



13 May 1987

FORTIETH WORLD HEALTH ASSEMBLY

SECOND REPORT OF COMMITTEE B

(DRAFT)



During its sixth, eighth and ninth meetings held on 12 and 13 May 1987, Committee B decided to recommend to the Fortieth World Health Assembly the adoption of the resolutions (attached) and decisions relating to the following agenda items:

32. Collaboration within the United Nations system

32.1 General matters

Two resolutions have been adopted under this sub-item

32.2 The Codex Alimentarius Commission

32.3 Health and medical assistance to Lebanon

32.4 Health assistance to refugees and displaced persons in Cyprus

32.5 Liberation struggle in southern Africa: assistance to the front-line States, Lesotho and Swaziland

9. Method of work of the Health Assembly

The Committee decided to recommend to the Fortieth World Health Assembly not to consider the draft resolution recommended by the Executive Board on "Method of Work of the Health Assembly: amendments to the Rules of Procedure" (EB79.R20), thus enabling the Health Assembly to test the Executive Board's recommendations in practice over the next three years without either adopting them or rejecting them now.

30. Effects of nuclear war on health and health services

33. Collaboration with nongovernmental organizations: principles governing relations between WHO and nongovernmental organizations (approval of recommendations submitted by the Executive Board)

34. United Nations Joint Staff Pension Fund

34.1 Annual report of the United Nations Joint Staff Pension Board for 1985

The Committee decided to recommend to the Fortieth World Health Assembly that it note the status of the operation of the Joint Staff Pension Fund, as indicated by the annual report of the United Nations Joint Staff Pension Board for the year 1985 and as reported by the Director-General.

34.2 Appointment of representatives to the WHO Staff Pension Committee

The Committee decided to recommend to the Fortieth World Health Assembly to appoint the member of the Executive Board designated by the Government of Malawi as member of the WHO Staff Pension Committee, and the member of the Board designated by the Government of Japan as alternate member of the Committee, the appointments being for a period of three years.

Agenda item 32.1

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM: GENERAL MATTERS

International Year of Shelter for the Homeless

The Fortieth World Health Assembly,

Taking into consideration resolution 37/221 adopted in December 1982 by the United Nations General Assembly at its thirty-seventh session, proclaiming the year 1987 International Year of Shelter for the Homeless;

Bearing in mind WHO's fundamental commitment to attaining the goal of health for all by the year 2000;

Noting the positive influence that adequate shelter has on the health of individuals;

Aware that homelessness is a problem affecting many nations, especially the developing countries, and that, despite the efforts of governments and international organizations at national and local level to improve the living conditions of people living in slums, squat areas and rural settlements in many countries, the situation continues to deteriorate in both absolute and relative terms;

1. URGES Member States:

(1) to promote human health through the improvement of living conditions (habitat);

(2) to increase their support to the United Nations Centre for Human Settlements (HABITAT), the United Nations Environment Programme, the World Bank, and other agencies and nongovernmental organizations involved with shelter and health issues;

2. REQUESTS the regional committees to initiate the establishment of regional research groups to undertake studies on the improvements in health conditions that result from adequate housing;

3. REQUESTS the Director-General to maintain and strengthen collaboration between WHO and the relevant organizations and agencies mentioned in paragraph 1(2).

Agenda item 32.1

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM

Deteriorating health situation in Somalia caused by the recurring drought

The Fortieth World Health Assembly,

Deeply concerned that drought is again threatening life and causing serious loss of livestock and property in Somalia;

Bearing in mind the information provided by the Government of Somalia, which estimates that 1.6 million people, including 700 000 children, are affected by the drought and that 800 people have died, and indicates that the situation is rapidly deteriorating, especially in northern and central Somalia;

Noting that the Government appealed on 29 April 1987 for emergency assistance, and has taken steps to coordinate the relief efforts together with the United Nations and the donor community, including the establishment of a drought action committee on 30 April 1987;

Aware of the relief needs as stated in the information report/alert message issued on 5 May 1987 by the United Nations Disaster Relief Coordinator;

1. COMMENDS the strenuous efforts of the Government of Somalia to alleviate the hardships suffered by the victims of the drought;
2. EXPRESSES its gratitude to the Director-General for his prompt support to the Somali Government;
3. REQUESTS Member States, nongovernmental organizations and other organizations of the United Nations system to participate in the concerted effort to alleviate the adverse effects of the drought on the Somali population;
4. REQUESTS the Director-General to:
 - (1) draw the attention of Member States to the deteriorating health situation in Somalia caused by the recurring drought;
 - (2) take further steps to alleviate the health effects on the drought-stricken population, in collaboration with the United Nations and other organizations;
 - (3) explore the possibilities of providing further support from within WHO or from external sources to assist the Government in the relief programmes;
 - (4) support the Government in monitoring the health situation of the affected population and in strengthening the Government's disaster preparedness capacity within the overall health development programmes.

Agenda item 32.2

THE CODEX ALIMENTARIUS COMMISSION

The Fortieth World Health Assembly,

Having studied the first report by the Director-General on the Codex Alimentarius Commission¹ and the discussions during the seventy-ninth session of the Executive Board;

Recognizing the role of the Joint FAO/WHO Food Standards Programme and the Codex Alimentarius Commission for the promotion of food safety and the facilitation of international trade;

Recognizing the essential role of sufficient and safe food for health promotion and disease prevention;

Aware of the benefits to all countries to be derived from the work of the Codex Alimentarius Commission;

1. CALLS UPON Member States:

- (1) to participate actively, particularly their health sectors, in the work of the Codex Alimentarius Commission and its committees;
- (2) to make all appropriate efforts to adopt Codex standards, and to fully utilize the recommendations of the Commission for the promotion of food safety and the international food trade;
- (3) to promote active collaboration on the part of both the public and private sectors and nongovernmental organizations in national Codex work;

2. REQUESTS the Director-General:

- (1) to continue to collaborate with FAO in support of the Commission;
- (2) to maintain appropriate technical and financial support of the Commission;
- (3) to collaborate with Member States in strengthening their infrastructure for food safety in order to facilitate the implementation of Codex standards and recommendations;

3. RECOMMENDS the Codex Alimentarius Commission:

- (1) to give priority consideration to the work of the general subject committees and the regional coordinating committees, which are responsible for food safety and consumer information;
- (2) to encourage Member States to fully utilize and implement Codex standards and recommendations;
- (3) to invite Member States which have not yet joined the Commission to do so without delay.

