premature death and human suffering;

Being mindful of the fact that most countries with the greatest burden of disease will not meet global targets for tuberculosis control for 2000 set by resolutions WHA44.8 and WHA46.36;

Welcoming the establishment, in response to resolution WHA51.13, of a special Stop Tuberculosis Initiative to accelerate action against the disease and to coordinate activities across WHO,

1. ENCOURAGES all Member States:

(1) to endorse the Amsterdam Declaration To Stop Tuberculosis, as an outcome of the Ministerial Conference on Tuberculosis and Sustainable Development (Amsterdam, March 2000), and to note and apply as appropriate the recommendations from that meeting, paving the way for creation of broad and long-lasting high-level political support to tackle tuberculosis within the broader context of health, social and economic development;

(2) to accelerate tuberculosis control by implementing and expanding the strategy of directly observed treatment, short course (DOTS) and to commit themselves politically and financially to achieving or to exceeding as soon as possible the global targets set by resolutions WHA44.8 and WHA46.36;

(3) to ensure that sufficient domestic resources are available, especially in developing countries, to enable them to meet the challenges of stopping tuberculosis, and that the capacity to apply them exists;

(4) to give high priority to intensifying tuberculosis control as an integral part of primary health care;

2. RECOMMENDS that Member States should:

(1) participate with WHO in the global partnership to stop tuberculosis, and establish and sustain country-level partnerships for:

(a) study of antituberculosis drug resistance and means of its containment;

(b) improvement of diagnostic laboratories;

- (c) access to antituberculosis drugs for the poorest populations;
 - (d) education and monitoring of patients to ensure better compliance with the treatment regimen;
 - (e) training of health workers in the DOTS strategy;
 - (f) integration of tuberculosis control into primary health care institutions and activities at the central and peripheral level;
- (2) include case detection and treatment success rates – the basic outcome measures for tuberculosis – among performance indicators for overall health sector development;
- (3) continue to assess the magnitude of the impact of the AIDS epidemic on the tuberculosis epidemic and develop strategies to better address tuberculosis in persons with AIDS and in HIV-infected populations, to speed up coordination between prevention and treatment programmes for the two epidemics so as to foster an integrated approach at all levels of the health system, and to the maximum extent possible, to monitor for multidrug-resistant tuberculosis and address issues leading to its containment;
3. CALLS ON the international community, organizations and bodies of the United Nations system, donors, nongovernmental organizations and foundations:
- (1) to support and to participate in the global partnership to stop tuberculosis by which all parties coordinate activities and are united by common goals, technical strategies, and agreed-upon principles of action;
 - (2) to increase organizational and financial commitment towards combating tuberculosis within the context of overall health sector development;
4. REQUESTS the Director-General to provide support to Member States, particularly those with the highest tuberculosis burden, by:
- (1) applying, as appropriate, the recommendations of the Ministerial Conference in Amsterdam;
 - (2) exploring partnerships and options for enhancing access to safe, high-quality curative drugs;
 - (3) promoting of international investment in research, development and distribution of new diagnostics to speed up case detection and strengthen epidemiological surveillance, including support to Member States for community-based prevalence surveys or among high-risk subpopulations, the poor and those who are vulnerable to infections, new drug formulations to shorten duration of treatment, and new vaccines and other public health measures to prevent disease, reduce suffering and save millions from premature death;
 - (4) sustaining an active and participatory partnership with external organizations throughout the development and implementation of the Stop Tuberculosis Initiative and its activities;
 - (5) supporting regional programmes intended to coordinate tuberculosis control programmes.

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

The Fifty-third World Health Assembly,

Having considered the second report of the Administration, Budget and Finance Committee of the Executive Board to the Fifty-third 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;¹

Noting that, at the time of the opening of the Fifty-third World Health Assembly, the voting rights of Afghanistan, Antigua and Barbuda, Armenia, Azerbaijan, Bosnia and Herzegovina, Central African Republic, Chad, Comoros, Dominican Republic, Equatorial Guinea, Gambia, Georgia, Guinea-Bissau, Iraq, Kazakhstan, Kyrgyzstan, Niger, Republic of Moldova, Somalia, Tajikistan, Turkmenistan, Ukraine and Yugoslavia 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 resolutions WHA52.3 and WHA52.4, the voting privileges of Liberia and Guinea have been suspended as from 15 May 2000 at the opening of the Fifty-third World 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, Djibouti, Grenada, Nauru and Nigeria were in arrears at the time of the opening of the Fifty-third World Health Assembly to such an extent that it was necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of those Members should be suspended at the opening of the Fifty-fourth World Health Assembly,

1. DECIDES that in accordance with the statement of principles in resolution WHA41.7 if, by the time of the opening of the Fifty-fourth World Health Assembly, Belarus, Djibouti, Grenada, Nauru and Nigeria 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;

¹ Document A53/28.

2. DECIDES that any suspension which takes effect as aforesaid shall continue at the Fifty-fourth and subsequent Health Assemblies, until the arrears of Belarus, Djibouti, Grenada, Nauru and Nigeria have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution;

3. DECIDES 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.

Seventh plenary meeting, 19 May 2000
A53/VR/7

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**Financial report on the accounts of WHO for
1998-1999, report of the External Auditor, and
comments thereon made on behalf of the Executive
Board; report of the Internal Auditor**

The Fifty-third World Health Assembly,

Having examined the Financial report and audited financial statements for the period 1 January 1998 – 31 December 1999 and the Report of the External Auditor to the Health Assembly;¹

Having noted the first report of the Administration, Budget and Finance Committee of the Executive Board to the Fifty-third World Health Assembly,²

ACCEPTS the Director-General's Financial report and audited financial statements for the financial period 1 January 1998 – 31 December 1999 and the Report of the External Auditor to the Health Assembly.

