

WHA50/1997/REC/1

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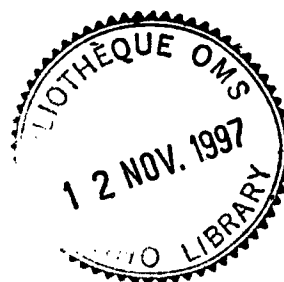
WORLD HEALTH ORGANIZATION

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# **FIFTIETH WORLD HEALTH ASSEMBLY**

**GENEVA, 5-14 MAY 1997**

**RESOLUTIONS AND DECISIONS  
ANNEXES**



**GENEVA  
1997**

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## ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ACC	- Administrative Committee on Coordination	NORAD	- Norwegian Agency for International Development
ACHR	- Advisory Committee on Health Research	OAU	- Organization of African Unity
AGFUND	- Arab Gulf Programme for United Nations Development Organizations	OECD	- Organisation for Economic Co-operation and Development
ASEAN	- Association of South-East Asian Nations	PAHO	- Pan American Health Organization
CIDA	- Canadian International Development Agency	SAREC	- Swedish Agency for Research Cooperation with Developing Countries
CIOMS	- Council for International Organizations of Medical Sciences	SIDA	- Swedish International Development Authority
DANIDA	- Danish International Development Agency	UNAIDS	- United Nations Joint Programme on HIV/AIDS
ECA	- Economic Commission for Africa	UNCTAD	- United Nations Conference on Trade and Development
ECE	- Economic Commission for Europe	UNDCP	- United Nations International Drug Control Programme
ECLAC	- Economic Commission for Latin America and the Caribbean	UNDP	- United Nations Development Programme
ESCAP	- Economic and Social Commission for Asia and the Pacific	UNEP	- United Nations Environment Programme
ESCWA	- Economic and Social Commission for Western Asia	UNESCO	- United Nations Educational, Scientific and Cultural Organization
FAO	- Food and Agriculture Organization of the United Nations	UNFPA	- United Nations Population Fund
FINNIDA	- Finnish International Development Agency	UNHCR	- Office of the United Nations High Commissioner for Refugees
IAEA	- International Atomic Energy Agency	UNICEF	- United Nations Children's Fund
IARC	- International Agency for Research on Cancer	UNIDO	- United Nations Industrial Development Organization
ICAO	- International Civil Aviation Organization	UNRWA	- United Nations Relief and Works Agency for Palestine Refugees in the Near East
IFAD	- International Fund for Agricultural Development	UNSCEAR	- United Nations Scientific Committee on the Effects of Atomic Radiation
ILO	- International Labour Organization (Office)	USAID	- United States Agency for International Development
IMO	- International Maritime Organization	WFP	- World Food Programme
ITU	- International Telecommunication Union	WIPO	- World Intellectual Property Organization
		WMO	- World Meteorological Organization
		WTO	- World Trade Organization

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation "country or area" appears in the headings of tables, it covers countries, territories, cities or areas.

## **PREFACE**

The Fiftieth World Health Assembly was held at the Palais des Nations, Geneva, from 5 to 14 May 1997, in accordance with the decision of the Executive Board at its ninety-eighth session. Its proceedings are published in three volumes, containing, in addition to other relevant material:

Resolutions and decisions,<sup>1</sup> annexes and list of participants - document WHA50/1997/REC/1

Verbatim records of plenary meetings - document WHA50/1997/REC/2

Summary records and reports of committees - document WHA50/1997/REC/3

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<sup>1</sup> The resolutions, which are reproduced in the order in which they were adopted, have been cross-referenced to the relevant sections of the WHO *Handbook of Resolutions and Decisions*, volumes I, II and III (third edition), which contain most of the resolutions adopted by the Health Assembly and the Executive Board between 1948 and 1992. A list of the dates of sessions, indicating resolution symbols and the volumes in which the resolutions and decisions were first published, is given in volume III (third edition) of the *Handbook* (page XIII).