¹ Document EB79/1987/REC/1, Annex 12.

Agenda item 32.3

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM:

Health and medical assistance to Lebanon

The Fortieth World Health Assembly,

Recalling resolutions WHA29.40, WHA30.27, WHA31.26, WHA32.19, WHA33.23, WHA34.21, WHA35.19, WHA36.23, WHA37.25, WHA38.26 and WHA39.12 on health and medical assistance to Lebanon;

Taking note of United Nations General Assembly resolutions 33/146 of 20 December 1978, 34/135 of 14 December 1979, 35/85 of 5 December 1980, 36/205 of 16 December 1981, 37/163 of 17 December 1982, 38/220 of 20 December 1983, 39/197 of 17 December 1984, 40/229 of 17 December 1985 and 41/196 of 8 December 1986 on international assistance for the reconstruction and development of Lebanon, calling on the specialized agencies, organs and other bodies of the United Nations to expand and intensify programmes of assistance within the framework of the needs of Lebanon;

Having examined the Director-General's report¹ on the action taken by WHO, in cooperation with other international bodies, for emergency health and medical assistance to Lebanon in 1986 and the first quarter of 1987;

Aware that the situation arising from the increase in the numbers of wounded, handicapped and displaced persons and the paralysis of economic activities requires urgent health and medical assistance;

Aware that the increased financial burden upon the State, coinciding with the alarming drop in budgetary revenue requires assistance to the health services that are the responsibility of the State;

Noting the health and medical assistance provided by the Organization to Lebanon during 1986-1987;

1. EXPRESSES its appreciation to the Director-General for his continuous efforts to mobilize health and medical assistance for Lebanon;
2. EXPRESSES also its appreciation to all the international agencies, organs and bodies of the United Nations, and to all governmental and nongovernmental organizations, for their cooperation with WHO in this regard;
3. CONSIDERS that the growing health and medical problems in Lebanon, which have recently reached a critical level, constitute a source of great concern and necessitate thereby a continuation and substantial expansion of programmes of health and medical assistance to Lebanon;

¹ Document A40/13.

4. REQUESTS the Director-General to continue and to expand substantially the Organization's programmes of health, medical and relief assistance to Lebanon and to allocate for this purpose, as far as possible, funds from the regular budget and other financial resources;
5. CALLS UPON the specialized agencies, organs and bodies of the United Nations, and on all governmental and nongovernmental organizations, to intensify their cooperation with WHO in this field, and in particular to put into operation the recommendations of the report on the reconstruction of the health services of Lebanon;
6. CALLS ALSO UPON Member States to increase their technical and financial support for relief operations and the reconstruction of the health services of Lebanon in consultation with the Ministry of Health and Social Affairs in Lebanon;
7. CALLS UPON donors, as far as possible, to direct their assistance in cash or in kind to the Ministry of Health, which has responsibility for the hospitals, dispensaries and public health services;
8. REQUESTS the Director-General to report to the Forty-first World Health Assembly on the implementation of this resolution.

Agenda item 32.4

HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN CYPRUS

The Fortieth World Health Assembly,

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;

Recalling resolutions WHA28.47, WHA29.44, WHA30.26, WHA31.25, WHA32.18, WHA33.22, WHA34.20, WHA35.18, WHA36.22, WHA37.24, WHA38.25 and WHA39.11;

Noting all relevant United Nations General Assembly and Security Council resolutions on Cyprus;

Considering that the continuing health problems of the refugees and displaced persons in Cyprus call for further assistance;

1. NOTES with satisfaction the information provided by the Director-General on health assistance to refugees and displaced persons in Cyprus;
2. EXPRESSES its appreciation for all the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus to obtain the funds necessary for the Organization's action to meet the health needs of the population of Cyprus;
3. REQUESTS the Director-General to continue and intensify health assistance to refugees and displaced persons in Cyprus, in addition to any assistance made available within the framework of the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus, and to report to the Forty-first World Health Assembly on such assistance.

Agenda item 32.5

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM

Liberation struggle in southern Africa: assistance
to the front-line States, Lesotho and Swaziland

The Fortieth World Health Assembly,

Considering that the front-line States continue to suffer from the consequences of military, political and economic destabilization by South Africa which hamper their economic and social development and lead to the temporary displacement of large numbers of inhabitants of those countries;

Considering resolution 41/199 of the United Nations General Assembly, requesting the international community for special assistance for the front-line States;

Considering that the front-line States have to accept enormous sacrifices to rehabilitate and develop their health infrastructure which has suffered as a result of destabilization by South Africa;

Considering also resolutions AFR/RC31/R12 and AFR/RC32/R9 of the Regional Committee for Africa, which call for a special programme of health cooperation with the People's Republic of Angola;

Bearing in mind that the consequences of these destabilization activities still force the countries concerned to divert large amounts of financial and technical resources from their national health programmes to defence and reconstruction;

1. THANKS the Director-General for his report;¹
2. RESOLVES that WHO shall:
 - (1) continue to take appropriate and timely measures to help the front-line States, Lesotho and Swaziland solve the acute health problems of the Namibian and South African refugees;
 - (2) continue to provide countries which are or have been targets of destabilization by South Africa with technical cooperation in the health field, for the rehabilitation of their damaged health infrastructures, and assist them to overcome the problems arising from people being displaced, both within each country and across boundaries;
3. CALLS UPON the Member States, according to their capabilities, to continue to provide adequate health assistance to liberation movements recognized by the Organization of African Unity and to the front-line States (Angola, Botswana, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe) and Lesotho and Swaziland;

¹ Document A40/15.

4. REQUESTS the Director-General:

- (1) to intensify humanitarian assistance to national liberation movements recognized by the Organization of African Unity;
- (2) to make use, when necessary, of funds from the Director-General's Development Programme to assist the countries concerned to overcome the problems arising both from the presence of the Namibian and South African refugees and displaced persons and from destabilization activities, as well as for the rehabilitation of their damaged health infrastructures;
- (3) to report to the Forty-first World Health Assembly on the progress made in the implementation of this resolution.

