

RESOLUTIONS

WHA59.1 Eradication of poliomyelitis

The Fifty-ninth World Health Assembly,

Having considered the report on eradication of poliomyelitis;¹

Recalling the 2004 Geneva Declaration for the Eradication of Poliomyelitis, committing the six countries in which poliomyelitis is endemic and spearheading partners to interrupting the final chains of poliovirus transmission through intensified poliomyelitis immunization campaigns;

Recognizing that the occurrence of poliomyelitis is increasingly rare due to the intensification of poliomyelitis eradication activities globally, and that all Member States are enhancing surveillance for the detection of circulating polioviruses and are in the process of implementing biocontainment activities;

Noting the significant support extended by partners, appreciating their ongoing cooperation, and calling for their continuing support to national programmes in the final phase of the global eradication effort;

Noting with concern that there is a substantial unmet funding requirement of US\$ 485 million for planned activities during the mop-up and certification phase between 2006 and 2008;

Noting that most of the new cases in 2005 have come from areas where transmission of indigenous polioviruses had already been stopped;

Noting that poliovirus importations into poliomyelitis-free areas constitute potential international health threats;

Noting the importance of high-quality surveillance systems in countries where poliomyelitis has been eradicated;

Recalling the standing recommendations of the Advisory Committee on Poliomyelitis Eradication,²

1. URGES Member States in which poliomyelitis is endemic to act on their commitment to interrupting transmission of wild-type poliovirus through the administration of appropriate monovalent oral poliomyelitis vaccines;

¹ Document A59/60.

² *Weekly Epidemiological Record*, 2004, **79**(32): 289-291; 2005, **80**(38): 330-331, and 2005, **80**(47): 410-416.

2. URGES all poliomyelitis-free Member States to respond rapidly to the detection of circulating polioviruses by:

(1) conducting an initial investigation, activating local responses and, when necessary, requesting international expert risk-assessment within 72 hours of confirmation of the index case in order to establish an emergency plan of action;

(2) implementing a minimum of three large-scale rounds of immunization using a type-specific monovalent oral poliomyelitis vaccine, or another composition of vaccine if appropriate, including, where applicable, house-to-house vaccination, the first round to be conducted within four weeks of confirmation of the index case, with an interval of four weeks between subsequent rounds;

(3) targeting all children aged less than five years in the affected and adjacent geographical areas, or a minimum of two million to five million children in large population countries, using independent monitoring to determine whether at least 95% immunization coverage has been reached;

(4) ensuring that at least two full rounds of poliomyelitis immunization are conducted in the targeted area after the most recent detection of poliovirus;

(5) enhancing surveillance for acute flaccid paralysis to a level of greater than two cases per 100 000 children aged less than 15 years, for the duration of the outbreak and at least 12 months immediately thereafter;

(6) sustaining high routine immunization coverage, of at least 80%, with oral poliomyelitis vaccine, and highly sensitive disease surveillance;

3. REQUESTS the Director-General:

(1) to ensure the availability of technical expertise to support Member States in their planning and emergency response related to an outbreak;

(2) to assist in mobilizing funds to implement emergency response to an outbreak and to ensure adequate supplies of monovalent oral poliomyelitis vaccine;

(3) to advise at-risk Member States, on the basis of each risk assessment, on which, if any, additional measures are required nationally and internationally to reduce the further spread of poliovirus, taking into account the recommendations of the Advisory Committee on Poliomyelitis Eradication;

(4) to continue to prepare for other potential risks to poliomyelitis eradication and a poliomyelitis-free world in the short and longer term, and to propose a mechanism for their management to the Executive Board at its 119th session;

(5) to report to the Executive Board at its 119th session on progress made in the implementation of this resolution.

(Eighth plenary meeting, 26 May 2006 –
Committee A, first report)

WHA59.2 Application of the International Health Regulations (2005)

The Fifty-ninth World Health Assembly,

Having considered the report on application of the International Health Regulations (2005);¹

Recalling resolutions WHA58.3 on revision of the International Health Regulations and WHA58.5 on strengthening pandemic-influenza preparedness and response;

Reaffirming the serious risk to human health, including the possible emergence of a pandemic virus, arising from ongoing outbreaks in poultry of highly pathogenic avian influenza, caused by the H5N1 strain of *Influenzavirus A*, in parts of Asia and elsewhere;

Noting with concern the persistence of outbreaks in poultry, the continuing occurrence of sporadic cases of severe human disease associated with these outbreaks, the endemicity of the virus in several countries, the spread of the virus to new areas through the migration of wild waterfowl, and its predicted further spread;

Aware that these and other developments have increased the probability that a pandemic may occur;

Highlighting the importance of WHO's global influenza preparedness plan and the control measures recommended therein;²

Mindful that rapid detection of human cases, supported by adequate national capacity, and rapid and transparent reporting of findings underpin WHO's ability to issue a reliable risk assessment and declare an appropriate phase of pandemic alert, and are further needed to ensure that the earliest epidemiological signals of increased transmissibility of the virus among humans are not missed;

Aware that several provisions in the International Health Regulations (2005) would be useful in ensuring a strengthened and coordinated response on the part of the international community to both the present situation and a possible pandemic;

Further aware that strengthened capacity to respond to human cases of avian influenza and the corresponding pandemic threat will strengthen the capacity to respond to many other emerging and epidemic-prone infectious diseases, and thus increase global public-health security against the threat of infectious diseases;

Noting that the International Health Regulations (2005) will not enter into force until 15 June 2007;

Recalling the main conclusions reached, and recommended actions agreed on, at a joint meeting convened by WHO, FAO, OIE and the World Bank on avian influenza and human pandemic influenza (Geneva, 7-9 November 2005);

¹ Document A59/5.

² Document WHO/CDS/CSR/GIP/2005.5.

Responding to the specific request made during that meeting to put forward proposals to the Fifty-ninth World Health Assembly through the Executive Board at its 117th session for immediate voluntary compliance with relevant provisions of the International Health Regulations (2005),

1. CALLS UPON Member States to comply immediately, on a voluntary basis, with provisions of the International Health Regulations (2005) considered relevant to the risk posed by avian influenza and pandemic influenza;
2. DECIDES that relevant provisions of the International Health Regulations (2005) shall include the following:
 - (1) Annex 2, in so far as it requires prompt notification to WHO of human influenza caused by a new virus subtype;
 - (2) Article 4 pertaining to the designation or establishment of a National IHR Focal Point within countries and the designation of WHO IHR Contact Points, and the definition of their functions and responsibilities;
 - (3) Articles in Part II pertaining to surveillance, information-sharing, consultation, verification and public health response;
 - (4) Articles 23 and 30-32 in Part V pertaining to general provisions for public health measures for travellers on arrival or departure and special provisions for travellers;
 - (5) Articles 45 and 46 in Part VIII pertaining to the treatment of personal data and the transport and handling of biological substances, reagents and materials for diagnostic purposes;
3. NOTES that such voluntary compliance is without prejudice to the position of any Member State with regard to the International Health Regulations (2005);
4. URGES Member States:
 - (1) to designate or establish immediately a National IHR Focal Point, as provided for in Article 4 of the Regulations, and to inform WHO accordingly within 90 days, the said Focal Point having the authority to communicate official information and to provide support for, and if so decided by the Member State, to participate in, collaborative risk assessment with WHO;
 - (2) to follow, in matters pertaining to human cases of avian influenza, mechanisms and procedures set out in the Regulations for a disease that may constitute a public health emergency of international concern;
 - (3) to provide transparent and urgent notification and subsequent continued communication to WHO of any probable or confirmed human cases of avian influenza, including exported or imported cases;
 - (4) to disseminate to WHO collaborating centres information and relevant biological materials related to highly pathogenic avian influenza and other novel influenza strains in a timely and consistent manner;
 - (5) to develop domestic capacity to produce influenza vaccine or to work with neighbouring States to establish regional vaccine-production capacity, in order to promote adequate supplies

of vaccine in the event of a public health emergency of international concern caused by a novel influenza virus;

(6) to strengthen collaboration on human and zoonotic influenzas among national organizations responsible for human and animal health in order to strengthen surveillance and implement immediate measures to control outbreaks of avian influenza in humans and animals;

(7) to respect time frames stipulated in the Regulations for undertaking and completing urgent activities and communications, particularly for the reporting of human cases of avian influenza, verification of events, and response to requests for further information from WHO;

(8) to collaborate, including through the mobilization of financial support, in building, strengthening and maintaining the capacity for influenza surveillance and response in countries affected by avian influenza or pandemic influenza;

(9) to follow recommendations issued by the Director-General, with technical advice from the influenza pandemic task force, considered necessary for the international response to avian influenza or pandemic influenza;

(10) to inform the Director-General of the measures that they have taken in voluntary compliance with the International Health Regulations (2005);

(11) to initiate a process of identifying and addressing the constraints – administrative and legal – for timely implementation of the Regulations with a view to promoting intersectoral participation;