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3. Election of the Committee on Nominations
4. Election of the President and the five Vice-Presidents
5. Election of the Chairman of Committee A
6. Election of the Chairman of Committee B
7. Establishment of the General Committee
8. Adoption of the agenda and allocation of items to the main committees
9. Review and approval of the reports of the Executive Board on its ninety-eighth and ninety-ninth sessions
10. Review of *The world health report 1997* (incorporating the Director-General's report on the work of WHO)
11. [deleted]
12. Election of Members entitled to designate a person to serve on the Executive Board
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  - 13.2 Dr A.T. Shousha Foundation Prize
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  - 13.4 Ihsan Dogramaci Family Health Foundation Prize and Fellowship
  - 13.5 Sasakawa Health Prize
  - 13.6 Francesco Pocchiari Fellowship

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<sup>1</sup> The agenda was adopted at the third plenary meeting.

13.7 Dr Comlan A.A. Quenum Prize for Public Health in Africa

13.8 United Arab Emirates Health Foundation Prize

14. Approval of reports of main committees

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17. Proposed programme budget for the financial period 1998-1999

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18. Preparation of the Tenth General Programme of Work

19. Implementation of resolutions and decisions (progress reports by the Director-General)

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- Reorientation of medical education and medical practice (resolution WHA48.8)
- Guidelines on the WHO Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce (resolution WHA22.50)
- Quality of biological products moving in international commerce
- Reproductive health
- Tobacco or health (resolution WHA43.16)
- World Tuberculosis Day (resolution WHA46.36)
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22. Financial matters
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26. WHO reform
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  - 27.1 General matters
  - 27.2 Environmental matters
    - Special session of the United Nations General Assembly: Five years after the United Nations Conference on Environment and Development
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  - 27.3 Health assistance to specific countries
28. Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine

29. Personnel matters

29.1 Recruitment of international staff in WHO

- Geographical representation
- Employment and participation of women in the work of WHO

29.2 Confirmation of amendments to the Staff Rules: salaries for ungraded posts and the Director-General

30. United Nations Joint Staff Pension Fund

30.1 Report of the United Nations Joint Staff Pension Board

30.2 Appointment of representatives to the WHO Staff Pension Committee

31. Method of work of the Health Assembly

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### Assembly documents<sup>1</sup>

A50/1 Rev.1	Agenda <sup>2</sup>
A50/2	Review and approval of the reports of the Executive Board on its ninety-eighth and ninety-ninth sessions
A50/3	<i>The world health report 1997. Conquering suffering, enriching humanity.</i> Summary
A50/4	Report of the Executive Board to the World Health Assembly on the proposed programme budget for the financial period 1998-1999 and response by the Director-General
A50/5	Preparation of the Tenth General Programme of Work. Report by the Director-General
A50/6 and Corr.1	Implementation of resolutions and decisions. Report by the Director-General
A50/7	Control of tropical diseases. Report by the Director-General
A50/8	Interim Financial Report for the year 1996
A50/8 Add.1	Interim Financial Report for the year 1996. Annex: Extrabudgetary resources for programme activities
A50/9	Status of collection of assessed contributions. Report by the Director-General
A50/10	Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution. Second report of the Administration, Budget and Finance Committee of the Executive Board to the Fiftieth World Health Assembly
A50/11	Report on casual income. Report by the Director-General
A50/12	Scale of assessments - Assessment of new Members and Associate Members. Assessment of Andorra for 1997. Report by the Director-General
A50/13	Scale of assessments for the financial period 1998-1999. Report by the Director-General
A50/14	Renewing the health-for-all strategy. Progress report by the Director-General

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<sup>1</sup> Issued in Arabic, Chinese, English, French, Russian and Spanish.

<sup>2</sup> See page xi.