Agenda item 30

EFFECTS OF NUCLEAR WAR ON HEALTH AND HEALTH SERVICES

The Fortieth World Health Assembly,

Bearing in mind the principle laid down in the WHO Constitution that the health of all peoples is fundamental to the attainment of peace and security;

Recalling United Nations General Assembly resolutions 34/58, 38/188J and 40/10, and also World Health Assembly resolutions WHA34.38 and WHA36.28 stressing the close interrelationship between health and the preservation of peace;

Having considered the second report on the effects of nuclear war on health and health services prepared by the WHO Management Group;

1. THANKS the Management Group for its work;
2. EXPRESSES its deep concern at the conclusions contained in the Management Group's report on the effects of nuclear war on health and health services;
3. URGES the Governments of Member States to take into consideration in their activities the main points and conclusions of the report;
4. DECIDES to continue, in collaboration with interested United Nations bodies and other international organizations, the investigation of other health aspects of the effects of nuclear war that are not reflected in the report;
5. REQUESTS the Director-General:
 - (1) to make the report widely known by publishing it with all its scientific annexes and prefacing it with this resolution;
 - (2) to transmit the report to the Secretary-General of the United Nations and also to the executive heads of other international organizations with a view to its consideration by the appropriate United Nations bodies and other organizations;
 - (3) to report periodically to the World Health Assembly on progress in this field.

Agenda item 33

COLLABORATION WITH NONGOVERNMENTAL ORGANIZATIONS: PRINCIPLES GOVERNING
RELATIONS BETWEEN WHO AND NONGOVERNMENTAL ORGANIZATIONS

The Fortieth World Health Assembly,

Recalling Article 71 of the Constitution whereby WHO may make suitable arrangements for consultation and cooperation with nongovernmental organizations in carrying out its international health work;

Recalling that the Working Principles Governing the Admission of Nongovernmental Organizations into Official Relations with WHO were adopted by the First World Health Assembly and amended by the Third, Eleventh and Twenty-first World Health Assemblies (resolutions WHA1.130, WHA3.113, WHA11.14 and WHA21.28);

Recognizing the important role of nongovernmental organizations, as emphasized by the Thirty-eighth World Health Assembly in resolution WHA38.31, and the complementarity of the resources they represent in the network of governments, peoples and WHO striving for health development;

Emphasizing the need to mobilize national and international nongovernmental organizations for accelerated implementation of health-for-all strategies;

Taking into account the usefulness of a broad framework dealing with the development of informal relations with nongovernmental organizations as well as with their admission into official relations with WHO;

DECIDES to adopt the revised Principles Governing Relations between the World Health Organization and Nongovernmental Organizations, annexed hereto.

ANNEX

PRINCIPLES GOVERNING RELATIONS BETWEEN THE WORLD HEALTH ORGANIZATION
AND NONGOVERNMENTAL ORGANIZATIONS

1. Introduction

1.1 As stated in Article 2 of the Constitution, one of the main functions of the World Health Organization (WHO) is to act as the directing and coordinating authority on international health work. In support of this function, and in accordance with Article 71 of the Constitution, WHO may make suitable arrangements for consultation and cooperation with nongovernmental organizations (NGOs) in carrying out its international health work.

1.2 WHO should, in relation to NGOs, act in conformity with any relevant resolutions of the General Assembly or Economic and Social Council of the United Nations.

1.3 The objectives of WHO's collaboration with NGOs are to promote the policies, strategies and programmes derived from the decisions of the Organization's governing bodies; to collaborate with regard to various WHO programmes in jointly agreed activities to implement these strategies; and to play an appropriate role in ensuring the harmonizing of intersectoral interests among the various sectoral bodies concerned in a country, regional or global setting.

2. Types of relations at the global level and their development

2.1 WHO recognizes only one category of formal relations, known as official relations, with those NGOs which meet the criteria described in these Principles. All other contacts, including working relations, are considered to be of an informal character.

2.2 The establishment of relations with NGOs shall be an evolving process proceeding through a number of separate stages as described in the following paragraphs.

2.3 First contacts with an NGO in order to create mutual understanding and assist in developing mutual interests frequently take the form of exchanges of information and reciprocal participation in technical meetings. This type of informal contact may continue on an ad hoc basis, without time limit and without written agreement. However, the definition of the broad objectives of collaboration and the possibility of enlarging its scope to include specific joint activities in line with the particular expertise of the nongovernmental organization are also explored at this stage.

2.4 When a number of specific joint activities have been identified, collaboration may be taken a stage further by proceeding to a period (usually two years) of working relations entered into by an exchange of letters. Such letters set out the agreed basis for the collaboration, indicating details of the activities to be undertaken during the period, providing an estimate of the resources to be supplied by WHO and the NGO, and naming focal points in the NGO and in WHO (designated technical officer). A joint assessment of the outcome of the collaboration thus planned is undertaken at the end of the period of working relations by the parties concerned, including also consideration of the future relationship. This may result: in the continuation of the working relations for a further period; in an application for admission into official relations with WHO from an international NGO, for examination by the Executive Board, should there be a number of activities which might form the basis of a long-term and closer relationship with WHO; or in a decision that there is no scope for further contacts in the foreseeable future. This arrangement for consultation and cooperation with NGOs is considered as informal.

2.5 The Executive Board shall be responsible for deciding on the admission of NGOs into official relations with WHO.

3. Criteria for the admission of NGOs into official relations with WHO

3.1 The main area of competence of the NGO shall fall within the purview of WHO. Its aims and activities shall be in conformity with the spirit, purposes and principles of the Constitution of WHO, shall centre on development work in health or health-related fields, and shall be free from concerns which are primarily of a commercial or profit-making nature. The major part of its activities shall be relevant to and have a bearing on the implementation of the health-for-all strategies as envisaged in the Global Strategy for Health for All by the Year 2000 and the WHO General Programme of Work covering a Specific Period.

3.2 The NGO shall normally be international in its structure and/or scope, and shall represent a substantial proportion of the persons globally organized for the purpose of participating in the particular field of interest in which it operates. When there are several international NGOs with similar areas of interest, they may form a joint committee or other body authorized to act for the group as a whole.

3.3 The NGO shall have a constitution or similar basic document, an established headquarters, a directing or governing body, an administrative structure at various levels of action, and authority to speak for its members through its authorized representatives. Its members shall exercise voting rights in relation to its policies or action.