5. REQUESTS the Director-General:

(1) to designate immediately WHO IHR Contact Points, as provided for in Article 4 of the Regulations;

(2) to implement, in so far as feasible and relevant for the purpose of this resolution, measures in Parts II and III of the Regulations falling under the responsibility of WHO;

(3) to further accelerate steps to establish a roster of experts and to invite proposals for its membership, pursuant to Article 47;

(4) to use the influenza pandemic task force as a temporary mechanism until entry into force of the International Health Regulations (2005) in order to advise the Organization on the response to avian influenza, the appropriate phase of pandemic alert and the corresponding recommended response measures, the declaration of an influenza pandemic, and the international response to a pandemic;

(5) to collaborate with Member States in implementation of the present resolution, and in voluntary compliance with the International Health Regulations (2005), as appropriate, including through:

(a) provision or facilitation of technical cooperation and logistical support;

(b) mobilization of international assistance, including financial support, in consultation with Member States, especially for avian influenza or pandemic influenza-affected countries lacking sufficient operational capacity;

- (c) production of guidelines as support to Member States in development of capacities for a public-health response specific to the risk posed by avian influenza and pandemic influenza;
 - (d) reasonable stockpiling of necessary drugs;
 - (e) facilitation, in collaboration with international partners, of development and commercial production of vaccines against avian influenza and pandemic influenza;
- (6) to collaborate with Member States to the extent possible in providing support to developing countries in building and strengthening the capacities required under the International Health Regulations (2005);
- (7) immediately to search for solutions to reduce the current global shortage of, and inequitable access to, influenza vaccines, and also to make them more affordable for both epidemics and global pandemics;
- (8) to mobilize and dedicate WHO's technical resources where possible, using capacities available in regional offices and collaborating centres, in order to expand and accelerate training efforts in the areas of epidemic surveillance, alert and response, laboratory capacity including regional networking of laboratories, biosafety, and quality control, in order to provide support to Member States in implementation of the International Health Regulations (2005);
- (9) to report to the Sixtieth World Health Assembly through the Executive Board at its 119th session on implementation of this resolution, and to report annually thereafter on progress achieved in providing support to Member States on compliance with, and implementation of, the International Health Regulations (2005).

(Eighth plenary meeting, 26 May 2006 –
Committee A, first report)

WHA59.3 Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

The Fifty-ninth World Health Assembly,

Mindful of the basic principle established in the Constitution of WHO, which affirms that the health of all peoples is fundamental to the attainment of peace and security;

Recalling all its previous resolutions on health conditions in the occupied Arab territories;

Expressing appreciation for the report of the Director-General on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan;¹

Expressing its concern at the deterioration of economic and health conditions as well as the humanitarian crisis resulting from the continued occupation and the severe restrictions imposed by Israel, the occupying power;

¹ Document A59/24.

Expressing its concern also at the health crisis and rising levels of food insecurity in the occupied Palestinian territory due to Israel's withholding of Palestinian customs revenues and the severance of external aid;

Affirming the need for guaranteeing universal coverage of health services and for preserving the functions of the public health services in the occupied Palestinian territory;

Recognizing that the acute shortage of financial and medical resources in the Palestinian Ministry of Health, which is responsible for running and financing public health services, jeopardizes the access of the Palestinian population to curative and preventive services;

Affirming the right of Palestinian patients and medical staff to the health facilities available at the Palestinian health institutions in occupied east Jerusalem;

Deploring the Israeli army's continuous assault on Palestinian ambulances and medical personnel and the Israeli-imposed restriction on their movement, in violation of international humanitarian law,

1. DEMANDS that Israel lift the closure in the occupied Palestinian territory, particularly the closure of the crossing points of the occupied Gaza Strip that are causing the serious shortage of drugs and medical supplies therein;
2. DEMANDS that Israel dismantle and stop the construction of the wall and abide by its legal obligations mentioned in the advisory opinion rendered on 9 July 2004 by the International Court of Justice;
3. EXPRESSES deep concern at the grave implication of the wall on the accessibility and quality of medical services received by the Palestinian population in the occupied Palestinian territory, including east Jerusalem;
4. EXPRESSES deep concern also at the serious implications on pregnant women and patients of Israeli restriction of movement imposed on Palestinian ambulances and medical personnel;
5. URGES Israel, the occupying power, to shoulder its responsibility towards the humanitarian needs of the Palestinian people, in compliance with international humanitarian law;
6. DEMANDS that Israel, the occupying power, pay the Palestinian Authority regularly and without delay its customs revenues in order to enable it to fulfil its responsibilities with respect to basic human needs, including health services;
7. CALLS UPON Israel, the occupying power, to halt immediately all its practices, policies and plans, including its closure regime, which seriously affect the health conditions of civilians under occupation;
8. URGES Member States and intergovernmental and nongovernmental organizations to help overcome the health crisis in the occupied Palestinian territory by providing assistance to the Palestinian people;
9. CALLS UPON Member States to provide financial support to public health and veterinary services in order to implement the Palestinian national plan for fighting the potential spread of avian influenza in the occupied Palestinian territory;

10. EXPRESSES its deep appreciation to the Director-General for his efforts to provide necessary assistance to the Palestinian people in the occupied Palestinian territory, including east Jerusalem, and to the Syrian population in the occupied Syrian Golan;

11. REQUESTS the Director-General:

(1) to organize a one-day emergency meeting addressing the health crisis in the occupied Palestinian territory;

(2) to provide support for Palestinian health and veterinary services in establishing a modern public health laboratory capable of diagnosing avian influenza in humans and animals;

(3) to submit a fact-finding report on the health and economic situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan;

(4) to provide health-related technical assistance to the Syrian population in the occupied Syrian Golan;

(5) to continue providing necessary technical assistance to meet the health needs of the Palestinian people, including the handicapped and injured;

(6) to support the development of the health system in Palestine, including development of human resources;

(7) to report on implementation of this resolution to the Sixtieth World Health Assembly.

(Ninth plenary meeting, 27 May 2006 –
Committee B, first report)

WHA59.4 Eleventh General Programme of Work, 2006-2015

The Fifty-ninth World Health Assembly,

Having considered the draft Eleventh General Programme of Work, 2006-2015,¹ submitted to it by the Programme, Budget and Administration Committee on behalf of the Executive Board;

Noting that the General Programme of Work focuses on the actions and responsibilities of WHO as the world's specialized health agency and its role in global health, while examining the interrelatedness of the many sectors and disciplines influencing health;

Mindful of the changing context of international health, and the need for WHO and partners to respond effectively to these changes;

Noting that the General Programme of Work calls for collective action to improve health over the next decade through a proposed global health agenda;

Acknowledging that the General Programme of Work is designed to be the first step in WHO's results-based management process, giving broad direction to the work of WHO;

¹ Document A59/25.

Welcoming the framework provided by the General Programme of Work and its underpinning of the medium-term strategic plan in preparation, which reflects an effort to introduce a more strategic approach in the Secretariat's planning, monitoring and evaluation, and the Organization's work with partners,

1. APPROVES the Eleventh General Programme of Work, 2006-2015;
2. URGES Member States to identify their role and specific actions to be taken to fulfil the global health agenda, and to encourage multidisciplinary partnerships;
3. INVITES concerned organizations of the United Nations system, international development partners and agencies, nongovernmental organizations and the private sector to consider harmonizing their work in line with the global health agenda contained in the Eleventh General Programme of Work;
4. REQUESTS the Director-General to use the Eleventh General Programme of Work as the basis for strategic planning, monitoring and evaluation of WHO's work during the period 2006-2015; to review and update the General Programme of Work, as needed to reflect the changing state of global health; and to report through the Executive Board to the Sixty-third World Health Assembly and the Sixty-seventh World Health Assembly on the continued relevance and use of the Eleventh General Programme of Work.

(Ninth plenary meeting, 27 May 2006 –
Committee B, first report)

WHA59.5 Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution

The Fifty-ninth World Health Assembly,

Having considered the first report of the Programme, Budget and Administration Committee of the Executive Board to the Fifty-ninth World Health Assembly on Status of collection of assessed contributions, including Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, and special arrangements for settlement of arrears;¹

Noting that, at the time of opening of the Fifty-ninth World Health Assembly, the voting rights of Afghanistan, Antigua and Barbuda, Argentina, Armenia, Central African Republic, Comoros, Dominican Republic, Guinea-Bissau, Kyrgyzstan, Liberia, Nauru, Niger, Somalia and Turkmenistan 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 Democratic Republic of Congo and Dominica were in arrears at the time of the opening of the Fifty-ninth 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 countries should be suspended at the opening of the Sixtieth Health Assembly,

¹ Document A59/26.

DECIDES:

- (1) that in accordance with the statement of principles set out in resolution WHA41.7 if, by the time of the opening of the Sixtieth World Health Assembly, Democratic Republic of the Congo and Dominica are still in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution, their voting privileges shall be suspended as from the said opening;
- (2) that any suspension that takes effect as aforesaid shall continue at the Sixtieth and subsequent Health Assemblies, until the arrears of Democratic Republic of the Congo and Dominica have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution;
- (3) that this decision shall be without prejudice to the right of any Member to request restoration of its voting privileges in accordance with Article 7 of the Constitution.