Seventh plenary meeting, 19 May 2000
A53/VR/7

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¹ Documents A53/17 and A53/17 Add.1.

² Document A53/18.

Real Estate Fund

The Fifty-third 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 2000 to 31 May 2001;¹

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\$ 3 583 000;
2. APPROPRIATES to the Real Estate Fund from casual income the sum of US\$ 2 141 721.

Seventh plenary meeting, 19 May 2000
A53/VR/7

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¹ See document EB105/2000/REC/1, Annex 4.

Casual income

The Fifty-third World Health Assembly

DECIDES that the estimated amount available in casual income as at 31 December 1999 should be used:

	US \$
(i) to part finance the 2002-2003 regular budget to be apportioned among Member States in accordance with the financial incentive scheme (resolution WHA41.12) from the estimated interest earnings in 1999	6 012 373
(ii) to finance the Real Estate Fund in accordance with proposals contained in document EB105/24	2 141 721
(iii) to replenish the Working Capital Fund by the amount of arrears of contributions credited to casual income	10 298 723
(iv) to return the balance to Member States in 2000 to apply against their regular budget assessments	6 372 696
	<hr/> 24 825 513 <hr/>

Seventh plenary meeting, 19 May 2000
A53/VR/7

Amendments to the Financial Regulations

The Fifty-third World Health Assembly,

Having considered the report by the Secretariat,¹

ADOPTS the proposed revised Financial Regulations to enter into force upon confirmation of new Financial Rules by the Executive Board.

Seventh plenary meeting, 19 May 2000
A53/VR/7

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¹ Contained in document A53/22.

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

The Fifty-third 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\$ 143 674 per annum before staff assessment, resulting in a modified net salary of US\$ 99 278 (dependency rate) or US\$ 89 899 (single rate);
2. ESTABLISHES the salary for the Director-General at US\$ 194 548 per annum before staff assessment, resulting in a modified net salary of US\$ 130 820 (dependency rate) or US\$ 116 334 (single rate);
3. DECIDES that those adjustments in remuneration shall take effect on 1 March 2000.

Seventh plenary meeting, 19 May 2000
A53/VR/7

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Regulations for Expert Advisory Panels and Committees

The Fifty-third World Health Assembly,

Having considered the draft amendments to the Regulations for Expert Advisory Panels and Committees,

1. APPROVES the amendments to the Regulations for Expert Advisory Panels and Committees adopted by the Health Assembly in resolution WHA35.10, as amended in decision WHA45(10) and resolution WHA49.29;
2. ENDORSES resolution EB105.R7 concerning the Regulations for Study and Scientific Groups, Collaborating Institutions and other Mechanisms of Collaboration.

Seventh plenary meeting, 19 May 2000
A53/VR/7

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Participation of WHO in the 1986 Vienna Convention on the Law of Treaties between States and International Organizations or between International Organizations

The Fifty-third World Health Assembly,

Acknowledging that the United Nations General Assembly, by resolution 53/100 of 8 December 1998, encouraged international organizations that have signed the 1986 Vienna Convention on the Law of Treaties between States and International Organizations or between International Organizations, to deposit an act of formal confirmation of the Convention at an early date;

Having considered the report on the subject;¹

Bearing in mind that the entry into force of the Convention would safeguard the legal interests of both States and international organizations, including WHO;

Wishing to support, within its area of competence, promotion of the acceptance of and respect for the principles of international law, which was one of the purposes of the United Nations Decade of International Law,

AUTHORIZES the Director-General to deposit with the Secretary-General of the United Nations an act of formal confirmation of the 1986 Vienna Convention on the Law of Treaties between States and International Organizations or between International Organizations, in conformity with Article 83 of the Convention.

Eighth plenary meeting, 20 May 2000
A53/VR/8

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¹ See document EB105/2000/REC/1, Annex 6.

International Decade of the World's Indigenous People

The Fifty-third World Health Assembly,

Recalling resolutions WHA47.27, WHA48.24, WHA49.26, WHA50.31 and WHA51.24 on WHO's contribution to achievement of 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";

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

Taking note of the conclusions and recommendations of the "International Consultation on the Health of Indigenous Peoples" (Geneva, 23 to 26 November 1999),

1. URGES Member States:

- (1) to make adequate provisions for indigenous health needs in their national health systems;
- (2) to recognize and protect the right of indigenous people to enjoyment of the highest attainable standard of health within overall national development policies;
- (3) to respect, preserve and maintain traditional healing practices and remedies, and to seek to ensure that indigenous people retain this traditional knowledge and its benefits;

2. REQUESTS WHO's regional committees to consider the adoption of regional action plans on indigenous health that take into account the conclusions and recommendations of the "International Consultation on the Health of Indigenous Peoples";

3. REQUESTS the Director-General:

- (1) to ensure that all WHO activities relevant to indigenous people are undertaken in close partnership with them;
- (2) to collaborate with partners in health and development for the protection and promotion of the right of the world's indigenous people to the enjoyment of the highest attainable standard of health;
- (3) to complete, in close consultation with national governments and organizations of indigenous people, development of a global plan of action to improve the health of indigenous people, with particular emphasis on the needs of those in developing countries, as WHO's contribution to the Decade and beyond.