3.4 Thus, organizations eligible for admission into official relations with WHO include various types of international NGOs with a federated structure (made up of national or regional groups or having individual members from different countries), foundations that raise resources for health development activities in different parts of the world, and similar bodies promoting international health.

3.5 In exceptional cases a national organization, whether or not affiliated to an international NGO, may be considered for admission into official relations, in consultation with and subject to the recommendations of the WHO Regional Director and the Member State involved. Such a national organization (or a number of national organizations working under a federated (umbrella) structure) shall be eligible for admission provided that: the major part of its activities and resources are directed towards international health and related work; it has developed a programme of collaborative activities with WHO as indicated in paragraph 2.4; and its activities offer appropriate experience upon which WHO may wish to draw.

3.6 There shall normally have been at least two years of successfully completed working relations, as described in paragraph 2.4, prior to an application for admission into official relations.

4. Procedure for admitting NGOs into official relations with WHO

4.1 Applications should normally reach WHO headquarters not later than the end of the month of July in order to be considered by the Executive Board in January of the following year. They shall specify a structured plan for collaborative activities agreed upon by the organization and WHO. Applications from national organizations shall contain the endorsements of the WHO Regional Director and the Government of the Member State concerned. Applications should normally be transmitted to Board members by the Secretariat two months in advance of the session at which they will be considered.

4.2 During its January session the Board's Standing Committee on Nongovernmental Organizations, composed of five members, shall consider applications submitted by NGOs, voluntarily or by invitation, and shall make recommendations to the Board; it may invite any such organization to speak before it in connection with the organization's application. Should the applicant organization be considered not to meet the established criteria, and bearing in mind the desirability of ensuring a valuable continuing partnership based on defined objectives and evidenced by a record of successful past collaboration and a framework for future collaborative activities, the Standing Committee may recommend postponement of consideration or rejection of an application.

4.3 The Board, after considering the recommendations of the Standing Committee, shall decide whether an organization is to be admitted into official relations with WHO. A re-application from an NGO shall not normally be considered until two years have elapsed since the Board's decision on the original application.

4.4 The Director-General shall inform each organization of the Board's decision on its application. He shall maintain a list of the organizations admitted into official relations, and this list and any amendments thereto shall be circulated to the Members of WHO.

4.5 A plan for collaboration based on mutually agreed objectives and outlining activities for the coming three-year period shall form the basis of official relations between WHO and the NGO. This plan shall be transmitted also to the WHO regional offices to encourage closer collaboration at regional level as appropriate.

4.6 The Board, through its Standing Committee on Nongovernmental Organizations, shall review collaboration with each NGO every three years and shall determine the desirability of maintaining official relations. The Board's review shall be spread over a three-year period, one-third of the NGOs in official relations being reviewed each year.

4.7 The Board may discontinue official relations if it considers that such relations are no longer appropriate or necessary in the light of changing programmes or other circumstances. Similarly, the Board may suspend or discontinue official relations if an organization no longer meets the criteria that applied at the time of the establishment of such relations, or fails to fulfil its part in the agreed programme of collaboration.

5. Relations with NGOs at the regional and national levels¹

5.1 Regional or national NGOs affiliated to international NGOs in official relations with WHO

These NGOs are, by definition, in official relations with the WHO regional office(s). They shall develop and implement a programme of collaboration with the regional and national levels of WHO to ensure implementation of health-for-all strategies at the country level.

5.2 Regional and national NGOs for which there is no international NGO

The regional office concerned may establish working relations with these organizations, subject to consultation between the Regional Director and the Director-General of WHO. A programme of activities developed and implemented as described in paragraph 2.4 would be essential.

5.3 Regional or national NGOs affiliated to international NGOs not in official relations with WHO

In order that WHO may promote and support the formation of strong international NGOs in the various technical fields, the regional office concerned may establish working relations with the above-mentioned regional or national organizations, subject to consultation between the Regional Director and the Director-General of WHO. Such working relations shall be based on a programme of activities developed and implemented as described in paragraph 2.4.

6. Privileges conferred on NGOs by relationship with WHO

6.1 The privileges conferred by official relationship shall include:

- (i) the right to appoint a representative to participate, without right of vote, in WHO's meetings or in those of the committees and conferences convened under its authority, on the following conditions:

whenever the Health Assembly, or a committee or conference convened under WHO's authority, discusses an item in which a related NGO is particularly interested, that NGO, at the invitation of the chairman of the meeting or on his acceding to a request from the organization, shall be entitled to make a statement of an expository nature, and may, with the consent of the meeting, be invited by the chairman to make, in the course of the discussion of the item before the meeting, an additional statement for purposes of clarification;

¹ Before working relations are established between WHO and a national NGO, and before a programme of collaboration with such an organization is agreed, appropriate measures will be taken to consult the Government concerned in accordance with Article 71 of the WHO Constitution.

(ii) access to non-confidential documentation and such other documentation as the Director-General may see fit to make available through such special distribution facilities as WHO may establish;

(iii) the right to submit a memorandum to the Director-General, who would determine the nature and scope of the circulation.

6.2 In the event of a memorandum being submitted which the Director-General considers might be placed on the agenda of the Health Assembly, such memorandum shall be placed before the Executive Board for possible inclusion in the agenda of the Assembly.

6.3 Privileges similar to those stated above shall normally be accorded to national/regional NGOs having working relations with WHO regional offices, in accordance with section 5, as determined by the Regional Directors in consultation with the regional committees.

6.4 A national organization which is affiliated to an international NGO covering the same subject on an international basis shall normally present its views through its government or through the international NGO to which it is affiliated, unless other arrangements are made in view of its particular relationship with WHO.

7. Responsibilities of NGOs in their relationship with WHO

7.1 NGOs shall be responsible for implementing the mutually agreed programme of collaboration and shall inform WHO as soon as possible if for any reason they are unable to fulfil their part of the agreement.

7.2 NGOs shall utilize the opportunities available to them through their normal work to disseminate information on WHO policies and programmes.

7.3 NGOs shall collaborate individually or collectively in WHO programmes to further health-for-all goals.

7.4 NGOs shall individually or collectively collaborate with the Member States where their activities are based in the implementation of the national/regional/global health-for-all strategies.