(Ninth plenary meeting, 27 May 2006 –
Committee B, first report)

WHA59.6 Arrears in payment of contributions: Afghanistan

The Fifty-ninth World Health Assembly,

Having considered the first report of the Programme, Budget and Administration Committee of the Executive Board to the Fifty-ninth World Health Assembly on the Status of collection of assessed contributions, including Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, and special arrangements for settlement of arrears,¹ with respect to the request of Afghanistan for the settlement of its outstanding contributions,

1. DECIDES to restore the voting privileges of Afghanistan at the Fifty-ninth World Health Assembly;
2. ACCEPTS that Afghanistan shall pay its outstanding contributions, totalling US\$ 232 500, in 14 annual instalments payable in each of the years 2007 to 2020, as set out below, in addition to the annual contributions due during the period:

¹ Document A59/26.

	US\$
2007	16 600
2008	16 600
2009	16 600
2010	16 600
2011	16 600
2012	16 600
2013	16 600
2014	16 600
2015	16 600
2016	16 600
2017	16 600
2018	16 600
2019	16 600
2020	16 700
Total	232 500

3. DECIDES that, in accordance with Article 7 of the Constitution, voting privileges shall be automatically suspended again if Afghanistan does not meet the requirements laid down in paragraph 2 above;

4. REQUESTS the Director-General to report to the Sixtieth World Health Assembly on the prevailing situation;

5. REQUESTS the Director-General to communicate this resolution to the Government of Afghanistan.

(Ninth plenary meeting, 27 May 2006 –
Committee B, first report)

WHA59.7 Arrears in payment of contributions: Armenia

The Fifty-ninth World Health Assembly,

Having considered the first report of the Programme, Budget and Administration Committee of the Executive Board to the Fifty-ninth World Health Assembly on the Status of collection of assessed contributions, including Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, and special arrangements for settlement of arrears,¹ with respect to the request of Armenia for the settlement of its outstanding contributions,

1. DECIDES to restore the voting privileges of Armenia at the Fifty-ninth World Health Assembly;

¹ Document A59/26.

2. ACCEPTS that Armenia shall pay its outstanding contributions, totalling US\$ 2 446 150, in 18 annual instalments payable in each of the years 2006 to 2023, as set out below, in addition to the annual contributions due during the period:

	US\$
2006	45 300
2007	45 300
2008	67 950
2009	67 950
2010	90 600
2011	90 600
2012	113 250
2013	113 250
2014	135 900
2015	135 900
2016	158 550
2017	158 550
2018	181 200
2019	181 200
2020	203 850
2021	203 850
2022	226 500
2023	226 450
Total:	2 446 150

3. DECIDES that, in accordance with Article 7 of the Constitution, voting privileges shall be automatically suspended again if Armenia does not meet the requirements laid down in paragraph 2 above;

4. REQUESTS the Director-General to report to the Sixtieth World Health Assembly on the prevailing situation;

5. REQUESTS the Director-General to communicate this resolution to the Government of Armenia.

(Ninth plenary meeting, 27 May 2006 –
Committee B, first report)

WHA59.8 Arrears in payment of contributions: Central African Republic

The Fifty-ninth World Health Assembly,

Having considered the first report of the Programme, Budget and Administration Committee of the Executive Board to the Fifty-ninth World Health Assembly on the Status of collection of assessed contributions, including Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, and special arrangements for settlement of

arrears,¹ with respect to the request of Central African Republic for the settlement of its outstanding contributions,

1. DECIDES to restore the voting privileges of Central African Republic at the Fifty-ninth World Health Assembly;

2. ACCEPTS that Central African Republic shall pay its outstanding contributions, totalling US\$ 164 841, in five annual instalments payable in each of the years 2006 to 2010, as set out below, in addition to the annual contributions due during the period:

	US\$
2006	32 970
2007	32 970
2008	32 970
2009	32 970
2010	32 961
Total	164 841

3. DECIDES that, in accordance with Article 7 of the Constitution, voting privileges shall be automatically suspended again if Central African Republic does not meet the requirements laid down in paragraph 2 above;

4. REQUESTS the Director-General to report to the Sixtieth World Health Assembly on the prevailing situation;

5. REQUESTS the Director-General to communicate this resolution to the Government of Central African Republic.

(Ninth plenary meeting, 27 May 2006 –
Committee B, first report)

WHA59.9 Arrears in payment of contributions: Dominican Republic

The Fifty-ninth World Health Assembly,

Having considered the first report of the Programme, Budget and Administration Committee of the Executive Board to the Fifty-ninth World Health Assembly on the Status of collection of assessed contributions, including Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, and special arrangements for settlement of arrears,¹ with respect to the request of Dominican Republic for the settlement of its outstanding contributions,

1. DECIDES to restore the voting privileges of Dominican Republic at the Fifty-ninth World Health Assembly;

¹ Document A59/26.

2. ACCEPTS that Dominican Republic shall pay its outstanding contributions, totalling US\$ 1 019 572, in 15 annual instalments payable in each of the years 2006 to 2020, as set out below, in addition to the annual contributions due during the period:

	US\$
2006	67 970
2007	67 970
2008	67 970
2009	67 970
2010	67 970
2011	67 970
2012	67 970
2013	67 970
2014	67 970
2015	67 970
2016	67 970
2017	67 970
2018	67 970
2019	67 970
2020	67 992
Total	1 019 572

3. DECIDES that, in accordance with Article 7 of the Constitution, voting privileges shall be automatically suspended again if Dominican Republic does not meet the requirements laid down in paragraph 2 above;

4. REQUESTS the Director-General to report to the Sixtieth World Health Assembly on the prevailing situation;

5. REQUESTS the Director-General to communicate this resolution to the Government of Dominican Republic.

(Ninth plenary meeting, 27 May 2006 –
Committee B, first report)

WHA59.10 Arrears in payment of contributions: Turkmenistan

The Fifty-ninth World Health Assembly,

Having considered the first report of the Programme, Budget and Administration Committee of the Executive Board to the Fifty-ninth World Health Assembly on the Status of collection of assessed contributions, including Members in arrears in the payment of their contributions to an extent which

would justify invoking Article 7 of the Constitution, and special arrangements for settlement of arrears,¹ with respect to the request of Turkmenistan for the settlement of its outstanding contributions,

1. DECIDES to restore the voting privileges of Turkmenistan at the Fifty-ninth World Health Assembly;

2. ACCEPTS that Turkmenistan shall pay its outstanding contributions, totalling US\$ 1 259 014, in 10 annual instalments payable in each of the years 2006 to 2015, as set out below, in addition to the annual contributions due during the period:

	US\$
2006	125 900
2007	125 900
2008	125 900
2009	125 900
2010	125 900
2011	125 900
2012	125 900
2013	125 900
2014	125 900
2015	125 914
Total	1 259 014

3. DECIDES that, in accordance with Article 7 of the Constitution, voting privileges shall be automatically suspended again if Turkmenistan does not meet the requirements laid down in paragraph 2 above;

4. REQUESTS the Director-General to report to the Sixtieth World Health Assembly on the prevailing situation;

5. REQUESTS the Director-General to communicate this resolution to the Government of Turkmenistan.

(Ninth plenary meeting, 27 May 2006 –
Committee B, first report)

WHA59.11 Nutrition and HIV/AIDS

The Fifty-ninth World Health Assembly,

Having considered the report on nutrition and HIV/AIDS;²

Recalling resolution WHA57.14 which urged Member States, inter alia, to pursue policies and practices that promote integration of nutrition into a comprehensive response to HIV/AIDS;

¹ Document A59/26.

² Document A59/7.