Eighth plenary meeting, 20 May 2000
A53/VR/8

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

The Fifty-third 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 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;

Expressing the hope that the peace talks between the parties concerned in the Middle East will lead to a just and comprehensive peace in the area, securing, in particular, the Palestinian right to self-determination including the option of a State;

Noting the signing in Washington, D.C. on 13 September 1993 of the Declaration of Principles on Interim Self-Government Arrangements between the Government of Israel and the Palestine Liberation Organization (PLO), the commencement of the implementation of the Declaration of Principles following the signing of the Cairo Accord on 4 May 1994, the interim agreement signed in Washington, D.C. on 28 September 1995, the transfer of health services to the Palestinian Authority, and the launching of the final stage of negotiations between Israel and the PLO on 5 May 1996;

Emphasizing the urgent need to implement the Declaration of Principles and the subsequent Accords;

Expressing grave concern about the Israeli settlement policies in the Palestinian occupied territory, including occupied 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 to 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 recurrent closure of the Palestinian territory on its socioeconomic development, including the health sector;

Recognizing the need for increased support and health assistance to the Palestinian population in the 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 Syrian Arab population;

Recognizing that the Palestinian people will have to make strenuous efforts to improve their health infrastructure, and taking note of the initiation of cooperation between the Israeli Ministry of Health and the Palestinian Ministry of Health which emphasizes that health development is best enhanced under conditions of peace and stability;

Reaffirming the right of the Palestinian patients and the medical staff to be able to benefit from the 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;

Having considered the report of the Director-General,

1. EXPRESSES the hope that the peace talks will lead to the establishment of a just, lasting and comprehensive peace in the Middle East;
2. CALLS UPON Israel not to hamper the Palestinian Ministry of Health in carrying out their full responsibility for the Palestinian people, including in occupied East Jerusalem, and to lift the partial and complete closures imposed on the Palestinian territory;
3. AFFIRMS the need to support the efforts of the Palestinian Authority in the field of health in order to enable it to develop its own health system so as to meet the needs of the Palestinian people in administering their own affairs and supervising their own health services;
4. URGES Member States, intergovernmental organizations, nongovernmental organizations and regional organizations to provide speedy and generous assistance in the achievement of health development for the Palestinian people;
5. THANKS the Director-General for her report and efforts, 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;
 - (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-fourth World Health Assembly;

6. 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.

Eighth plenary meeting, 20 May 2000
A53/VR/8

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Global Alliance for Vaccines and Immunization¹

The Fifty-third World Health Assembly,

Noting with deep concern that about 6.8 million children under five years of age die each year from infectious and parasitic diseases, and that some two million children still die each year from diseases that can be prevented by currently available vaccines;

Noting that existing immunization programmes currently save about three million lives per year worldwide and prevent nearly 750 000 cases of blindness, paralysis and mental disability annually;

Recognizing that in some countries immunization rates are stagnating and even declining, and that great disparity exists between industrialized and developing countries in the availability of vaccines;

Recognizing that many developing countries cannot afford to pay all the costs associated with universal childhood immunization and the establishment of safe and efficient delivery systems to cover their child populations;

Acknowledging that immunization is one of the most cost-effective health interventions and that it contributes to reducing poverty,

1. ENDORSES the objectives of the Global Alliance for Vaccines and Immunization (GAVI) – a global network comprising governments, bilateral agencies, technical agencies, WHO, UNICEF, the World Bank, the pharmaceutical industry, the Bill and Melinda Gates Foundation and the Rockefeller Foundation – namely, improving access to sustainable immunization services; expanding the use of all existing safe and cost-effective vaccines; accelerating the development and introduction of new vaccines; accelerating research and development efforts for vaccines and related products specifically needed by developing countries, particularly vaccines against HIV/AIDS, malaria and tuberculosis; and making immunization coverage a centrepiece in the design and assessment of international development efforts, including debt relief;

2. URGES Member States:

(1) to support the work of the Alliance by calling upon leaders at the highest levels to back vaccine and immunization initiatives in their countries, and to remove obstacles that reduce access to vaccines;

¹ See document EB105/2000/REC/1, Annex 1.

- (2) to formulate common strategies to enhance immunization delivery and to stimulate introduction of vaccines;
- (3) to increase national efforts devoted to childhood immunization;
- (4) to encourage public and private agencies to meet the objectives of the Alliance;
- (5) to support and further the objectives of the Alliance through the Global Fund for Children's Vaccines and other existing mechanisms among the partners;
- (6) to support new financing mechanisms for vaccine development and immunization;

3. REQUESTS the Director-General:

- (1) to promote the objectives of the Alliance through leadership in the field of vaccines and immunization;
- (2) to advocate increased private and public sector support for vaccine research and development and for the strengthening of immunization services in the poorest countries;
- (3) to promote and to monitor strictly the quality assurance of vaccines;
- (4) to report on progress and activities of the Alliance to the Executive Board at its 109th session in January 2002 and to the Fifty-fifth World Health Assembly in May 2002.