FORTIETH WORLD HEALTH ASSEMBLY

SECOND REPORT OF COMMITTEE B

During its sixth, eighth and ninth meetings held on 12 and 13 May 1987, Committee B decided to recommend to the Fortieth World Health Assembly the adoption of the resolutions (attached) and decisions relating to the following agenda items:

32. Collaboration within the United Nations system

32.1 General matters

Two resolutions have been adopted under this sub-item

32.2 The Codex Alimentarius Commission

32.3 Health and medical assistance to Lebanon

32.4 Health assistance to refugees and displaced persons in Cyprus

32.5 Liberation struggle in southern Africa: assistance to the front-line States, Lesotho and Swaziland

9. Method of work of the Health Assembly

The Committee decided to recommend to the Fortieth World Health Assembly not to consider the draft resolution recommended by the Executive Board on "Method of Work of the Health Assembly: amendments to the Rules of Procedure" (EB79.R20), thus enabling the Executive Board to monitor the method of work of the World Health Assembly over the next three years in order to determine whether it would be desirable to adopt the proposed amendments to the Rules of Procedure of the World Health Assembly.

30. Effects of nuclear war on health and health services

33. Collaboration with nongovernmental organizations: principles governing relations between WHO and nongovernmental organizations (approval of recommendations submitted by the Executive Board)

34. United Nations Joint Staff Pension Fund

34.1 Annual report of the United Nations Joint Staff Pension Board for 1985

The Committee decided to recommend to the Fortieth World Health Assembly that it note the status of the operation of the Joint Staff Pension Fund, as indicated by the annual report of the United Nations Joint Staff Pension Board for the year 1985 and as reported by the Director-General.

34.2 Appointment of representatives to the WHO Staff Pension Committee

The Committee decided to recommend to the Fortieth World Health Assembly to appoint the member of the Executive Board designated by the Government of Malawi as member of the WHO Staff Pension Committee, and the member of the Board designated by the Government of Japan as alternate member of the Committee, the appointments being for a period of three years.

Agenda item 32.1

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM: GENERAL MATTERS

International Year of Shelter for the Homeless

The Fortieth World Health Assembly,

Taking into consideration resolution 37/221 adopted in December 1982 by the United Nations General Assembly at its thirty-seventh session, proclaiming the year 1987 International Year of Shelter for the Homeless;

Bearing in mind WHO's fundamental commitment to attaining the goal of health for all by the year 2000;

Noting the positive influence that adequate shelter has on the health of individuals;

Aware that homelessness is a problem affecting many nations, especially the developing countries, and that, despite the efforts of governments and international organizations at national and local level to improve the living conditions of people living in slums, squat areas and rural settlements in many countries, the situation continues to deteriorate in both absolute and relative terms;

1. URGES Member States:

(1) to promote human health through the improvement of living conditions (habitat);

(2) to increase their support to the United Nations Centre for Human Settlements (HABITAT), the United Nations Environment Programme, the World Bank, and other agencies and nongovernmental organizations involved with shelter and health issues;

2. REQUESTS the regional committees to initiate the establishment of regional research groups to undertake studies on the improvements in health conditions that result from adequate housing;

3. REQUESTS the Director-General to maintain and strengthen collaboration between WHO and the relevant organizations and agencies mentioned in paragraph 1(2).

Agenda item 32.1

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM

Deteriorating health situation in Somalia caused by the recurring drought

The Fortieth World Health Assembly,

Deeply concerned that drought is again threatening life and causing serious loss of livestock and property in Somalia;

Bearing in mind the information provided by the Government of Somalia, which estimates that 1.6 million people, including 700 000 children, are affected by the drought and that 800 people have died, and indicates that the situation is rapidly deteriorating, especially in northern and central Somalia;

Noting that the Government appealed on 29 April 1987 for emergency assistance, and has taken steps to coordinate the relief efforts together with the United Nations and the donor community, including the establishment of a drought action committee on 30 April 1987;

Aware of the relief needs as stated in the information report/alert message issued on 5 May 1987 by the United Nations Disaster Relief Coordinator;

1. COMMENDS the strenuous efforts of the Government of Somalia to alleviate the hardships suffered by the victims of the drought;
2. EXPRESSES its gratitude to the Director-General for his prompt support to the Somali Government;
3. REQUESTS Member States, nongovernmental organizations and other organizations of the United Nations system to participate in the concerted effort to alleviate the adverse effects of the drought on the Somali population;
4. REQUESTS the Director-General to:
 - (1) draw the attention of Member States to the deteriorating health situation in Somalia caused by the recurring drought;
 - (2) take further steps to alleviate the health effects on the drought-stricken population, in collaboration with the United Nations and other organizations;
 - (3) explore the possibilities of providing further support from within WHO or from external sources to assist the Government in the relief programmes;
 - (4) support the Government in monitoring the health situation of the affected population and in strengthening the Government's disaster preparedness capacity within the overall health development programmes.

Agenda item 32.2

THE CODEX ALIMENTARIUS COMMISSION

The Fortieth World Health Assembly,

Having studied the first report by the Director-General on the Codex Alimentarius Commission¹ and the discussions during the seventy-ninth session of the Executive Board;

Recognizing the role of the Joint FAO/WHO Food Standards Programme and the Codex Alimentarius Commission for the promotion of food safety and the facilitation of international trade;

Recognizing the essential role of sufficient and safe food for health promotion and disease prevention;

Aware of the benefits to all countries to be derived from the work of the Codex Alimentarius Commission;

1. CALLS UPON Member States:

- (1) to participate actively, particularly their health sectors, in the work of the Codex Alimentarius Commission and its committees;
- (2) to make all appropriate efforts to adopt Codex standards, and to fully utilize the recommendations of the Commission for the promotion of food safety and the international food trade;
- (3) to promote active collaboration on the part of both the public and private sectors and nongovernmental organizations in national Codex work;

2. REQUESTS the Director-General:

- (1) to continue to collaborate with FAO in support of the Commission;
- (2) to maintain appropriate technical and financial support of the Commission;
- (3) to collaborate with Member States in strengthening their infrastructure for food safety in order to facilitate the implementation of Codex standards and recommendations;

3. RECOMMENDS the Codex Alimentarius Commission:

- (1) to give priority consideration to the work of the general subject committees and the regional coordinating committees, which are responsible for food safety and consumer information;
- (2) to encourage Member States to fully utilize and implement Codex standards and recommendations;
- (3) to invite Member States which have not yet joined the Commission to do so without delay.