Bearing in mind WHO's efforts to support access to antiretroviral treatment as part of the "3 by 5" initiative and to ensure a comprehensive package of care and support for people living with HIV/AIDS;

Recalling the recommendations of WHO's technical consultation on nutrition and HIV/AIDS in Africa (Durban, South Africa, 10-13 April 2005), which were based on the main findings of a detailed review of the latest scientific evidence on the macronutrient and micronutrient needs of HIV-infected people, including pregnant and lactating women and patients on antiretroviral therapy;¹

Noting that food and adequate nutrition are often identified as the most immediate and critical needs by people living with, or affected by, the HIV/AIDS pandemic;

Bearing in mind that nutrition and food security require systematic and simultaneous action to meet the challenges of the pandemic;

Mindful of the complex interactions between nutrition and HIV/AIDS, and the increased risk of opportunistic infections and malnutrition;

Noting that some Member States already have policies and programmes related to nutrition and HIV/AIDS that can be used as a basis for developing priorities and workplans;

Underlining the importance of ensuring cooperation on this question with other bodies of the United Nations system, in particular, FAO, UNICEF and WFP,

1. URGES Member States:

(1) to make nutrition an integral part of their response to HIV/AIDS by identifying nutrition interventions for immediate integration into HIV/AIDS programming, including:

(a) strengthening political commitment to nutrition and HIV/AIDS as part of their health agenda;

(b) reinforcing nutrition components in HIV/AIDS policies and programmes and incorporating HIV/AIDS issues in national nutrition policies and programmes;

(c) developing specific advocacy tools to raise decision-makers' awareness of the urgency and steps needed to incorporate nutrition into HIV/AIDS prevention, treatment and care programmes;

(d) assessing existing policies and programmes related to nutrition and HIV/AIDS and identifying gaps to be filled and further opportunities for integrating nutrition interventions;

(e) ensuring close multisectoral collaboration and coordination between agricultural, health, social-service, education, financial and nutrition sectors;

(2) to strengthen, revise or establish new guidelines and assessment tools for nutrition care and support of people living with HIV and AIDS at different stages of the disease, and for sex-

¹ Document EB116/12, Annex.

and age-specific approaches to providing antiretroviral therapy, including nutrition counselling and special nutritional needs of vulnerable and marginalized populations;

(3) to provide support and expand existing interventions for improving nutrition and managing severe malnutrition in infants and young children in the context of HIV by:

(a) implementing fully the global strategy for infant and young child feeding, with its approach to feeding in exceptionally difficult circumstances, and the United Nations framework for priority action in HIV and infant feeding;¹

(b) building the capability of hospital- and community-based health workers, mothers, family members and other caregivers in order to improve the care of severely malnourished children exposed to, or infected by, HIV/AIDS;

(c) encouraging revitalization of the Baby-friendly Hospital Initiative in the light of HIV/AIDS;

(d) accelerating training in, and expanding use of, guidelines and tools for infant-feeding programmes that provide counselling on prevention of mother-to-child transmission of HIV;

(e) ensuring that institutions training health workers review their curricula and bring them in line with current recommendations;

2. REQUESTS the Director-General:

(1) to strengthen technical guidance to Member States for incorporating nutrition considerations in HIV and AIDS policies and programmes;

(2) to provide support for the development of advocacy tools to raise decision-makers' awareness of the urgency and the need to include nutrition and HIV/AIDS as a priority on the health agenda;

(3) to provide support, as a matter of priority, to development and dissemination of science-based recommendations, guidelines and tools on nutritional care and support for people living with HIV/AIDS;

(4) to contribute to incorporation of nutrition in training, including pre-service training, of health workers, in technical advice, and in training materials for community and home-based settings, and during emergencies;

(5) to continue to promote research relative to nutrition and HIV/AIDS, addressing gaps in knowledge and operational issues;

(6) to provide support for development of appropriate indicators for measuring progress towards integration of nutrition into HIV programmes and impact of nutrition interventions;

(7) to ensure collaboration between all concerned parties in this area so that progress may be made by building on each other's achievements;

¹ *HIV and infant feeding: framework for priority action*. Geneva, World Health Organization, 2003.

(8) to foster establishment of guidelines for including appropriate food and nutrition interventions in funding proposals.

(Ninth plenary meeting, 27 May 2006 –
Committee A, second report)

WHA59.12 Implementation by WHO of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors

The Fifty-ninth World Health Assembly,

Taking note of the report on HIV/AIDS and universal access to prevention, care and treatment;¹

Recognizing the role of WHO as a cosponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS);

Recalling the decisions of the Seventeenth Programme Coordinating Board of UNAIDS, (27-29 June 2005, Geneva);

Commending the final report of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors;²

Noting, in that regard, that improved coordination and harmonization of efforts and a clear division of responsibilities between UNAIDS and its cosponsors will be required, together with coordination with national and global partners;

Noting the emphasis placed on support for action at country level and on developing the national response;

Recognizing that leadership, national ownership of plans and priorities, fostering of effective coordination, and alignment and harmonization of programmes and support at country level are key determinants of effective national responses,

1. ENDORSES the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, and further endorses all the related decisions as contained in the report of the Seventeenth Programme Coordinating Board of UNAIDS;³

2. URGES Member States to identify barriers and strengthen institutional capacity, including human resources, in order to accelerate implementation of the “Three Ones” principle according to country realities;⁴

¹ Document A59/8.

² Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors: Final Report, 14 June 2005.

³ Document UNAIDS/PCB(17)/05.10.

⁴ One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system.

3. REQUESTS the Director-General:

(1) to implement the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, to prepare appropriate plans of action, in collaboration with UNAIDS and the other cosponsors, and to maintain the momentum created by the Global Task Team, within the deadlines set;

(2) to report to the Executive Board at its 119th session and to the Sixtieth World Health Assembly, and every two years thereafter, on progress made in implementation of the recommendations of the Global Task Team, and to use that report to inform the Programme Coordinating Board of UNAIDS;

(3) to provide effective technical support to national governments and, in conformity with the agreed division of labour, to focus on those areas in which WHO has an advantage compared to other bodies, in particular strengthening of health systems and human resources for health in response to scaled-up interventions.

(Ninth plenary meeting, 27 May 2006 –
Committee A, third report)

WHA59.13 Financial report on the accounts of WHO for 2004-2005

The Fifty-ninth World Health Assembly,

Having examined the Financial report and audited financial statements for the period 1 January 2004 – 31 December 2005 and report of the External Auditor to the World Health Assembly;¹

Having noted the second and third reports of the Programme, Budget and Administration Committee of the Executive Board to the Fifty-ninth World Health Assembly,²

ACCEPTS the Director-General's Financial report and audited financial statements for the period 1 January 2004 – 31 December 2005 and report of the External Auditor to the World Health Assembly.

(Ninth plenary meeting, 27 May 2006 –
Committee B, second report)

WHA59.14 Salaries of staff in ungraded posts and of the Director-General

The Fifty-ninth World Health Assembly,

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

¹ Documents A59/28 and A59/28 Add.1.

² Documents A59/29 and A59/31.

1. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors at US\$ 160 574 per annum before staff assessment, resulting in a net salary of US\$ 117 373 (dependency rate) or US\$ 106 285 (single rate);
2. ESTABLISHES the salary of the Director-General at US\$ 217 945 per annum before staff assessment, resulting in a net salary of US\$ 154 664 (dependency rate) or US\$ 137 543 (single rate);
3. DECIDES that those adjustments in remuneration shall take effect from 1 January 2006.

(Ninth plenary meeting, 27 May 2006 –
Committee B, second report

WHA59.15 Strategic Approach to International Chemicals Management

The Fifty-ninth World Health Assembly,

Having considered the Strategic Approach to International Chemicals Management;¹

Recalling the request in resolution WHA56.22 on the participation of global health partners in the further development of the strategic approach to international chemicals management for the completed strategic approach to be submitted to the Health Assembly for consideration;

Recalling the first principle of the Rio Declaration on Environment and Development, namely, that “Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature”;²

Recalling paragraph 23 of the Johannesburg Plan of Implementation adopted by the World Summit on Sustainable Development on 4 September 2002,³ and paragraph 56 of the 2005 World Summit Outcome adopted by the United Nations General Assembly on 16 December 2005,⁴ in which Heads of State and Government resolved to promote such a strategic approach;

Welcoming the Strategic Approach to International Chemicals Management, consisting of the Dubai Declaration on International Chemicals Management, the Overarching Policy Strategy and the Global Plan of Action, as adopted by the International Conference on Chemicals Management in Dubai, United Arab Emirates, on 6 February 2006;

Noting the endorsement of the Strategic Approach by the Governing Council of the United Nations Environment Programme at its 9th Special Session, in Dubai, United Arab Emirates, on 9 February 2006;

Welcoming the multisectoral nature of the Strategic Approach and the spirit of coordination and cooperation between the participating organizations of the Inter-Organization Programme for the

¹ See Annex 1.

² Document A/CONF.151/26 (Vol. I), Principle 1.

³ Report of the World Summit on Sustainable Development, Johannesburg, South Africa, 26 August - 4 September 2002 (United Nations publications, Sales no. E.03.II.A1) chap. I, resolution 2, annex.

⁴ United Nations General Assembly resolution 60/1.

Sound Management of Chemicals, and the important role of UNEP in the development and implementation of the Strategic Approach;

Noting the active participation of the health sector, including WHO, in the development of the Strategic Approach, that comprises the priorities determined by the health sector, as noted by the Fifty-eighth World Health Assembly;¹

Mindful of WHO's role in providing international leadership on the human-health aspects of the sound management of chemicals;

Mindful also of WHO's contribution to the sound management of chemicals through the International Programme on Chemical Safety, a cooperative venture between ILO, WHO and UNEP, and the established joint programme of cooperation between WHO and the ILO on workers' health;

Recognizing the need for health interests at country level to be addressed in the implementation of the Strategic Approach to International Chemicals Management,

1. NOTES the Strategic Approach to International Chemicals Management consisting of the Dubai Declaration on International Chemicals Management, the Overarching Policy Strategy and the Global Plan of Action;²

2. URGES Member States:

(1) to take full account of the health aspects of chemical safety in national implementation of the Strategic Approach to International Chemicals Management;

(2) to participate in national, regional and international efforts to implement the Strategic Approach, including the International Conference on Chemicals Management;

(3) to nominate a national Strategic Approach focal point from the health sector, where appropriate, in order to maintain contact with WHO;

3. REQUESTS the Director-General:

(1) to facilitate implementation by the health sector of the Strategic Approach to International Chemicals Management, focusing on human health-related elements;

(2) to provide support for implementation of the Strategic Approach by working with partners in the Inter-Organization Programme on the Sound Management of Chemicals and the International Programme on Chemical Safety, and with ILO on workers' health as related to the Strategic Approach;

(3) to inform, on behalf of the Health Assembly, the International Conference on Chemicals Management of progress in implementing its resolution.³

(Ninth plenary meeting, 27 May 2006 –
Committee B, second report)

¹ Document WHA58/2005/REC/3, summary record of the eleventh meeting of Committee A.