Eighth plenary meeting, 20 May 2000
A53/VR/8

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Collaboration within the United Nations system and with other intergovernmental organizations

Aligning the participation of Palestine in the World Health Organization with its participation in the United Nations

The Fifty-third World Health Assembly,

Bearing in mind United Nations General Assembly resolution 52/250 adopted on 7 July 1998 and entitled "Participation of Palestine in the work of the United Nations",

DECIDES to confer upon Palestine in the World Health Assembly and other meetings of the World Health Organization, in its capacity as an observer, the rights and privileges described in the Annex to the aforementioned resolution of the United Nations General Assembly.¹

RESOLUTION ADOPTED BY THE GENERAL ASSEMBLY

52/250. Participation of Palestine in the work of the United Nations

The General Assembly,

Recalling its resolution 181 (II) of 29 November 1947, in which, *inter alia*, it recommended the partition of Palestine into a Jewish State and an Arab State, with Jerusalem as a *corpus separatum*,

Recalling also its resolution 3237 (XXIX) of 22 November 1974, by which it granted observer status to the Palestine Liberation Organization,

Recalling further its resolution 43/160 A of 9 December 1988, adopted under the item entitled "Observer status of national liberation movements recognized by the Organization of African Unity and/or by the League of Arab States", in which it decided that the Palestine Liberation Organization was entitled to have its communications issued and circulated as official documents of the United Nations,

¹ See resolution 52/250 and Annex, below.

Recalling its resolution 43/177 of 15 December 1988, in which it acknowledged the proclamation of the State of Palestine by the Palestine National Council on 15 November 1988 and decided that the designation "Palestine" should be used in place of the designation "Palestine Liberation Organization" in the United Nations system,

Recalling also its resolutions 49/12 A of 9 November 1994 and 49/12 B of 24 May 1995, through which, *inter alia*, arrangements for the special commemorative meeting of the General Assembly on the occasion of the fiftieth anniversary of the United Nations, in addition to applying to all Member and observer States, were also applied to Palestine, in its capacity as observer, including in the organizing process of the list of speakers for the commemorative meeting,

Recalling further that Palestine enjoys full membership in the Group of Asian States and the Economic and Social Commission for Western Asia,

Aware that Palestine is a full member of the League of Arab States, the Movement of Non-Aligned Countries, the Organization of the Islamic Conference, and the Group of 77 and China,

Aware also that general democratic Palestinian elections were held on 20 January 1996 and that the Palestinian Authority was established on part of the occupied Palestinian territory,

Desirous of contributing to the achievement of the inalienable rights of the Palestinian people, thus attaining a just and comprehensive peace in the Middle East,

1. *Decides* to confer upon Palestine, in its capacity as observer, and as contained in the annex to the present resolution, additional rights and privileges of participation in the sessions and work of the General Assembly and the international conferences convened under the auspices of the Assembly or other organs of the United Nations, as well as in United Nations conferences;
2. *Requests* the Secretary-General to inform the General Assembly, within the current session, about the implementation of the modalities annexed to the present resolution.

*89th plenary meeting
7 July 1998*

ANNEX

The additional rights and privileges of participation of Palestine shall be effected through the following modalities, without prejudice to the existing rights and privileges:

1. The right to participate in the general debate of the General Assembly.
2. Without prejudice to the priority of Member States, Palestine shall have the right of inscription on the list of speakers under agenda items other than Palestinian and Middle East issues at any plenary meeting of the General Assembly, after the last Member State inscribed on the list of that meeting.
3. The right of reply.
4. The right to raise points of order related to the proceedings on Palestinian and Middle East issues, provided that the right to raise such a point of order shall not include the right to challenge the decision of the presiding officer.
5. The right to co-sponsor draft resolutions and decisions on Palestinian and Middle East issues. Such draft resolutions and decisions shall be put to a vote only upon request from a Member State.

6. The right to make interventions, with a precursory explanation or the recall of relevant General Assembly resolutions being made only once by the President of the General Assembly at the start of each session of the Assembly.

7. Seating for Palestine shall be arranged immediately after non-member States and before the other observers; and with the allocation of six seats in the General Assembly Hall.

8. Palestine shall not have the right to vote or to put forward candidates.

Eighth plenary meeting, 20 May 2000
A53/VR/8

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HIV/AIDS: confronting the epidemic

The Fifty-third World Health Assembly,

Having considered the report by the Director-General on HIV/AIDS;

Noting with deep concern that nearly 34 million people worldwide are currently living with HIV/AIDS, and 95% are in developing countries; and that the development gains of the past 50 years, including the increase in child survival and in life expectancy, are being reversed by the HIV/AIDS epidemic;

Further noting that in sub-Saharan Africa, where over 23 million people are infected, HIV/AIDS is the leading cause of death, and where more women are now infected than men; and that HIV infection is increasing rapidly in Asia, particularly in south and south-east Asia, where 6 million people are infected;

Recalling resolution WHA52.19 which *inter alia* requests the Director-General:

to cooperate with Member States, at their request, and with international organizations in monitoring and analysing the pharmaceutical and public health implications of relevant international agreements, including trade agreements, so that Member States can effectively assess and subsequently develop pharmaceutical and health policies and regulatory measures that address their concerns and priorities, and are able to maximize the positive and mitigate the negative impact of those agreements;

Recognizing that poverty and inequality between men and women are driving the epidemic; and that denial, discrimination and stigma continue to be major obstacles to an effective response to the epidemic;

Underlining the need to advocate respect for human rights in the implementation of all measures to respond to the epidemic;

Acknowledging that political commitment is essential to deal with a problem of this magnitude;

Recognizing that resources devoted to combating the epidemic both at national and international levels are not commensurate with the magnitude of the problem;

Recalling United Nations Economic and Social Council resolution 1999/36 on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), which stresses, *inter*

alia, governments' responsibility to intensify all efforts in combating AIDS through multisectoral action;

