Committee B held its fourth and fifth meetings on 20 May 2011 under the chairmanship of Dr Maria Teresa Valenzuela (Chile) and Dr Ante Zvonimir Golem (Croatia).

It was decided to recommend to the Sixty-fourth World Health Assembly the adoption of the attached three resolutions and one decision relating to the following agenda items:

13. Technical and health matters
   13.15 Strategies for the safe management of drinking-water for human consumption
       One resolution entitled:
         – Drinking-Water, Sanitation and Health

18. Staffing matters
   18.3 Amendments to the Staff Regulations and Staff Rules
       One resolution entitled:
         – Salaries of staff in ungraded posts and of the Director-General

   18.5 Appointment of representatives to the WHO Staff Pension Committee
       One decision

20. International Agency for Research on Cancer: amendments to Statute
    One resolution
Agenda item 13.15

Drinking-Water, Sanitation and Health

The Sixty-fourth World Health Assembly,

PP1 Having considered the report on strategies for the safe management of drinking-water for human consumption;¹

PP2 Recalling the Declaration of Alma-Ata on Primary Health Care and the various resolutions stressing the role of improving safe drinking-water, sanitation facilities and hygiene practices in primary health care, environmental health, prevention of waterborne diseases, protection of high-risk communities, infant and young child nutrition, including resolutions WHA39.20, WHA42.25, WHA44.28, WHA45.31, WHA35.17, WHA51.28 and WHA63.23, as well as resolutions EB128.R7 and EB128.R6 containing respectively draft resolutions on cholera: mechanisms for control and prevention, and on eradication of dracunculiasis;

PP3 Recalling further target C of Goal 7 (Ensure environmental sustainability) of the Millennium Development Goals, which calls for reducing by half the proportion of the population without sustainable access to safe drinking-water and basic sanitation by 2015, and the importance of this target for the achievement of other Goals, particularly Goals 4 (Reduce child mortality), 5 (Improve maternal health) and 6 (Combat HIV/AIDS, malaria and other diseases);²

PP4 Recognizing that between 1990 and 2008 an estimated 1.77 billion people gained access to improved sources of drinking-water and 1.26 billion gained access to improved sanitation, but deeply concerned that by the end of 2008 884 million people still lacked access to improved water sources and over 2.6 billion people did not have access to improved sanitation;

PP5 Noting the multiple health benefits and economic advantages of a broad public health approach through the expansion of access to safe drinking-water and sanitation, integrating household interventions, a more effective use of resources and the early incorporation of health considerations in the planning and design of water resources development, and recognizing the importance of pursuing these issues for the achievement of strategic objective 8 of the Medium-term strategic plan 2008–2013;

PP6 Recalling the International Decade for Action, “Water for Life” 2005–2015, proclaimed by the United Nations General Assembly in resolution 58/217; the International Year of Sanitation, 2008, declared in resolution 61/192; as well as the follow-up resolution 65/153, calling upon all Member States to support the global effort to realize “Sustainable sanitation: the five-year-drive to 2015”; and also recalling that water quality was the theme of the United Nations World Water Day 2010;

¹ Document A64/24.
PP7 Recalling further the United Nations General Assembly resolution 64/292, which recognizes the right to safe and clean drinking-water and sanitation as a “human right that is essential for the full enjoyment of life and all human rights” and the Human Rights Council resolution (A/HRC/RES/15/9) affirming that the “human right to safe drinking water and sanitation is derived from the right to an adequate standard of living and inextricably related to the right to the highest attainable standard of physical and mental health, as well as the right to life and human dignity”;

PP8 Noting with interest the efforts made to improve access to safe drinking-water, basic sanitation and to promote good personal and domestic hygiene practices that contribute to a sustainable approach to fight sanitation- and water-related diseases such as cholera and diarrhoea, which claimed the lives of 2.5 million people in 2008, among which 1.3 million children under the age of five;

PP9 Also noting the water, sanitation and hygiene components in the seven-point strategy agreed by WHO and UNICEF for comprehensive diarrhoea control, which include the promotion of hand washing with soap, household water treatment and safe storage and community-wide sanitation promotion;

PP10 Noting that millions of people are exposed to dangerous levels of biological contaminants and chemical pollutants in their drinking-water partly due to inadequate management of urban, industrial or agricultural wastewater;