² Document UNEP/GCSS.IX/6/Add.1.

³ Resolution 1, paragraph 3, in document UNEP/GCSS.IX/6/Add.1, Annex III.

WHA59.16 Codex Alimentarius Commission: amendments to Statutes

The Fifty-ninth World Health Assembly,

Having considered the report on amendments to the Statutes of the Codex Alimentarius Commission;¹

Having considered the recommendation of the Twenty-eighth Session of the Codex Alimentarius Commission that the FAO Conference and the Health Assembly should amend its Statutes by deleting any reference to the procedure of acceptance of standards;

Noting that the above-mentioned amendments shall enter into force only after their approval by both the FAO Conference and the Health Assembly;

Considering that the Thirty-third session of the FAO Conference adopted the amendments to the Statutes of the Codex Alimentarius Commission in accordance with the recommendation made by the said Commission,

APPROVES amended Article 1 of the Statutes of the Codex Alimentarius Commission reproduced in the annex to the present resolution.

ANNEX**ARTICLE 1**

The Codex Alimentarius Commission shall, subject to Article 5 below, be responsible for making proposals to, and shall be consulted by, the Directors-General of the Food and Agriculture Organization (FAO) and the World Health Organization (WHO) on all matters pertaining to the implementation of the Joint FAO/WHO Food Standards Programme, the purpose of which is:

- (a) protecting the health of the consumers and ensuring fair practices in the food trade;
- (b) promoting coordination of all food standards work undertaken by international governmental and nongovernmental organizations;
- (c) determining priorities and initiating and guiding the preparation of draft standards through and with the aid of appropriate organizations;
- (d) finalizing standards elaborated under (c) above and publishing them in a Codex Alimentarius either as regional or worldwide standards, together with international standards already finalized by other bodies under (b) above, wherever this is practicable;
- (e) amending published standards, as appropriate, in the light of developments.

(Ninth plenary meeting, 27 May 2006 –
Committee B, second report)

¹ Document A59/38.

WHA59.17 Outcome of the first session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control

The Fifty-ninth World Health Assembly,

Having considered the report on the outcome of the first session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control;¹

Recalling resolutions WHA49.17 and WHA52.18 calling for the development of the Framework Convention in accordance with Article 19 of the Constitution of WHO, and resolution WHA56.1 adopting the WHO Framework Convention on Tobacco Control;

Recognizing the urgent need for all Contracting Parties to fulfil their obligations under the Framework Convention, and noting the essential role of a permanent secretariat of the Convention in this work;

Reaffirming the objective of the Framework Convention as described in Article 3 thereof,

1. WELCOMES the successful convening of the first session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, Geneva, 6-17 February 2006;
2. NOTES the decision of the Conference of the Parties to establish a permanent secretariat of the Convention;²
3. REQUESTS the Director-General:
 - (1) to establish a permanent secretariat of the Convention within the World Health Organization and located in Geneva pursuant to decision FCTC/COP1(10);
 - (2) to continue to support and, where appropriate, to strengthen the Tobacco Free Initiative in 2008-2009 in order to assist the Convention secretariat in the implementation of the Convention pursuant to decision FCTC/COP1(12);
4. CALLS UPON Member States which have not yet done so, to consider ratifying, accepting, approving, formally confirming or acceding to the Convention at the earliest opportunity.

(Ninth plenary meeting, 27 May 2006 –
Committee B, second report)

WHA59.18 Rules of Procedure of the World Health Assembly. Rule 14: dispatch of documents

The Fifty-ninth World Health Assembly,

Recalling resolution WHA51.30 on method of work of the Health Assembly, which requested the Director-General to ensure that the governing body documents for forthcoming sessions were

¹ Document A59/40.

² Decision FCTC/COP1(10).

dispatched and made available on the Internet in the six official languages not less than 30 days before the date fixed for the opening of the session;

Concerned that documents related to the agenda of meetings of the Health Assembly are being made available on the Internet and dispatched increasingly late;

Stressing the need for Member States, particularly those whose national languages are not one of the official languages of the Organization, to receive documents in time in order to prepare adequately to participate in the Health Assembly;

Noting Rule 5 of the Rules of Procedure of the Executive Board, which requires documents for sessions of the Executive Board to be dispatched by the Director-General not less than six weeks before the commencement of a regular session of the Board,

DECIDES to amend Rule 14 of its Rules of Procedure, in accordance with Rule 121 of those Rules, so that Rule 14 shall henceforth read as follows:

Rule 14

Copies of all reports and other documents relating to the provisional agenda of any session shall be made available on the Internet and sent by the Director-General to Members and Associate Members and to participating intergovernmental organizations at the same time as the provisional agenda or not less than six weeks before the commencement of a regular session of the Health Assembly; appropriate reports and documents shall also be sent to nongovernmental organizations admitted into relationship with the Organization in the same manner.

(Ninth plenary meeting, 27 May 2006 –
Committee B, second report)

WHA59.19 Prevention and control of sexually transmitted infections: global strategy

The Fifty-ninth World Health Assembly,

Having considered the draft global strategy for the prevention and control of sexually transmitted infections;¹

Recalling resolution WHA46.37, which recognized the role of other sexually transmitted diseases in the spread of HIV; resolution WHA53.14, which requested the Director-General to develop a global health-sector strategy for responding to the epidemics of HIV/AIDS and sexually transmitted infections; resolution WHA56.30, which took note of the global health-sector strategy for HIV/AIDS; and resolution WHA57.12, which endorsed the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health;

Recognizing and reaffirming that, at the 2005 World Summit (New York, 14-16 September 2005), world leaders committed themselves to achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development (Cairo, September 1994), integrating this goal in strategies to attain the internationally

¹ See Annex 2.

agreed development goals, including those contained in the Millennium Declaration, aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty, and recognizing further that attainment of the Millennium Development Goals requires investment in, and political commitment to, sexual and reproductive health, which includes prevention and control of sexually transmitted infections,¹

1. ENDORSES the Global Strategy for the Prevention and Control of Sexually Transmitted Infections, recognizing that “age-appropriate” interventions are those that respond to people’s rights and health and development needs, and provide access to sexual and reproductive health information, life-skills, education and care and, in the case of young people, in a manner consistent with their evolving capacities;

2. URGES Member States:

(1) to adopt and draw on the Strategy, as appropriate to national circumstances, in order to ensure that national efforts to achieve the Millennium Development Goals include plans and actions appropriate to the local epidemiological situation, for prevention and control of sexually transmitted infections, including mobilization of political will and financial resources for this purpose;

(2) to include prevention and control of sexually transmitted infections as an integral part of HIV prevention and of sexual and reproductive health programmes;

(3) to monitor implementation of the national plans in order to ensure that populations at increased risk of sexually transmitted infections have access to prevention information and supplies, and to timely diagnosis and treatment;

3. REQUESTS the Director-General:

(1) to prepare an action plan, in collaboration with other organizations of the United Nations system, that sets out priorities, actions, a time frame and performance indicators for implementing the Strategy at global and regional levels, and to provide support for country-level implementation and monitoring of national plans for control and prevention of sexually transmitted infections;

(2) to raise awareness, among Member States, of the importance of drawing up, promoting and funding supportive legislation, plans and strategies for prevention and control of sexually transmitted infections;

(3) to provide support to Member States, on request, for adapting and implementing the Strategy in ways that are appropriate to the local epidemiology of sexually transmitted infections, and for evaluating its impact and effectiveness;

(4) to report to the Health Assembly through the Executive Board in 2009, 2012 and 2015 on progress in implementing the Strategy.

(Ninth plenary meeting, 27 May 2006 –
Committee A, fourth report)

¹ United Nations General Assembly resolution 60/1.