Recalling the recent session of the United Nations Security Council devoted to the HIV/AIDS crisis in Africa, in which the Security Council recognized that HIV/AIDS is a unique modern-day plague that threatens the political, economic and social stability of sub-Saharan Africa and Asia,

1. URGES Member States:

(1) to match their political commitment, as demonstrated in several recent initiatives of political leaders of Member States, to the magnitude of the problem by allocating an appropriate national and donor budget for HIV/AIDS prevention as well as for care and support of the infected and affected;

(2) to establish programmes to combat poverty with the support of donors, implement them in a rigorous and transparent manner, and advocate:

- cancellation of debt in order to free resources for, *inter alia*, HIV/AIDS prevention and care, as proposed by the G8 Summit at Cologne,
- improvement of the living conditions of populations,
- reduction of unemployment,
- improvement of the standard of public health;

(3) to provide increased support for UNAIDS, and WHO as one of its cosponsors, in their efforts against AIDS, including efforts in the context of the International Partnership against AIDS in Africa;

(4) to strengthen public education on HIV/AIDS and to pay particular attention to national strategic plans directed at reducing the vulnerability of women, children and adolescents, bearing in mind that public education and national campaigns should place emphasis on prevention, on reducing discrimination and stigmatization, and on promoting healthy environments to prevent and alleviate AIDS problems;

(5) to take all necessary measures to protect children infected and/or affected by HIV/AIDS from all forms of discrimination, stigma, abuse and neglect, in particular protecting their access to health, education and social services;

(6) to apply experiences and lessons learned and the growing body of scientific knowledge regarding proven effective interventions for prevention and care in order to reduce the spread of HIV/AIDS and to increase the quality and length of life of those infected;

(7) to ensure that blood transfusion services do not constitute an HIV risk factor by ensuring that all individuals have access to safe blood and blood products that are accessible and adequate to meet their needs, are obtained from voluntary, nonremunerated blood donors, are transfused only when necessary, and are provided as part of a sustainable blood transfusion programme within the existing health care system;

- (8) to build and strengthen partnerships between health providers and the community, including nongovernmental organizations, in order to direct community resources towards proven effective interventions;
- (9) to implement key strategies for HIV/AIDS prevention, in particular management of sexually transmitted infections and promotion of safer sex, including by ensuring availability of male and female condoms;
- (10) to strengthen health systems that ensure adequate and skilled human resources, supply systems and financing schemes in order to address the needs for HIV/AIDS care and prevention;
- (11) to take steps to reduce use of illicit substances and to protect injecting drug users and their sexual partners against HIV infection;
- (12) to increase access to, and quality of, care in order to improve quality of life, assure the dignity of the individual, and meet the medical and psychosocial needs of people living with HIV/AIDS, including treatment and prevention of HIV-related illnesses and provision of a continuum of care, with efficient referral mechanisms between home, clinic, hospital and institution;
- (13) to reaffirm their commitment to previous resolutions on the revised drug strategy and to ensure the necessary actions within their national drug policies to guarantee public health interests and equitable access to care, including medicines;
- (14) to make use of indicators developed by WHO to monitor progress;
- (15) to collaborate with the WHO Secretariat and other international agencies to regularly update existing databases in order to provide Member States with information on prices of essential drugs including HIV-related drugs;
- (16) to increase access to treatment and prophylaxis of HIV-related illnesses through measures such as ensuring the provision and affordability of drugs, including a reliable distribution and delivery system; implementation of a strong generic drug policy; bulk purchasing; negotiation with pharmaceutical companies; appropriate financing systems; and encouragement of local manufacturing and import practices consistent with national laws and international agreements acceded to;
- (17) to define and affirm their role and, where appropriate, engage in partnerships and solidarity initiatives to make prophylactic and therapeutic drugs accessible, affordable and safely and effectively used, whether intended for prevention of mother-to-child transmission, prevention and treatment of opportunistic diseases, or antiretroviral treatment for patients;
- (18) to establish or to expand counselling services and voluntary confidential HIV-testing in order to encourage health-seeking behaviour and to act as an entry point for prevention and care;
- (19) to continue research on the prevention of mother-to-child transmission of HIV and to integrate interventions for it into primary health care, including reproductive health services, as part of comprehensive care for HIV-infected pregnant women and postnatal follow-up for them and for their families, ensuring that such research is free from interests that might bias the results and that commercial involvement should be clearly disclosed;

(20) to promote research on behaviour change and cultural factors that influence sexual behaviour;

(21) to establish and strengthen monitoring and evaluation systems, including epidemiological and behavioural surveillance and assessment of the response of health systems to the epidemics of HIV/AIDS and sexually transmitted infections, with the promotion of intercountry subregional collaboration;

2. REQUESTS the Director-General:

(1) to continue strengthening the involvement of WHO, as a cosponsor of UNAIDS, in the United Nations system-wide response to HIV/AIDS, including at country level;

(2) to develop a global health-sector strategy for responding to the epidemics of HIV/AIDS and sexually transmitted infections as part of the United Nations system's strategic plan for HIV/AIDS for 2001-2005, and to report on progress in development of the strategy to the Executive Board at its 107th session;

(3) to give priority in WHO's regular budget to the prevention and control of HIV/AIDS, and to engage the Organization as an active partner in the implementation of a transparent and joint resource mobilization strategy in support of the unified budget and work plan of the UNAIDS Secretariat and its cosponsors, and to actively encourage the donor community to increase support for regional and country-level interventions;

(4) to further mobilize funds in support of national HIV/AIDS prevention and control programmes and for care and support given through the home and community-level programmes;