A50/15	Task Force on Health in Development. Highlights of the fifth meeting. Geneva, 18 and 19 November 1996
A50/16	Collaboration within the United Nations system and with other intergovernmental organizations. General matters. Report by the Director-General
A50/16 Add.1	Agreement on the Establishment of the International Vaccine Institute. Report by the Director-General <sup>1</sup>
A50/17	Environmental matters. Report by the Director-General
A50/18	Collaboration within the United Nations system and with other intergovernmental organizations. Health assistance to specific countries. Report by the Director-General
A50/19	Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine. Report by the Director-General
A50/20	United Nations Joint Staff Pension Fund. Report of the United Nations Joint Staff Pension Board
A50/21	United Nations Joint Staff Pension Fund. Appointment of representatives to the WHO Staff Pension Committee
A50/22	Interim financial report on the accounts of WHO for 1996. External Auditor's report on his work
A50/23	Interim report of the External Auditor. Comments of the Director-General
A50/24	Interim financial report for the year 1996. First report of the Administration, Budget and Finance Committee to the Fiftieth World Health Assembly
A50/25	Committee on Nominations. First report
A50/26	Committee on Nominations. Second report
A50/27	Committee on Nominations. Third report
A50/28	Committee on Credentials. First report
A50/29	First report of Committee B
A50/30	Cloning in human reproduction. Cloning, biomedical technology and WHO's role in standard-setting. Report by the Director-General <sup>2</sup>
A50/31	Second report of Committee B
A50/32	Report of Committee B to Committee A

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<sup>1</sup> See Annex 1.

<sup>2</sup> See Annex 2.



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A50/33	Third report of Committee B
A50/34	Committee on Credentials. Second report
A50/35	Election of Members entitled to designate a person to serve on the Executive Board
A50/36	First report of Committee A
A50/37	Second report of Committee A
A50/38	Third report of Committee A
A50/39	Fourth report of Committee B
A50/40	Fifth report of Committee B
A50/41	Sixth report of Committee B
A50/42	Fourth report of Committee A

### Information documents<sup>1</sup>

A50/INF.DOC./1	Awards. Amendments to the Statutes governing the United Arab Emirates Health Foundation
A50/INF.DOC./2	Collaboration within the United Nations system and with other intergovernmental organizations. Request for an advisory opinion from the International Court of Justice
A50/INF.DOC./3	Guidelines on the WHO Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce
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A50/INF.DOC./7	Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine <sup>2</sup>
A50/INF.DOC./8	Resolutions of the Fiftieth World Health Assembly relating to the programme budget for the financial period 1998-1999 and Statement showing the computation of contributions to the programme budget for the financial period 1998-1999

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<sup>1</sup> Issued in English and French.

<sup>2</sup> Also available in Arabic.



## OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

### **President**

Mr Saleem I. SHERVANI (India)

### **Vice-Presidents**

Dr A. M'HATEF (Algeria)

Dr J. F. OLETTA (Venezuela)

Mr S. ELEGHMARY (Libyan Arab Jamahiriya)

Mrs M. de B. ROSERIA (Portugal)

Dr ZHANG WENKANG (China)

### **Secretary**

Dr H. NAKAJIMA, Director-General

### **Committee on Credentials**

The Committee on Credentials was composed of delegates of the following Member States: Bhutan, Congo, Ghana, Iran (Islamic Republic of), Luxembourg, Pakistan, Romania, Uruguay, Uzbekistan and Vanuatu.

**Chairman:** Dr J. D. OTOO (Ghana)

**Vice-Chairman:** Dr G. BIKANDOU (Congo)

**Rapporteur:** Dr J. SINGAY (Bhutan)

**Secretary:** Mr T. S. R. TOPPING, Legal Counsel

### **Committee on Nominations**

The Committee on Nominations was composed of delegates of the following Member States: Antigua and Barbuda, Belgium, Brazil, Cambodia, Central African Republic, China, Colombia, France, Gambia, Indonesia, Kiribati, Lesotho, Madagascar, Malawi, Maldives, Mali, Mexico, Oman, Paraguay, Qatar, Russian Federation, The Former Yugoslav Republic of Macedonia, Turkey, United Kingdom of Great Britain and Northern Ireland and Yemen.

**Chairman:** Dr W. B. MUKIWA (Malawi)

**Secretary:** Dr H. NAKAJIMA, Director-General

### **General Committee**

The General Committee was composed of the President and Vice-Presidents of the Health Assembly and the Chairmen of the main committees, together with delegates of the following Member States: Argentina, Bulgaria, Côte d'Ivoire, Cuba, Eritrea, France, Japan, Morocco, Mozambique, Myanmar, Russian Federation, Seychelles, South Africa, Sweden, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, and United States of America.