PP11 Recognizing WHO’s major normative role in issues of water and health, its key role in monitoring progress regarding water supply and sanitation as well as its promotional and capacity-building roles for Water Safety Plans, Sanitation Safety Plans, water and sanitation in health care, schools and other public buildings and settings, and safe management of medical waste;

PP12 Noting that global driving forces, including population growth, urbanization and climate change, are expected to affect significantly the availability and quality of access to water and sanitation services and of freshwater resources and the need for water resources development for other purposes, which in themselves carry potential health risks, and noting that a response to these trends requires an intersectoral approach mainstreaming health and environmental issues in national sectoral policies through integrated water resources management and strengthened institutional arrangements to prevent and reduce the incidence of sanitation- and water-related diseases;

PP13 Noting that over the last decade almost two billion people were victims of natural disasters, including floods and droughts, that act as key contributors to sanitation- and water-related diseases; also recognizing the need, in emergency situations, to develop prevention tools and specific actions for supplying drinking-water and sanitation as well as the leading role of both WHO in the Health cluster and UNICEF in the Nutrition and WASH (Water, Sanitation and Hygiene) clusters in emergency operations,

1. URGES Member States:

   (1) to develop and strengthen, with all stakeholders, national public health strategies, so that they highlight the importance of safe drinking-water, sanitation and hygiene as the basis for primary prevention, based on an integrated approach of sectoral planning processes, policies, programmes and projects regarding water and sanitation, guided by an effective interministerial coordination mechanism at appropriate level, designating clear responsibilities across relevant ministries and institutions;
(2) to promote new approaches to community education, empowerment, participation and awareness creation involving actively their leaders and civil society, with a view to having a specific impact, particularly on women, children, youth, indigenous people and vulnerable and marginalized people, acknowledging and encouraging good practices;

(3) to ensure that national health strategies contribute to the realization of water- and sanitation-related Millennium Development Goals while coming in support to the progressive realization of the human right to water and sanitation that entitles everyone, without discrimination, to water and sanitation that is sufficient, safe, acceptable, physically accessible and affordable for personal and domestic uses;

(4) to strengthen the intersectoral policy frameworks and institutional mechanisms for integrated management of water- and sanitation-related health hazards and risks, including health impact assessment, strategic extension of drinking-water and sanitation systems and services, and environmental management to protect health in water resources and wastewater management projects;

(5) to mobilize their efforts, in consultation with bilateral and multilateral partners and in close coordination with responsible local authorities, to prioritize and implement the reduction of disparities which exist between urban, peri-urban and rural areas as regards access to drinking-water at home as well as from other improved sources, improved sanitation facilities and hygiene;

(6) to offer appropriate facilities for access to safe drinking-water, sanitation and hand washing with soap in health care establishments, schools and other public buildings and settings, as well as advocacy and training tools on safe water, sanitation and hygiene practices for those who operate and use these establishments;

(7) to improve cooperation between the appropriate authorities and stakeholders, including in transboundary settings, to establish, implement and maintain efficient systems for assessing water quality, regularly communicating relevant, easily accessible information and responding to water quality issues;

(8) to ensure, in particular, the sustainability of comprehensive and harmonized national and/or local water and sanitation-related monitoring systems and early warning tools in order to prevent and control sanitation- and water-related diseases as well as to develop emergency preparedness and action plans, particularly in case of natural disasters and humanitarian emergencies;

(9) to work to strengthen, as necessary, the establishment, implementation and quality control of water safety plans and contribute to the development of sanitation safety plans, in collaboration with the WHO collaborating centres, WHO-hosted networks (drinking-water regulators, operation and maintenance, household water treatment and safe storage, management of small-community water supplies) and associations in official relations with WHO;

2. REQUESTS the Director-General:

(1) to continue calling the attention of the international community and decision-makers to the importance of primary prevention as a key goal, and the major impact of safe drinking-
water, sanitation and hygiene on global public health, national economies, and the achievement of the Millennium Development Goals;

(2) to formulate a new, integrated WHO strategy for water, sanitation and health including a specific focus on water quality and monitoring issues, and on promotion of sanitation and hygiene behaviour change taking into account context-specific requirements with a view to encouraging the establishment of preventative measures as well as rapid analysis techniques to guarantee the quality of drinking-water and avoid adverse health impacts of water resources development;