(5) to further support the implementation of drug price monitoring systems in Member States, at their request, with a view to the promotion of equitable access to care, including essential drugs;

(6) to strengthen Member States' capacity for the implementation of drug monitoring systems in order to better identify adverse reactions and misuse of drugs within health systems, thus promoting a rational use of drugs;

(7) to continue the development of methods and support for monitoring the pharmaceutical and public health implications of trade agreements;

(8) to involve WHO fully in the International Partnership against AIDS in Africa, as well as other programmes against HIV/AIDS in other Member States, particularly at country level, within the context of national strategic plans;

(9) to cooperate with Member States in organizing nationally coordinated blood-transfusion services;

(10) to collaborate with Member States in strengthening the capacity of health systems both to respond to the epidemics through integrated prevention of HIV/AIDS and sexually transmitted infections and care for infected people and to promote health systems research to frame policy on health systems' response to HIV/AIDS and sexually transmitted infections;

- (11) to advocate respect for human rights in the implementation of all measures responding to the epidemic;
- (12) to intensify the support of national efforts against HIV/AIDS, aimed at providing assistance to children infected or affected by the epidemic, focusing particularly in the worst-hit regions of the world and where the epidemic is severely setting back national development gains;
- (13) to appeal to the international community, relevant United Nations agencies, donor agencies and programmes, and intergovernmental and nongovernmental organizations to also give importance to the treatment and rehabilitation of children infected with HIV/AIDS, to invite them to consider further involving the private sector;
- (14) to ensure that WHO, together with the UNAIDS Secretariat and other interested UNAIDS cosponsors, pursue proactively and effectively its dialogue with the pharmaceutical industry, in conjunction with Member States and associations of persons living with HIV/AIDS, to make HIV/AIDS-related drugs increasingly accessible to developing countries through drug development, cost reduction, and strengthening of reliable distribution systems;
- (15) to reinforce, promote, and explore partnerships both to make HIV/AIDS-related drugs accessible through affordable prices, appropriate financing systems, and effective health care systems and to ensure that drugs are safely and effectively used;
- (16) to cooperate with governments, at their request, and other international organizations on possible options under relevant international agreements, including trade agreements, to improve access to HIV/AIDS-related drugs;
- (17) to promote, encourage and support research and development on: vaccines appropriate for strains of HIV found in both developed and developing countries; diagnostic tools and antimicrobial drugs for other sexually transmitted infections; and treatment for HIV/AIDS, including traditional medicine;
- (18) to intensify efforts to prevent HIV and sexually transmitted infections in women, including promotion of research on and development of microbicides and affordable female condoms to provide women and girls with female-initiated protection methods;
- (19) to continue, in the context of efforts under way with UNICEF, UNFPA and the UNAIDS Secretariat, to provide technical support to Member States for implementation of strategies and programmes to prevent mother-to-child transmission of HIV, and to improve capacity for intersectoral collaboration;
- (20) to provide support to Member States for collecting and analysing information on the epidemics of HIV/AIDS and sexually transmitted infections, developing methodologies for behavioural surveillance, and producing periodic updates;
- (21) to provide increased support to Member States for the prevention of HIV transmission in injecting drug users in order to avoid an explosive spread of HIV/AIDS in that vulnerable population;
- (22) to advocate for research on nutrition in relation to HIV/AIDS;

(23) to advise Member States on the appropriate treatment regimen for HIV/AIDS and to advise in collaboration with other relevant international organizations on the management, legal and regulatory issues to improve affordability and accessibility;

(24) to appeal to bilateral and multilateral partners to simplify the procedures for the allocation of resources.

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Food safety

The Fifty-third World Health Assembly,

Deeply concerned that foodborne illnesses associated with microbial pathogens, biotoxins and chemical contaminants in food represent a serious threat to the health of millions of people in the world;

Recognizing that foodborne diseases significantly affect people's health and well-being and have economic consequences for individuals, families, communities, businesses, and countries;

Acknowledging the importance of all services – including public health services – responsible for food safety, in ensuring the safety of food and in harmonizing the efforts of all stakeholders throughout the food chain;

Aware of the increased concern of consumers about the safety of food, particularly after recent foodborne-disease outbreaks of international and global scope and the emergence of new food products derived from biotechnology;

Recognizing the importance of the standards, guidelines and other recommendations of the Codex Alimentarius Commission for protecting the health of consumers and assuring fair trading practices;

Noting the need for surveillance systems for assessment of the burden of foodborne disease and the development of evidence-based national and international control strategies;

Mindful that food safety systems must take account of the trend towards integration of agriculture and the food industry and of ensuing changes in farming, production, and marketing practices and consumer habits in both developed and developing countries;

Mindful of the growing importance of microbiological agents in foodborne-disease outbreaks at international level and of the increasing resistance of some foodborne bacteria to common therapies, particularly because of the widespread use of antimicrobials in agriculture and in clinical practice;

Aware of the improvements in public health protection and in the development of sustainable food and agricultural sectors that could result from the enhancement of WHO's food safety activities;

Recognizing that developing countries rely for their food supply primarily on traditional agriculture and small- and medium-sized food industry, and that in most developing countries, the food safety systems remain weak,