**Chairman:** Mr Saleem I. SHERVANI (India)

**Secretary:** Dr H. NAKAJIMA, Director-General

## **MAIN COMMITTEES**

Under Rule 35 of the Rules of Procedure of the World Health Assembly, each delegation was entitled to be represented on each main committee by one of its members.

### **Committee A**

**Chairman:** Dr R. CAMPOS (Belize)

**Vice-Chairmen:** Professor H. ACHOUR (Tunisia)  
and Mr K. R. C. PILLAY (Mauritius)

**Rapporteur:** Dr S. ZOBRIST (Switzerland)

**Secretary:** Dr B.-I. THYLEFORS, Director,  
Programme for the Prevention of Blindness  
and Deafness

### **Committee B**

**Chairman:** Dr T. TAITAI (Kiribati)

**Vice-Chairmen:** Dr M. N. SAVEL'EV (Russian  
Federation) and Dr S. R. SIMKHADA (Nepal)

**Rapporteur:** Dr W. AMMAR (Lebanon)

**Secretary:** Mr A. K. ASAMOA, Chief,  
Administration and Staff Support Service



## RESOLUTIONS

### **WHA50.1      Reimbursement of travel expenses for attendance at the Health Assembly**

The Fiftieth World Health Assembly,

Recalling resolution WHA30.11 on reimbursement of travel expenses for attendance at the Health Assembly;

Having considered the proposed programme budget for the financial period 1998-1999, in particular appropriation section 1, Governing bodies;

Noting the proposal contained therein that the Organization should meet the cost of travel to the Health Assembly for one representative each from the least developed countries only, in order to keep costs of governing bodies within the level budgeted for 1996-1997,

DECIDES that, with effect from 1 January 1998, only Members that are classified as least developed countries shall be reimbursed for the actual travel expenses of one delegate each, the maximum reimbursement to be restricted to the equivalent of one economy/tourist return air ticket from the capital city of the Member to the place of the session.

*Hbk Res., Vol. III (3rd ed.), 6.1.12*

(Eighth plenary meeting, 12 May 1997 -  
Committee A, first report)

### **WHA50.2      WHO collaborating centres**

The Fiftieth World Health Assembly,

Recognizing that in order to exert global health leadership in the twenty-first century in the current budgetary context the Organization must make every effort to create the broadest possible network of "partners for health" in order to make full use of all the skills available at country and regional levels; and to seek new resources and make optimum use of them in order to fulfil its tasks in the twenty-first century within the framework of the new strategy for health for all;

Aware that the collaborating centres represent a source of expertise that deserves to be better utilized and promoted;

Thanking the Director-General for the work accomplished in coordinating the network of collaborating centres at present in existence,

#### **1.    URGES Member States:**

- (1) to support and develop national centres of expertise so that they may meet the criteria to become a WHO collaborating centre;
- (2) to inform WHO of the existence of these centres of expertise;

2. REQUESTS the Director-General:

- (1) to strengthen the cooperation between WHO and its collaborating centres in priority areas;
- (2) to undertake a situation analysis concerning the existing networks of collaborating centres:
  - (a) to prepare a review of designations and terminations since resolution WHA33.20 and submit it to the Executive Board in January 1998;
  - (b) to review the definition of the functions of the collaborating centres and the procedure for their designation and redesignation;
  - (c) to explore the arrangements between WHO and the collaborating centres, including the option of working through contracts;
  - (d) to review the procedures for and frequency of evaluation of these centres with a view to their redesignation or termination;
- (3) to take steps to promote and encourage the emergence of a larger number of collaborating centres in the countries concerned by WHO's priorities and to foster capacity-building programmes in these centres;
- (4) to explore organizational mechanisms within WHO, at headquarters and regional level, and the various possibilities of funding to ensure the best support for and coordination of the network of centres;
- (5) to report on his findings and recommendations to the 101st session of the Executive Board in January 1998.