¹ Document EB79/1987/REC/1, Annex 12.

Agenda item 32.3

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM:

Health and medical assistance to Lebanon

The Fortieth World Health Assembly,

Recalling resolutions WHA29.40, WHA30.27, WHA31.26, WHA32.19, WHA33.23, WHA34.21, WHA35.19, WHA36.23, WHA37.25, WHA38.26 and WHA39.12 on health and medical assistance to Lebanon;

Taking note of United Nations General Assembly resolutions 33/146 of 20 December 1978, 34/135 of 14 December 1979, 35/85 of 5 December 1980, 36/205 of 16 December 1981, 37/163 of 17 December 1982, 38/220 of 20 December 1983, 39/197 of 17 December 1984, 40/229 of 17 December 1985 and 41/196 of 8 December 1986 on international assistance for the reconstruction and development of Lebanon, calling on the specialized agencies, organs and other bodies of the United Nations to expand and intensify programmes of assistance within the framework of the needs of Lebanon;

Having examined the Director-General's report¹ on the action taken by WHO, in cooperation with other international bodies, for emergency health and medical assistance to Lebanon in 1986 and the first quarter of 1987;

Aware that the situation arising from the increase in the numbers of wounded, handicapped and displaced persons and the paralysis of economic activities requires urgent health and medical assistance;

Aware that the increased financial burden upon the State, coinciding with the alarming drop in budgetary revenue requires assistance to the health services that are the responsibility of the State;

Noting the health and medical assistance provided by the Organization to Lebanon during 1986-1987;

1. EXPRESSES its appreciation to the Director-General for his continuous efforts to mobilize health and medical assistance for Lebanon;
2. EXPRESSES also its appreciation to all the international agencies, organs and bodies of the United Nations, and to all governmental and nongovernmental organizations, for their cooperation with WHO in this regard;
3. CONSIDERS that the growing health and medical problems in Lebanon, which have recently reached a critical level, constitute a source of great concern and necessitate thereby a continuation and substantial expansion of programmes of health and medical assistance to Lebanon;

¹ Document A40/13.

4. REQUESTS the Director-General to continue and to expand substantially the Organization's programmes of health, medical and relief assistance to Lebanon and to allocate for this purpose, as far as possible, funds from the regular budget and other financial resources;
5. CALLS UPON the specialized agencies, organs and bodies of the United Nations, and on all governmental and nongovernmental organizations, to intensify their cooperation with WHO in this field, and in particular to put into operation the recommendations of the report on the reconstruction of the health services of Lebanon;
6. CALLS ALSO UPON Member States to increase their technical and financial support for relief operations and the reconstruction of the health services of Lebanon in consultation with the Ministry of Health and Social Affairs in Lebanon;
7. CALLS UPON donors, as far as possible, to direct their assistance in cash or in kind to the Ministry of Health, which has responsibility for the hospitals, dispensaries and public health services;
8. REQUESTS the Director-General to report to the Forty-first World Health Assembly on the implementation of this resolution.

Agenda item 32.4

HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN CYPRUS

The Fortieth World Health Assembly,

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;

Recalling resolutions WHA28.47, WHA29.44, WHA30.26, WHA31.25, WHA32.18, WHA33.22, WHA34.20, WHA35.18, WHA36.22, WHA37.24, WHA38.25 and WHA39.11;

Noting all relevant United Nations General Assembly and Security Council resolutions on Cyprus;

Considering that the continuing health problems of the refugees and displaced persons in Cyprus call for further assistance;

1. NOTES with satisfaction the information provided by the Director-General on health assistance to refugees and displaced persons in Cyprus;
2. EXPRESSES its appreciation for all the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus to obtain the funds necessary for the Organization's action to meet the health needs of the population of Cyprus;
3. REQUESTS the Director-General to continue and intensify health assistance to refugees and displaced persons in Cyprus, in addition to any assistance made available within the framework of the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus, and to report to the Forty-first World Health Assembly on such assistance.

Agenda item 32.5

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM

Liberation struggle in southern Africa: assistance
to the front-line States, Lesotho and Swaziland

The Fortieth World Health Assembly,

Considering that the front-line States continue to suffer from the consequences of military, political and economic destabilization by South Africa which hamper their economic and social development and lead to the temporary displacement of large numbers of inhabitants of those countries;

Considering resolution 41/199 of the United Nations General Assembly, requesting the international community for special assistance for the front-line States;

Considering that the front-line States have to accept enormous sacrifices to rehabilitate and develop their health infrastructure which has suffered as a result of destabilization by South Africa;

Considering also resolutions AFR/RC31/R12 and AFR/RC32/R9 of the Regional Committee for Africa, which call for a special programme of health cooperation with the People's Republic of Angola;

Bearing in mind that the consequences of these destabilization activities still force the countries concerned to divert large amounts of financial and technical resources from their national health programmes to defence and reconstruction;

1. THANKS the Director-General for his report;¹
2. RESOLVES that WHO shall:
 - (1) continue to take appropriate and timely measures to help the front-line States, Lesotho and Swaziland solve the acute health problems of the Namibian and South African refugees;
 - (2) continue to provide countries which are or have been targets of destabilization by South Africa with technical cooperation in the health field, for the rehabilitation of their damaged health infrastructures, and assist them to overcome the problems arising from people being displaced, both within each country and across boundaries;
3. CALLS UPON the Member States, according to their capabilities, to continue to provide adequate health assistance to liberation movements recognized by the Organization of African Unity and to the front-line States (Angola, Botswana, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe) and Lesotho and Swaziland;

¹ Document A40/15.

4. REQUESTS the Director-General:

- (1) to intensify humanitarian assistance to national liberation movements recognized by the Organization of African Unity;
- (2) to make use, when necessary, of funds from the Director-General's Development Programme to assist the countries concerned to overcome the problems arising both from the presence of the Namibian and South African refugees and displaced persons and from destabilization activities, as well as for the rehabilitation of their damaged health infrastructures;
- (3) to report to the Forty-first World Health Assembly on the progress made in the implementation of this resolution.