1. URGES Member States:

- (1) to integrate food safety as one of their essential public health and public nutrition functions and to provide adequate resources to establish and strengthen their food safety programmes in close collaboration with their applied nutrition and epidemiological surveillance programmes;
- (2) to develop and implement systematic and sustainable preventive measures aimed at reducing significantly the occurrence of foodborne illnesses;
- (3) to develop and maintain national, and where appropriate, regional means for surveillance of foodborne diseases and for monitoring and controlling relevant microorganisms and chemicals in food; to reinforce the principal responsibility of producers, manufacturers, and traders for food safety; and to increase the capacity of laboratories, especially in developing countries;
- (4) to integrate measures in their food safety policies aimed at preventing the development of microbial agents that are resistant to antibiotics;
- (5) to support the development of science in the assessment of risks related to food, including the analysis of risk factors relevant to foodborne disease;
- (6) to integrate food safety matters into health and nutrition education and information programmes for consumers, particularly within primary and secondary school curricula, and to initiate culture-specific health and nutrition education programmes for food handlers, consumers, farmers, producers and agro-food industry personnel;
- (7) to develop outreach programmes for the private sector that can improve food safety at the consumer level, with emphasis on hazard prevention and orientation for good manufacturing practices, especially in urban food markets, taking into account the specific needs and characteristics of micro- and small-food industries, and to explore opportunities for cooperation with the food industry and consumer associations in order to raise awareness regarding the use of good and ecologically safe farming and good hygienic and manufacturing practices;
- (8) to coordinate the food safety activities of all relevant national sectors concerned with food safety matters, particularly those related to the risk assessment of foodborne hazards, including the influence of packaging, storage and handling;
- (9) to participate actively in the work of the Codex Alimentarius Commission and its committees, including activities in the emerging area of food-safety risk analysis;
- (10) to ensure appropriate, full and accurate disclosure in labelling of food products, including warnings and best-before dates where relevant;
- (11) to legislate for control of the reuse of containers for food products and for the prohibition of false claims;

2. REQUESTS the Director-General:

- (1) to give greater emphasis to food safety, in view of WHO's global leadership in public health, and in collaboration and coordination with other international organizations, notably the

Food and Agriculture Organization of the United Nations (FAO), and within the Codex Alimentarius Commission, and to work towards integrating food safety as one of WHO's essential public health functions, with the goal of developing sustainable, integrated food safety systems for the reduction of health risk along the entire food chain, from the primary producer to the consumer;

(2) to support Member States in the identification of food-related diseases and the assessment of foodborne hazards, and storage, packaging and handling issues;

(2 bis) to provide developing countries with support for the training of their staff, taking into account the technological context of production in these countries;

(3) to focus on emerging problems related to the development of antimicrobial-resistant microorganisms stemming from the use of antimicrobials in food production and clinical practice;

(4) to put in place a global strategy for the surveillance of foodborne diseases and for the efficient gathering and exchange of information in and between countries and regions, taking into account the current revision of the International Health Regulations;

(5) to convene, as soon as practicable, an initial strategic planning meeting of food safety experts from Member States, international organizations, and nongovernmental organizations with an interest in food safety issues;

(6) to provide, in close collaboration with other international organizations active in this area, particularly FAO and the International Office of Epizootics (OIE), technical support to developing countries in assessing the burden on health and prioritizing disease-control strategies through the development of laboratory-based surveillance systems for major foodborne pathogens, including antimicrobial-resistant bacteria, and in monitoring contaminants in food;

(7) in collaboration with FAO and other bodies as appropriate, to strengthen the application of science in the assessment of acute and long-term health risks related to food, and specifically to support the establishment of an expert advisory body on microbiological risk assessment and to strengthen the expert advisory bodies that provide scientific guidance on food safety issues related to chemicals, and to maintain an updated databank of this scientific evidence to support Member States in making health-related decisions in these matters;

(8) to ensure that the procedures for designating experts and preparing scientific opinions are such as to guarantee the transparency, excellence and independence of the opinions delivered;

(9) to encourage research to support evidence-based strategies for the control of foodborne diseases, particularly research on risk factors related to emergence and increase of foodborne diseases and on simple methods for the management and control of health risks related to food;

(10) to examine the current working relationship between WHO and FAO, with a view to increasing the involvement and support of WHO in the work of the Codex Alimentarius Commission and its committees;

(11) to support Member States in providing the scientific basis for health-related decisions regarding genetically modified foods;

- (12) to support the inclusion of health considerations in international trade in food and food donations;
- (13) to make the largest possible use of information from developing countries in risk assessment for international standard-setting, and to strengthen technical training in developing countries by providing them with a comprehensive document in WHO working languages, to the extent possible;
- (14) to proactively pursue action, on behalf of developing countries, so that the level of technological development in developing countries is taken into account in the adoption and application of international standards on food safety;
- (15) to respond immediately to international and national food safety emergencies and to assist countries in crisis management;
- (16) to call upon all stakeholders – especially the private sector – to take their responsibility for the quality and safety of food production, including environmental protection awareness throughout the food chain;
- (17) to support capacity building in Member States, especially those from the developing world, and facilitate their full participation in the work of the Codex Alimentarius Commission and its different committees, including activities in food safety risk analysis processes.