(3) to strengthen WHO’s collaboration with all relevant UN-Water members and partners, as well as other relevant organizations promoting access to safe drinking-water, sanitation and hygiene services, so as to set an example of effective intersectoral action in the context of WHO’s involvement in the United Nations Delivering as One initiative, and WHO’s cooperation with the United Nations Special Rapporteur on the human right to safe drinking water and sanitation with a view to improving the realization of the human right to water and sanitation;

(4) to strengthen the WHO/UNICEF Joint Monitoring Programme capacities to fulfil its mandate of monitoring progress towards the international drinking-water and sanitation development goals, and to serve as a platform for a generation of new sanitation and water indicators, including water quality and other relevant parameters at appropriate levels;

(5) to continue supporting existing regional initiatives such as the United Nations Economic Commission for Europe’s Protocol on Water and Health which is an instrument of reference for safe water management and the protection of human health and encourage the creation of similar instruments dedicated to sustainable water management and reduction of sanitation- and water-related diseases in other regions, as well as continue to encourage relevant regional initiatives such as the WHO/UNEP Libreville Declaration on Health and Environment (2010) or the WHO Parma Declaration on Environment and Health (2010);

(6) to develop, in coordination with bilateral and multilateral partners, Member States’ capacities by providing guidelines and technical support to develop, implement, monitor and evaluate national action plans for the sustainable management, operation and maintenance of safe drinking-water supply and sanitation systems and services;

(7) to further support Member States’ capacities in building and maintaining adapted information and monitoring systems in order to facilitate the appropriate and streamlined reporting to relevant global monitoring mechanisms including the WHO World Health Statistics, the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation and the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water;

(8) to increase technical assistance to countries by facilitating training and adult learning programmes for staff in charge of maintaining catchments, treatment and distribution facilities, water and sanitation networks and for staff and laboratories in charge of water quality monitoring, while encouraging the dissemination of best practices for household water treatment, especially where central water treatment or water supplies are deficient or not available;
(9) to promote partnerships for risk reduction in drinking-water installations and safe supply of drinking-water and methods to gather and disseminate the best practices and experiences in increasing access to safe drinking-water, sanitation and personal and domestic hygiene, in particular for the poorest populations, in health emergencies or during natural disasters;

(10) to report on progress in implementing this resolution, through the Executive Board, to the Sixty-sixth World Health Assembly.
Agenda item 18.3

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

The Sixty-fourth 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. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors at US$ 185 809 gross per annum before staff assessment, resulting in a modified net salary of US$ 133 776 (dependency rate) or US$ 121 140 (single rate);

2. ESTABLISHES the salary of the Deputy Director-General at US$ 204 391 gross per annum before staff assessment, resulting in a modified net salary of US$ 145 854 (dependency rate) or US$ 131 261 (single rate);

3. ESTABLISHES the salary of the Director-General at US$ 251 188 gross per annum before staff assessment, resulting in a modified net salary of US$ 176 272 (dependency rate) or US$ 156 760 (single rate);

4. DECIDES that those adjustments in remuneration shall take effect on 1 January 2011.
Agenda item 18.5

Appointment of representatives to the WHO Staff Pension Committee

The Sixty-fourth World Health Assembly nominated Dr E. Appiah-Denkyira of the delegation of Ghana as a member, and Mrs P. Tupuimatagi Toelupe of the delegation of Samoa as an alternate member, of the WHO Staff Pension Committee for a three-year term until May 2014.

The Sixty-fourth World Health Assembly also nominated Dr Viroj Tangcharoensathien of the delegation of Thailand as a member of the WHO Staff Pension Committee for the remainder of the term of office of Dr A.A. Yoosuf of the delegation of Maldives, namely, until May 2013.
Agenda item 20

International Agency for Research on Cancer: amendments to Statute

The Sixty-fourth World Health Assembly,

Considering the amendment to Article VIII of the Statute of the International Agency for Research on Cancer adopted by the Governing Council at its Fifty-third session;

Considering the provisions of Article X of the Statute of the Agency;

ACCEPTS the following amendment to the Statute of the Agency, which shall enter into force forthwith:

Article VIII – Finance

[Paragraphs (1) through (7), inclusive, of Article VIII are unchanged.]

(8) The funds and assets of the Agency shall be accounted for separately from the funds and assets of the World Health Organization and administered in accordance with the financial regulations adopted by the Governing Council.