Agenda item 30

EFFECTS OF NUCLEAR WAR ON HEALTH AND HEALTH SERVICES

The Fortieth World Health Assembly,

Bearing in mind the principle laid down in the WHO Constitution that the health of all peoples is fundamental to the attainment of peace and security;

Recalling United Nations General Assembly resolutions 34/58, 38/188J and 40/10, and also World Health Assembly resolutions WHA34.38 and WHA36.28 stressing the close interrelationship between health and the preservation of peace;

Having considered the second report on the effects of nuclear war on health and health services prepared by the WHO Management Group;

1. THANKS the Management Group for its work;
2. EXPRESSES its deep concern at the conclusions contained in the Management Group's report on the effects of nuclear war on health and health services;
3. URGES the Governments of Member States to take into consideration in their activities the main points and conclusions of the report;
4. DECIDES to continue, in collaboration with interested United Nations bodies and other international organizations, the investigation of other health aspects of the effects of nuclear war that are not reflected in the report;
5. REQUESTS the Director-General:
 - (1) to make the report widely known by publishing it with all its scientific annexes and prefacing it with this resolution;
 - (2) to transmit the report to the Secretary-General of the United Nations and also to the executive heads of other international organizations with a view to its consideration by the appropriate United Nations bodies and other organizations;
 - (3) to report periodically to the World Health Assembly on progress in this field.

Agenda item 33

COLLABORATION WITH NONGOVERNMENTAL ORGANIZATIONS: PRINCIPLES GOVERNING
RELATIONS BETWEEN WHO AND NONGOVERNMENTAL ORGANIZATIONS

The Fortieth World Health Assembly,

Recalling Article 71 of the Constitution whereby WHO may make suitable arrangements for consultation and cooperation with nongovernmental organizations in carrying out its international health work;

Recalling that the Working Principles Governing the Admission of Nongovernmental Organizations into Official Relations with WHO were adopted by the First World Health Assembly and amended by the Third, Eleventh and Twenty-first World Health Assemblies (resolutions WHA1.130, WHA3.113, WHA11.14 and WHA21.28);

Recognizing the important role of nongovernmental organizations, as emphasized by the Thirty-eighth World Health Assembly in resolution WHA38.31, and the complementarity of the resources they represent in the network of governments, peoples and WHO striving for health development;

Emphasizing the need to mobilize national and international nongovernmental organizations for accelerated implementation of health-for-all strategies;

Taking into account the usefulness of a broad framework dealing with the development of informal relations with nongovernmental organizations as well as with their admission into official relations with WHO;

DECIDES to adopt the revised Principles Governing Relations between the World Health Organization and Nongovernmental Organizations, annexed hereto.

ANNEX

PRINCIPLES GOVERNING RELATIONS BETWEEN THE WORLD HEALTH ORGANIZATION
AND NONGOVERNMENTAL ORGANIZATIONS

1. Introduction

1.1 As stated in Article 2 of the Constitution, one of the main functions of the World Health Organization (WHO) is to act as the directing and coordinating authority on international health work. In support of this function, and in accordance with Article 71 of the Constitution, WHO may make suitable arrangements for consultation and cooperation with nongovernmental organizations (NGOs) in carrying out its international health work.

1.2 WHO should, in relation to NGOs, act in conformity with any relevant resolutions of the General Assembly or Economic and Social Council of the United Nations.

1.3 The objectives of WHO's collaboration with NGOs are to promote the policies, strategies and programmes derived from the decisions of the Organization's governing bodies; to collaborate with regard to various WHO programmes in jointly agreed activities to implement these strategies; and to play an appropriate role in ensuring the harmonizing of intersectoral interests among the various sectoral bodies concerned in a country, regional or global setting.

2. Types of relations at the global level and their development

2.1 WHO recognizes only one category of formal relations, known as official relations, with those NGOs which meet the criteria described in these Principles. All other contacts, including working relations, are considered to be of an informal character.

2.2 The establishment of relations with NGOs shall be an evolving process proceeding through a number of separate stages as described in the following paragraphs.

2.3 First contacts with an NGO in order to create mutual understanding and assist in developing mutual interests frequently take the form of exchanges of information and reciprocal participation in technical meetings. This type of informal contact may continue on an ad hoc basis, without time limit and without written agreement. However, the definition of the broad objectives of collaboration and the possibility of enlarging its scope to include specific joint activities in line with the particular expertise of the nongovernmental organization are also explored at this stage.

2.4 When a number of specific joint activities have been identified, collaboration may be taken a stage further by proceeding to a period (usually two years) of working relations entered into by an exchange of letters. Such letters set out the agreed basis for the collaboration, indicating details of the activities to be undertaken during the period, providing an estimate of the resources to be supplied by WHO and the NGO, and naming focal points in the NGO and in WHO (designated technical officer). A joint assessment of the outcome of the collaboration thus planned is undertaken at the end of the period of working relations by the parties concerned, including also consideration of the future relationship. This may result: in the continuation of the working relations for a further period; in an application for admission into official relations with WHO from an international NGO, for examination by the Executive Board, should there be a number of activities which might form the basis of a long-term and closer relationship with WHO; or in a decision that there is no scope for further contacts in the foreseeable future. This arrangement for consultation and cooperation with NGOs is considered as informal.

2.5 The Executive Board shall be responsible for deciding on the admission of NGOs into official relations with WHO.

3. Criteria for the admission of NGOs into official relations with WHO

3.1 The main area of competence of the NGO shall fall within the purview of WHO. Its aims and activities shall be in conformity with the spirit, purposes and principles of the Constitution of WHO, shall centre on development work in health or health-related fields, and shall be free from concerns which are primarily of a commercial or profit-making nature. The major part of its activities shall be relevant to and have a bearing on the implementation of the health-for-all strategies as envisaged in the Global Strategy for Health for All by the Year 2000 and the WHO General Programme of Work covering a Specific Period.

3.2 The NGO shall normally be international in its structure and/or scope, and shall represent a substantial proportion of the persons globally organized for the purpose of participating in the particular field of interest in which it operates. When there are several international NGOs with similar areas of interest, they may form a joint committee or other body authorized to act for the group as a whole.

3.3 The NGO shall have a constitution or similar basic document, an established headquarters, a directing or governing body, an administrative structure at various levels of action, and authority to speak for its members through its authorized representatives. Its members shall exercise voting rights in relation to its policies or action.