WHA59.20 Sickle-cell anaemia

The Fifty-ninth World Health Assembly,

Having examined the report on sickle-cell anaemia;¹

Recalling resolution WHA57.13 on genomics and world health, and the discussion of the Executive Board at its 116th session on control of genetic diseases, which recognized the role of genetic services in improving health globally and in reducing the global health divide;²

Recalling decision Assembly/AU/Dec.81 (V) of the Assembly of the African Union at its Fifth Ordinary Session;

Noting the conclusions of the 4th International African American Symposium on sickle-cell anaemia (Accra, 26-28 July 2000), and the results of the first and second international congresses of the International Organization to Combat Sickle-Cell Anaemia (respectively, Paris, 25-26 January 2002 and Cotonou, 20-23 January 2003);

Concerned at the impact of genetic diseases, and of sickle-cell anaemia in particular, on global mortality and morbidity, especially in developing countries, and by the suffering of patients and families affected by the disease;

Recognizing that the prevalence of sickle-cell anaemia varies between communities, and that insufficiency of relevant epidemiological data may present a challenge to effective and equitable management;

Deeply concerned at the absence of official recognition of sickle-cell anaemia as a priority in public health;

Recognizing the current inequality of access to safe and appropriate genetic services throughout the world;

Recognizing that effective programmes for sickle-cell anaemia must be sensitive to cultural practices and appropriate for the given social context;

Recognizing that pre-natal screening for sickle-cell anaemia raises specific ethical, legal and social issues that require appropriate consideration,

1. URGES Member States in which sickle-cell anaemia is a public health problem:

(1) to design, implement and reinforce in a systematic, equitable and effective manner, comprehensive national, integrated programmes for the prevention and management of sickle-cell anaemia, including surveillance, dissemination of information, awareness-raising, counselling and screening, such programmes being tailored to specific socioeconomic, health system, and cultural contexts and aimed at reducing the incidence, morbidity and mortality associated with this genetic disease;

¹ Document A59/9.

² See document EB116/2005/REC/1, Summary record of the first meeting, section 4.

- (2) to work to ensure that adequate, appropriate and accessible emergency care is available to persons living with sickle-cell anaemia;
- (3) to develop their capacity to evaluate the situation regarding sickle-cell anaemia and the impact of national programmes;
- (4) to intensify the training of all health professionals and community volunteers in high-prevalence areas;
- (5) to develop and strengthen systematic medical-genetics services and holistic care within existing primary health care systems, in partnership with national and local government agencies and nongovernmental organizations, including parent or patient organizations;
- (6) to promote relevant community education, including health counselling and ethical, legal and social issues;
- (7) to promote effective international cooperation in combating sickle-cell anaemia;
- (8) in collaboration with international organizations, to provide support for basic and applied research on sickle-cell anaemia;

2. REQUESTS the Director-General:

- (1) to raise awareness of the international community of the global burden of sickle-cell anaemia, and to promote equitable access to health services for prevention and management of the disease;
- (2) to provide technical support and advice to Member States through the framing of national policies and strategies for prevention and management of sickle-cell anaemia;
- (3) to promote and support:
 - (a) intercountry collaboration to develop training and expertise of personnel, and the further transfer of advanced technologies and expertise to developing countries;
 - (b) the construction and equipment of referral centres for care, training and research;
- (4) to continue WHO's normative functions by drafting guidelines, including good practices and practical models, on prevention and management of sickle-cell anaemia with a view to elaborating regional plans and fostering the establishment of regional groups of experts;
- (5) to promote, support and coordinate the research needed on sickle-cell disorders in order to improve the duration and quality of life of those affected by such disorders.

(Ninth plenary meeting, 27 May 2006 –
Committee A, fourth report)

WHA59.21 Infant and young child nutrition 2006

The Fifty-ninth World Health Assembly,

Having considered the report on infant and young child nutrition which highlights the contribution of optimal infant feeding practices to achievement of the internationally agreed health-related development goals, including those contained in the Millennium Declaration;¹

Recalling the adoption by the Health Assembly of the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22), resolutions WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA47.5, WHA49.15, WHA54.2 and WHA58.32 on infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming in particular resolutions WHA44.33 and WHA55.25 which respectively welcomed the 1990 Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding and endorsed the Global Strategy for Infant and Young Child Feeding as the foundations for action in the protection, promotion and support of breastfeeding;

Welcoming the Call for Action contained in the Innocenti Declaration 2005 on Infant and Young Child Feeding;

Mindful that 2006 marks the twenty-fifth anniversary of the adoption of the International Code of Marketing of Breast-milk Substitutes, and recognizing its increased relevance in the wake of the HIV/AIDS pandemic, rising frequency of complex human and natural emergencies, and concerns about the risks of intrinsic contamination of powdered infant formula,

1. REITERATES its support for the Global Strategy for Infant and Young Child Feeding;
2. WELCOMES the Call for Action made in the Innocenti Declaration 2005 on Infant and Young Child Feeding as a significant step towards achievement of the fourth Millennium Development Goal to reduce child mortality;
3. URGES Member States to support activities on this Call for Action and, in particular, to renew their commitment to policies and programmes related to implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions and to revitalization of the Baby-Friendly Hospital Initiative to protect, promote and support breastfeeding;
4. CALLS on multilateral and bilateral donor arrangements and international financial institutions to direct financial resources for Member States to carry out these efforts;
5. REQUESTS the Director-General to mobilize technical support for Member States in the implementation and independent monitoring of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions.

(Ninth plenary meeting, 27 May 2006 –
Committee A, fifth report)

¹ Document A59/13.

WHA59.22 Emergency preparedness and response

The Fifty-ninth World Health Assembly,

Having considered the report on emergency preparedness and response;¹

Aware of the suffering caused by natural and man-made disasters;

Noting that the resilience of nations and communities affected by crises is being eroded by the extreme pressures they face on a daily basis and over a protracted period;

Concerned that emergency preparedness in many countries is weak, and that existing mechanisms may not be able to cope with large-scale disasters such as the earthquakes in Bam, Islamic Republic of Iran and, more recently, in northern India and Pakistan, the earthquakes and tsunamis in south Asia, and the hurricanes Katrina and Rita in the United States of America;

Appreciating the progress made, particularly in the Eastern Mediterranean and South-East Asia regions with regard to emergency response to the south Asian earthquake;

Recalling resolution WHA58.1 on health action in relation to crises and disasters, with particular emphasis on the earthquakes and tsunamis of 26 December 2004, and the United Nations General Assembly resolution 60/124 on Strengthening of the coordination of emergency humanitarian assistance of the United Nations,

1. EXPRESSES its sympathy, support and solidarity for the victims of disasters, their families and their governments;
2. REQUESTS Member States to further strengthen national emergency mitigation, preparedness, response and recovery programmes through, as appropriate, legislative, planning, technical, financial and logistical measures, with a special focus on building health systems and community resilience;
3. URGES Member States to provide support to affected countries and to WHO so that it may address immediately, within its mandate, humanitarian health crises;
4. REQUESTS the Director-General, to take the necessary steps:
 - (1) to provide the necessary technical guidance and support to Member States for building their health-sector emergency preparedness and response programmes at national and local levels, including a focus on strengthening community preparedness and resilience;
 - (2) to build on the Hyogo Framework for Action 2005-2015, stemming from the World Conference on Disaster Reduction (Kobe, Hyogo, Japan, 18-22 January 2005), when providing support to Member States to assess the status of health-sector emergency preparedness, including assessment of the resilience and risk-management capability of hospitals and other key health infrastructures;
 - (3) to work to ensure that WHO, within its mandate, is able to respond effectively to emergencies and crises and, in doing so, continues to work closely with other organizations of the United Nations system, under the coordination of the United Nations Office for the

¹ Document A59/20.

Coordination of Humanitarian Affairs, and other relevant international organizations and mechanisms;

5. REQUESTS the Director-General in particular:

(1) to explore and implement measures to enhance WHO participation in the overall humanitarian response through existing mechanisms such as the Central Emergency Response Fund, International Search and Rescue Advisory Group, or the United Nations Disaster Assessment and Coordination team;

(2) to compile a global database of authoritative technical health references in order to facilitate health-sector response to emergencies and crises;

(3) to establish and maintain, in collaboration with relevant organizations of the United Nations system and other partners, a tracking service that will monitor and assess mortality rates in humanitarian emergencies;

(4) to take part in United Nations system-wide mechanisms for logistics and supply management that would assure immediate mobilization of vital supplies in emergencies and crises;

6. FURTHER REQUESTS the Director-General to report to the Sixtieth World Health Assembly, through the Executive Board, on progress in implementing this resolution.

(Ninth plenary meeting, 27 May 2006 –
Committee B, third report)

WHA59.23 Rapid scaling up of health workforce production

The Fifty-ninth World Health Assembly,

Recognizing the centrality of human resources for health for the effective operation of country health systems as highlighted in *The world health report 2006*;¹

Recognizing that shortages of these health workers are interfering with efforts to achieve the internationally agreed health-related development goals, including those contained in the Millennium Declaration, and those of WHO's priority programmes;

Aware of alliances that aim to achieve a rapid increase in the number of qualified health workers in countries experiencing shortages through partnerships between industrialized and developing countries;²

Recalling resolution WHA57.19 on the challenge posed by the international migration of health personnel;

¹ *The world health report 2006: Working together for health*. Geneva, World Health Organization, 2006.