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Framework convention on tobacco control

The Fifty-third World Health Assembly,

Recalling and reaffirming resolution WHA52.18 which established both an intergovernmental negotiating body to draft and negotiate the proposed WHO framework convention on tobacco control and possible related protocols and a working group to prepare proposed draft elements of the framework convention and report on progress;

Having considered the report to the Health Assembly on the framework convention on tobacco control,¹

1. TAKES NOTE of the significant progress made, as reported in documents A53/12 and A53/12 Corr.1, and expresses its appreciation for the work of the working group, its Bureau and the Secretariat;
2. RECOGNIZES that the report contained in documents A53/12 and A53/12 Corr.1, including the proposed draft elements for a framework convention, establishes a sound basis for initiating the negotiations by the Intergovernmental Negotiating Body (INB);
3. RECOGNIZES that the success of the FCTC depends on broad participation by WHO Member States and organizations referred to in paragraph 1(3) of resolution WHA52.18;
4. CALLS ON the Negotiating Body:
 - (1) to elect at its first session a chairman, three vice-chairmen and two rapporteurs, and to consider the applicability of an extended bureau;
 - (2) to commence its negotiations with an initial focus on the draft framework convention, without prejudice to future discussions on possible related protocols;
 - (3) to report on the progress of its work to the Fifty-fourth World Health Assembly;
 - (4) to examine the question of an extended participation, as observers, of nongovernmental organizations according to criteria to be established by the Negotiating Body;

¹ Documents A53/12 and A53/12 Corr.1.

5. REQUESTS the Director-General:

- (1) to convene the first session of the Negotiating Body in October 2000;
- (2) to draw up, for consideration by the Negotiating Body at its first session, a draft timetable for the process, with information on costs related to the sessions of the Negotiating Body and the availability of funds to cover them, giving special consideration to securing the participation of delegates from developing countries.

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Prevention and control of noncommunicable diseases

The Fifty-third World Health Assembly,

Recalling resolution WHA51.18 on noncommunicable disease prevention and control requesting the Director-General to formulate a global strategy for the prevention and control of noncommunicable diseases and to submit the proposed global strategy and a plan for implementation to the Executive Board and Health Assembly;

Recognizing the enormous human suffering caused by noncommunicable diseases such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, and the threat they pose to the economies of many Member States, leading to increasing health inequalities between countries and populations;

Noting that the conditions in which people live and their lifestyles influence their health and quality of life, and that the most prominent noncommunicable diseases are linked to common risk factors, namely, tobacco use, alcohol abuse, unhealthy diet, physical inactivity, environmental carcinogens and being aware that these risk factors have economic, social, gender, political, behavioural and environmental determinants;

Reaffirming that the global strategy for the prevention and control of noncommunicable diseases and the ensuing implementation plan are directed at reducing premature mortality and improving quality of life;

Recognizing the leadership role that WHO should play in promoting global action against noncommunicable diseases and its contribution to global health based on its advantages compared to other organizations,

1. URGES Member States:

(1) to develop a national policy framework taking into account several policy instruments such as healthy public policies creating a conducive environment for healthy lifestyles; fiscal and taxation policies towards healthy and unhealthy goods and services; and public media policies empowering the community;

(2) to establish programmes, at national or any other appropriate level, in the framework of the global strategy for the prevention and control of major noncommunicable diseases, and specifically:

- (a) to develop a mechanism to provide evidence-based information for policy-making, advocacy, programme monitoring and evaluation;
- (b) to assess and monitor mortality and morbidity attributable to noncommunicable disease, and the level of exposure to risk factors and their determinants in the population, by strengthening the health information system;
- (c) to continue pursuit of intersectoral and cross-cutting health goals required for prevention and control of noncommunicable diseases by according noncommunicable diseases priority on the public health agenda;
- (d) to emphasize the key role of governmental functions, including regulatory functions, when combating noncommunicable diseases, such as development of nutrition policy, control of tobacco products, prevention of alcohol abuse and policies to encourage physical activity;
- (e) to promote community-based initiatives for prevention of noncommunicable diseases, based on a comprehensive risk-factor approach;
- (f) based on available evidence, to support the development of clinical guidelines for cost-effective screening, diagnosis and treatment of common noncommunicable diseases;
- (g) appropriate health promotion strategies be included in school health programmes and in programmes geared to youth.

(3) to promote the effectiveness of secondary and tertiary prevention, including rehabilitation and long-term care, and to ensure that health care systems are responsive to chronic noncommunicable diseases and that their management is based on cost-effective health care interventions and equitable access;

(4) to share their national experiences and to build the capacity at regional, national and community levels for the development, implementation and evaluation of programmes for the prevention and control of noncommunicable diseases;

2. REQUESTS the Director-General:

(1) to continue giving priority to the prevention and control of noncommunicable diseases, with special emphasis on developing countries and other deprived populations;

(2) to ensure that the leadership provided by WHO in combating noncommunicable diseases and their risk factors is based on the best available evidence, and thus to facilitate, with international partners, capacity building and establishment of a global network of information systems;

(3) to provide technical support and appropriate guidance to Member States in assessing their needs, developing effective health promotion programmes, adapting their health care systems, and addressing gender issues related to the growing epidemic of noncommunicable diseases;

(4) to strengthen existing partnerships and develop new ones, notably with specialized national and international nongovernmental organizations, with a view to sharing responsibilities for implementation of the global strategy based on each partner's expertise;

- (5) to coordinate, in collaboration with the international community, global partnerships and alliances for resource mobilization, advocacy, capacity building and collaborative research;
- (6) to promote the adoption of international intersectoral policies, regulations and other appropriate measures that minimize the effect of the major risk factors of noncommunicable diseases;
- (7) to promote and initiate collaborative research on noncommunicable diseases, including research on behavioural determinants and to strengthen the role of WHO collaborating centres in supporting implementation of the global prevention and control strategy;
- (8) to pursue dialogue with the pharmaceutical industry, with a view to improving accessibility to drugs to collectively treat major noncommunicable diseases and their determinants.

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