3.4 Thus, organizations eligible for admission into official relations with WHO include various types of international NGOs with a federated structure (made up of national or regional groups or having individual members from different countries), foundations that raise resources for health development activities in different parts of the world, and similar bodies promoting international health.

3.5 In exceptional cases a national organization, whether or not affiliated to an international NGO, may be considered for admission into official relations, in consultation with and subject to the recommendations of the WHO Regional Director and the Member State involved. Such a national organization (or a number of national organizations working under a federated (umbrella) structure) shall be eligible for admission provided that: the major part of its activities and resources are directed towards international health and related work; it has developed a programme of collaborative activities with WHO as indicated in paragraph 2.4; and its activities offer appropriate experience upon which WHO may wish to draw.

3.6 There shall normally have been at least two years of successfully completed working relations, as described in paragraph 2.4, prior to an application for admission into official relations.

4. Procedure for admitting NGOs into official relations with WHO

4.1 Applications should normally reach WHO headquarters not later than the end of the month of July in order to be considered by the Executive Board in January of the following year. They shall specify a structured plan for collaborative activities agreed upon by the organization and WHO. Applications from national organizations shall contain the endorsements of the WHO Regional Director and the Government of the Member State concerned. Applications should normally be transmitted to Board members by the Secretariat two months in advance of the session at which they will be considered.

4.2 During its January session the Board's Standing Committee on Nongovernmental Organizations, composed of five members, shall consider applications submitted by NGOs, voluntarily or by invitation, and shall make recommendations to the Board; it may invite any such organization to speak before it in connection with the organization's application. Should the applicant organization be considered not to meet the established criteria, and bearing in mind the desirability of ensuring a valuable continuing partnership based on defined objectives and evidenced by a record of successful past collaboration and a framework for future collaborative activities, the Standing Committee may recommend postponement of consideration or rejection of an application.

4.3 The Board, after considering the recommendations of the Standing Committee, shall decide whether an organization is to be admitted into official relations with WHO. A re-application from an NGO shall not normally be considered until two years have elapsed since the Board's decision on the original application.

4.4 The Director-General shall inform each organization of the Board's decision on its application. He shall maintain a list of the organizations admitted into official relations, and this list and any amendments thereto shall be circulated to the Members of WHO.

4.5 A plan for collaboration based on mutually agreed objectives and outlining activities for the coming three-year period shall form the basis of official relations between WHO and the NGO. This plan shall be transmitted also to the WHO regional offices to encourage closer collaboration at regional level as appropriate.

4.6 The Board, through its Standing Committee on Nongovernmental Organizations, shall review collaboration with each NGO every three years and shall determine the desirability of maintaining official relations. The Board's review shall be spread over a three-year period, one-third of the NGOs in official relations being reviewed each year.

4.7 The Board may discontinue official relations if it considers that such relations are no longer appropriate or necessary in the light of changing programmes or other circumstances. Similarly, the Board may suspend or discontinue official relations if an organization no longer meets the criteria that applied at the time of the establishment of such relations, or fails to fulfil its part in the agreed programme of collaboration.

5. Relations with NGOs at the regional and national levels¹

5.1 Regional or national NGOs affiliated to international NGOs in official relations with WHO

These NGOs are, by definition, in official relations with the WHO regional office(s). They shall develop and implement a programme of collaboration with the regional and national levels of WHO to ensure implementation of health-for-all strategies at the country level.

5.2 Regional and national NGOs for which there is no international NGO

The regional office concerned may establish working relations with these organizations, subject to consultation between the Regional Director and the Director-General of WHO. A programme of activities developed and implemented as described in paragraph 2.4 would be essential.

5.3 Regional or national NGOs affiliated to international NGOs not in official relations with WHO

In order that WHO may promote and support the formation of strong international NGOs in the various technical fields, the regional office concerned may establish working relations with the above-mentioned regional or national organizations, subject to consultation between the Regional Director and the Director-General of WHO. Such working relations shall be based on a programme of activities developed and implemented as described in paragraph 2.4.

6. Privileges conferred on NGOs by relationship with WHO

6.1 The privileges conferred by official relationship shall include:

- (i) the right to appoint a representative to participate, without right of vote, in WHO's meetings or in those of the committees and conferences convened under its authority, on the following conditions:

whenever the Health Assembly, or a committee or conference convened under WHO's authority, discusses an item in which a related NGO is particularly interested, that NGO, at the invitation of the chairman of the meeting or on his acceding to a request from the organization, shall be entitled to make a statement of an expository nature, and may, with the consent of the meeting, be invited by the chairman to make, in the course of the discussion of the item before the meeting, an additional statement for purposes of clarification;

¹ Before working relations are established between WHO and a national NGO, and before a programme of collaboration with such an organization is agreed, appropriate measures will be taken to consult the Government concerned in accordance with Article 71 of the WHO Constitution.

(ii) access to non-confidential documentation and such other documentation as the Director-General may see fit to make available through such special distribution facilities as WHO may establish;

(iii) the right to submit a memorandum to the Director-General, who would determine the nature and scope of the circulation.

6.2 In the event of a memorandum being submitted which the Director-General considers might be placed on the agenda of the Health Assembly, such memorandum shall be placed before the Executive Board for possible inclusion in the agenda of the Assembly.

6.3 Privileges similar to those stated above shall normally be accorded to national/regional NGOs having working relations with WHO regional offices, in accordance with section 5, as determined by the Regional Directors in consultation with the regional committees.

6.4 A national organization which is affiliated to an international NGO covering the same subject on an international basis shall normally present its views through its government or through the international NGO to which it is affiliated, unless other arrangements are made in view of its particular relationship with WHO.

7. Responsibilities of NGOs in their relationship with WHO

7.1 NGOs shall be responsible for implementing the mutually agreed programme of collaboration and shall inform WHO as soon as possible if for any reason they are unable to fulfil their part of the agreement.

7.2 NGOs shall utilize the opportunities available to them through their normal work to disseminate information on WHO policies and programmes.

7.3 NGOs shall collaborate individually or collectively in WHO programmes to further health-for-all goals.

7.4 NGOs shall individually or collectively collaborate with the Member States where their activities are based in the implementation of the national/regional/global health-for-all strategies.

= = =