² For example, the Global Health Workforce Alliance, whose secretariat is at WHO.

Concerned that in many countries, notably those in sub-Saharan Africa, there is inadequate capacity to train sufficient health workers for adequate coverage of the population;

Concerned that many countries lack the financial means, facilities and sufficient educators to train an adequate health workforce;

Mindful of the need for a comprehensive national policy and plan on human resources for health, and that production is one of its elements;

Recognizing the importance of achieving the goals of self-sufficiency in health workforce development,

1. URGES Member States to affirm their commitment to the training of more health workers by:
 - (1) considering the establishment of mechanisms to mitigate the adverse impact on developing countries of the loss of health personnel through migration, including means for receiving industrialized countries to provide support for the strengthening of health systems, in particular development of human resources, in the countries of origin;
 - (2) promoting training in accredited institutions of a full spectrum of high-quality professionals, and also community health workers, public health workers and paraprofessionals;
 - (3) encouraging financial support by global health partners, including bilateral donors and priority disease and intervention partnerships, for health training institutions in developing countries;
 - (4) promoting the concept of training partnerships between schools in industrialized and developing countries involving exchanges of faculty and students;
 - (5) promoting the creation of planning teams in each country facing health-worker shortages, drawing on wider stakeholders, including professional bodies, the public and private sectors and nongovernmental organizations, whose task would be to formulate a comprehensive national strategy for the health workforce, including consideration of effective mechanisms for use of trained volunteers;
 - (6) using innovative approaches to teaching in industrialized and developing countries, with state-of-the-art teaching materials and continuing education through the innovative use of information and communications technology;
2. REQUESTS the Director-General:
 - (1) to provide technical support to Member States, as needed, in their efforts to revitalize health training institutions and rapidly to increase the health workforce;
 - (2) to encourage global health partners to support health-training institutions;
 - (3) to encourage Member States to engage in training partnerships intended to improve the capacity and quality of health-professional education in developing countries;
 - (4) to encourage and support Member States in development of health-workforce planning teams and use of innovative approaches to teaching in developing countries, with state-of-the-art teaching materials and continuing education through the innovative use of information and communications technology;

(5) to report to the Sixty-third World Health Assembly on progress made in the implementation of this resolution.

(Ninth plenary meeting, 27 May 2006 –
Committee A, sixth report)

WHA59.24 Public health, innovation, essential health research and intellectual property rights: towards a global strategy and plan of action

The Fifty-ninth World Health Assembly,

Recalling resolution WHA56.27, which requested the Director-General to establish terms of reference for an appropriate time-limited body to collect data and proposals from the different actors involved and produce an analysis of intellectual property rights, innovation and public health;

Further recalling resolutions WHA52.19, WHA53.14, WHA54.10, and WHA57.14;

Having considered the report of the Commission on Intellectual Property Rights, Innovation and Public Health;¹

Conscious of the growing burden of diseases and conditions disproportionately affecting developing countries, particularly those affecting women and children, including an upsurge in noncommunicable diseases;

Considering the need to continue to develop safe and affordable new products² for such communicable diseases as AIDS, malaria and tuberculosis, and for other diseases or illnesses disproportionately affecting developing countries;

Conscious of the opportunities opened up by advances in biomedical science, and the need to harness them more effectively to develop new products, particularly in order to meet public health needs in developing countries;

Aware of the considerable progress that has been made in recent years by governments, industry, charitable foundations, and nongovernmental organizations in funding initiatives to develop new products to fight diseases affecting developing countries, and to increase access to existing ones;

Recognizing, however, that much more needs to be done in relation to the scale of avoidable suffering and mortality;

Concerned about the need for appropriate, effective and safe health tools for patients living in resource-poor settings;

Considering the urgency of developing new products to address emerging health threats such as multidrug-resistant tuberculosis, and other infectious diseases of particular relevance to developing countries;

¹ Public health, innovation and intellectual property rights. Report of the Commission on Intellectual Property Rights, Innovation and Public Health. Document CIPH/2006/1.

² The term “products” hereafter should be understood to include vaccines, diagnostics and medicines.

Aware of the need for additional funding for research and development for new vaccines, diagnostics and pharmaceuticals, including microbicides, for illnesses, including AIDS, that disproportionately affect developing countries;

Recognizing the importance of, and need for, public/private partnerships devoted to the development of new essential drugs and research tools, and aware of the need for governments to set a needs-based priority agenda for health, and to provide political support and sustainable sources of funding for such initiatives;

Recognizing the importance of public and private investment in the development of new medical technologies;

Considering that a number of developing countries have been strengthening their research and development capacity in new health technologies and that their role will be increasingly critical, and recognizing the need for continued support for research in and by developing countries;

Noting that intellectual property rights are an important incentive for the development of new health-care products;

Noting, however, that this incentive alone does not meet the need for the development of new products to fight diseases where the potential paying market is small or uncertain;

Noting that the Doha Ministerial Declaration on the TRIPS Agreement and Public Health confirms that the Agreement does not and should not prevent Members from taking measures to protect public health;

Further noting that the Declaration, while reiterating commitment to the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) affirms that the Agreement can and should be interpreted and implemented in a manner supportive of the rights of WTO Members to protect public health and, in particular, to promote access to medicines for all;

Taking into account Article 7 of the TRIPS agreement that states that “the protection and enforcement of intellectual property rights should contribute to the promotion of technological innovation and to the transfer and dissemination of technology, to the mutual advantage of producers and users of technological knowledge and in a manner conducive to social and economic welfare, and to a balance of rights and obligations”;

Stressing that the Universal Declaration of Human Rights provides that “everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits” and that “everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author”;

Concerned about the impact of high prices of medicines on access to treatment;

Aware of the need to promote new thinking on the mechanisms that support innovation;

Recognizing the importance of strengthening capacity of local public institutions and businesses in developing countries to contribute to, and participate in, research and development efforts;

Noting that the report of the Commission requests WHO to prepare a global plan of action to secure enhanced and sustainable funding for developing and making accessible products to address diseases that disproportionately affect developing countries,

1. WELCOMES the report of the Commission on Intellectual Property Rights, Innovation and Public Health and expresses its appreciation to the Chair, Vice-Chair and Members of the Commission for their work;

2. URGES Member States:¹

(1) to make global health and medicines a priority sector, to take determined action to emphasize priorities in research and development addressed to the needs of patients, especially those in resource-poor settings, and to harness collaborative research and development initiatives involving disease-endemic countries;

(2) to consider the recommendations of the report and to contribute actively to the development of a global strategy and plan of action, and to take an active part, working with the Secretariat and international partners, in providing support for essential medical research and development;

(3) to work to ensure that progress in basic science and biomedicine is translated into improved, safe and affordable health products – drugs, vaccines and diagnostics – to respond to all patients' and clients' needs, especially those living in poverty, taking into account the critical role of gender, and to ensure that capacity is strengthened to support rapid delivery of essential medicines to people;

(4) to encourage trade agreements to take into account the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights and recognized by the Doha Ministerial Declaration on the TRIPS Agreement and Public Health;

(5) to ensure that the report of the WHO Commission on Intellectual Property Rights, Innovation and Public Health is included on the agendas of WHO's regional committees in 2006;

3. DECIDES:

(1) to establish, in accordance with Rule 42 of the Rules of Procedure of the World Health Assembly, an intergovernmental working group open to all interested Member States to draw up a global strategy and plan of action in order to provide a medium-term framework based on the recommendations of the Commission; such strategy and plan of action would aim, inter alia, at securing an enhanced and sustainable basis for needs-driven, essential health research and development relevant to diseases that disproportionately affect developing countries, proposing clear objectives and priorities for research and development, and estimating funding needs in this area;

(2) that regional economic integration organizations constituted by sovereign States, Members of WHO, to which their Member States have transferred competence over matters governed by this resolution, including the competence to enter into international legally binding regulations, may participate, in accordance with Rule 55 of the Rules of Procedure of the World Health Assembly, in the work of the intergovernmental working group referred to under paragraph 3(1);

¹ Where applicable, also regional economic integration organizations.

(3) that the above-mentioned working group shall report to the Sixtieth World Health Assembly through the Executive Board on the progress made, giving particular attention to needs-driven research and other potential areas for early implementation;

(4) that the working group shall submit the final global strategy and plan of action to the Sixty-first World Health Assembly through the Executive Board;

4. REQUESTS the Director-General:

(1) to convene immediately the intergovernmental working group and to allocate the necessary resources to it;

(2) to invite, as observers at the sessions of the intergovernmental working group, representatives of non-Member States, of liberation movements referred to in resolution WHA27.37, of organizations of the United Nations system, of intergovernmental organizations with which WHO has established effective relations, and of nongovernmental organizations in official relations with WHO, which shall attend the sessions of the working group in accordance with the relevant Rules of Procedure and resolutions of the Health Assembly;

(3) to invite experts and a limited number of concerned public and private entities to attend the sessions of the intergovernmental working group and to provide advice and expertise, as necessary, upon request of the Chairman, taking into account the need to avoid conflicts of interest;

(4) to continue to issue public health-based research and development reports, identifying from a public health perspective gaps and needs related to pharmaceuticals, and to report on them periodically;

(5) to continue to monitor, from a public health perspective, in consultation as appropriate with other international organizations, the impact of intellectual property rights and other issues addressed in the Commission's report, on the development of, and access to, health care products, and to report thereon to the Health Assembly.

(Ninth plenary meeting, 27 May 2006 –
Committee A, sixth report)

WHA59.25 Prevention of avoidable blindness and visual impairment

The Fifty-ninth World Health Assembly,

Having considered the report on prevention of avoidable blindness and visual impairment;¹

Recognizing that more than 161 million people worldwide are visually impaired, of whom 37 million are blind, and that an estimated 75% of blindness is avoidable or curable using established and affordable technologies;

Recalling resolution WHA56.26 on the elimination of avoidable blindness;

¹ Document A59/12.

Noting that many Member States have committed themselves to providing support for the Global Initiative for the Elimination of Avoidable Blindness, known as Vision 2020 – the Right to Sight;

Noting with concern that only 32% of targeted countries had drafted a national Vision 2020 plan by August 2005;

Acknowledging the links between poverty and blindness, and that blindness places a heavy economic burden on families, communities and countries, particularly developing countries;

Further acknowledging that control of both onchocerciasis and trachoma has come about through the commitment of broad international alliances;

Welcoming the important actions undertaken at regional, subregional and international levels by Member States with a view to achieving substantial progress in the elimination of avoidable blindness through greater international cooperation and solidarity,

1. URGES Member States:

- (1) to reinforce efforts to set up national Vision 2020 plans as called for in resolution WHA56.26;
- (2) to provide support for Vision 2020 plans by mobilizing domestic funding;
- (3) to include prevention of avoidable blindness and visual impairment in national development plans and goals;
- (4) to advance the integration of prevention of avoidable blindness and visual impairment in primary health care and in existing health plans and programmes at regional and national levels;
- (5) to encourage partnerships between the public sector, nongovernmental organizations, the private sector, civil society and communities in programmes and activities for prevention of blindness at all levels;
- (6) to develop and strengthen eye-care services and integrate them in the existing health-care system at all levels, including the training and re-training of health workers in visual health;
- (7) to promote and provide improved access to health services both with regard to prevention as well as treatment for ocular conditions;
- (8) to encourage integration, cooperation and solidarity between countries in the areas of prevention and care for blindness and visual impairment;
- (9) to make available within health systems essential medicines and medical supplies needed for eye care;

2. REQUESTS the Director-General:

- (1) to give priority to prevention of avoidable blindness and visual impairment, and to provide necessary technical support to Member States;

- (2) to provide support to collaboration among countries for prevention of avoidable blindness and visual impairment in particular in the area of training of all categories of relevant staff;
- (3) to monitor progress in the Global Initiative for the Elimination of Avoidable Blindness in collaboration with international partners, and to report to the Executive Board every three years;
- (4) to ensure that prevention of blindness and visual impairment are included in the implementation and monitoring of WHO's Eleventh General Programme of Work, and to strengthen global, regional and national activities for prevention of blindness;
- (5) to add prevention of blindness and visual impairment to WHO's medium-term strategic plan 2008-2013 and proposed programme budget 2008-2009 which are currently in preparation;
- (6) to strengthen cooperation through regional, subregional and international efforts with the view to achieving the goals set out in this resolution.

(Ninth plenary meeting, 27 May 2006 –
Committee A, sixth report)

WHA59.26 International trade and health

The Fifty-ninth World Health Assembly,

Having considered the report on international trade and health,¹

Recalling resolutions WHA52.19, WHA53.14, WHA56.23, WHA56.27, WHA57.14 and WHA57.19;

Recognizing the demand for information on the possible implications of international trade and trade agreements for health and health policy at national, regional and global levels;

Mindful of the need for all relevant ministries, including those of health, trade, commerce, finance and foreign affairs, to work together constructively in order to ensure that the interests of trade and health are appropriately balanced and coordinated,

1. URGES Member States:

- (1) to promote multi-stakeholder dialogue at national level to consider the interplay between international trade and health;
- (2) to adopt, where necessary, policies, laws and regulations that deal with issues identified in that dialogue, and to take advantage of the potential opportunities, and address the potential challenges, that trade and trade agreements may have for health, considering, where appropriate, using their inherent flexibilities;
- (3) to apply or establish, where necessary, coordination mechanisms involving ministries of finance, health, and trade, and other relevant institutions, to address public-health related aspects of international trade;

¹ Document A59/15.

(4) to create constructive and interactive relationships across the public and private sectors for the purpose of generating coherence in national trade and health policies;

(5) to continue to develop capacity at national level to track and analyse the potential opportunities and challenges of trade and trade agreements for health-sector performance and health outcomes;

2. REQUESTS the Director-General:

(1) to provide support to Member States, at their request and in collaboration with the competent international organizations, in their efforts to frame coherent policies to address the relationship between trade and health;

(2) to respond to Member States' requests for support of their efforts to build the capacity to understand the implications of international trade and trade agreements for health and to address relevant issues through policies and legislation that take advantage of the potential opportunities, and address the potential challenges, that trade and trade agreements may have for health;

(3) to continue collaborating with the competent international organizations in order to support policy coherence between trade and health sectors at regional and global levels, including generating and sharing evidence on the relationship between trade and health;

(4) to report to the Sixty-first World Health Assembly, through the Executive Board, on progress made in implementing this resolution.

(Ninth plenary meeting, 27 May 2006 –
Committee A, sixth report)

WHA59.27 Strengthening nursing and midwifery

The Fifty-ninth World Health Assembly,

Having considered the progress report on strengthening nursing and midwifery;¹

Recognizing the centrality of human resources for health to the effective operation of country health systems as highlighted in *The world health report 2006*;²

Recognizing the crucial contribution of the nursing and midwifery professions to health systems, to the health of the people they serve, and to efforts to achieve the internationally agreed health-related development goals, including those contained in the Millennium Declaration, and those of WHO's priority programmes;

Recalling resolution WHA57.19 on the challenge posed by the international migration of health personnel;

¹ Document A59/23.

² *The world health report 2006. Working together for health.* Geneva, World Health Organization, 2006.

Recognizing the impact of “push” and “pull” factors in the countries concerned;

Concerned at the continuing shortage of nurses and midwives in many countries, and its impact on health care and more widely;

Mindful of previous resolutions to strengthen nursing and midwifery, including resolutions WHA42.27, WHA45.5, WHA49.1 and WHA54.12, and the strategic directions for nursing and midwifery services in place for the years 2002-2008;¹

Concerned that some Member States do not yet give full recognition to the contribution of nursing and midwifery in their programmes and practices,

1. URGES Member States to confirm their commitment to strengthen nursing and midwifery by:
 - (1) establishing comprehensive programmes for the development of human resources which support recruitment and retention, while ensuring equitable geographical distribution, in sufficient numbers of a balanced skill mix, and a skilled and motivated nursing and midwifery workforce within their health services;
 - (2) actively involving nurses and midwives in the development of their health systems and in the framing, planning and implementation of health policy at all levels, including ensuring that nursing and midwifery is represented at all appropriate governmental levels, and have real influence;
 - (3) ensuring continued progress toward implementation at country level of WHO’s strategic directions for nursing and midwifery;
 - (4) regularly reviewing legislation and regulatory processes relating to nursing and midwifery in order to ensure that they enable nurses and midwives to make their optimum contribution in the light of changing conditions and requirements;
 - (5) to provide support for the collection and use of nursing and midwifery core data as part of national health-information systems;
 - (6) to support the development and implementation of ethical recruitment of national and international nursing and midwifery staff;
2. REQUESTS the Director-General:
 - (1) to ensure the involvement of nurses and midwives in the integrated planning of human resources for health, particularly with respect to strategies for maintaining adequate numbers of competent nursing and midwifery personnel;
 - (2) to provide continuing support for the work of the Global Advisory Group on Nursing and Midwifery, and to recruit nurses and midwives in all relevant WHO programmes in order to ensure the contribution of nursing and midwifery in the development and implementation of WHO’s policy and programmes;

¹ *Nursing and midwifery services. Strategic directions 2002-2008*. Geneva, World Health Organization, 2002.

- (3) to provide support to Member States, in collaboration with local and global partners, in strengthening the application of ethical recruitment guidelines;
- (4) to provide support to Member States in optimizing the contribution of nursing and midwifery to meeting national health policies and the internationally agreed health-related development goals, including those contained in the Millennium Declaration;
- (5) to encourage and support Member States in the provision of workplace environments that are safe and support the retention of nurses and midwives;
- (6) to report to the Sixty-first and Sixty-third World Health Assembly in 2008 and 2010 on progress made in the implementation of this resolution.

(Ninth plenary meeting, 27 May 2006 –
Committee A, sixth report)