*Hbk Res., Vol. III (3rd ed.), 1.5*

(Eighth plenary meeting, 12 May 1997 -  
Committee A, first report)

**WHA50.3      Guidelines on the WHO Certification Scheme on the Quality of  
Pharmaceutical Products moving in International Commerce**

The Fiftieth World Health Assembly,

Taking note of previous resolutions on WHO's Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce, and particularly resolutions WHA45.29 and WHA49.14;

Having reviewed the revised guidelines on implementation of the Certification Scheme which are the result of field trials in a number of WHO Member States and discussions during the sixth and seventh biennial International Conferences of Drug Regulatory Authorities;<sup>1</sup>

Believing that the adoption of the revised guidelines will provide an important instrument in support of drug registration in the importing country by ensuring access to transparent information on the regulatory status of the pharmaceutical product in the exporting country and the true origin of products to be imported,

1. ENDORSES the guidelines for implementation of the WHO Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce and model certification forms annexed to the guidelines;

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<sup>1</sup> WHO Technical Report Series, No. 863, 1996, Annex 10.

2. URGES Member States:

- (1) to implement these guidelines, to request WHO-type certificates in the form contained in the guidelines and to issue the certificates in the form proposed, as from 1 January 1998;
- (2) to inform the Director-General of their intent to apply the Scheme and of any significant reservations they intend to express relating to their participation as provided for in article 2.1 of the guidelines.

*Hbk Res., Vol. III (3rd ed.), 1.15.3*

(Eighth plenary meeting, 12 May 1997 -  
Committee A, first report)

**WHA50.4      Cross-border advertising, promotion and sale of medical products using the Internet**

The Fiftieth World Health Assembly,

Aware of the increasing use of electronic communication means by the general public for obtaining information and purchasing goods;

Aware that the efficacy, safety and quality of medical products require careful assessment, that in many Member States their marketing is subject to prior legal authorization, and that many of them are available only on medical prescription;

Aware also that the proper and safe use of medical products may require that a health care professional carries out a review of the medical history, and a medical examination of the patient as well as a diagnosis of the condition, and subsequent counselling and follow-up;

Recognizing that regulations and regulatory control governing prescription or non-prescription ("over-the-counter") status of medical products vary from one country to another, so that there are national differences in their availability;

Aware further that advertising, promotion and legal sale of medical products in one country may violate another's laws;

Recognizing on the other hand that in some situations provision of medical products by an authorized health professional in response to an electronically communicated request may contribute to more rational and better health care, and to the easier availability of necessary medical products and information about them;

Recognizing that such mail order service requests may in some countries include prescription-only products, and that in such situations national law may specify additional requirements to authorize the order;

Noting the continued need for vigilance in the maintenance of legal and ethical standards in the advertising, promotion and sale of medical products;

Concerned that uncontrolled advertising, promotion and sale of medical products by electronic communication may present a hazard for public health as well as a risk for the individual patient, particularly with regard to misleading or fraudulent information about the product, and lack of appropriate counselling;

Particularly concerned that advertising, promotion and sale using the Internet may lead to uncontrolled trade across borders in medical products that may be unevaluated, unapproved, unsafe or ineffective, or used inappropriately, or which are fraudulent imitations,

1. URGES all Member States to collaborate with WHO in order to facilitate collection of information on the use of the Internet for advertising, promotion and sale of medical products;
2. REQUESTS the Director-General:
  - (1) to collect information on the various aspects and consequences of advertising promotion and sale of medical products using the Internet;
  - (2) to collaborate with the drug regulatory authorities and national and international enforcement agencies, consumer groups, professional associations, the pharmaceutical industry and other parties concerned, in order to collect all necessary information on the subject;
  - (3) to convene a WHO ad hoc working group consisting of representatives of the parties mentioned above and, in addition, experts in ethics, legal matters, marketing and communication, and other experts as required, to consider and review such information and related issues concerning the advertising, promotion and sale of medical products using the Internet, and to formulate recommendations for action to the Director-General;
  - (4) to report on progress to the Executive Board at its 101st session in January 1998, and to the Fifty-first World Health Assembly in May 1998;
  - (5) to mobilize extrabudgetary resources for these purposes.

*Hbk Res., Vol. III (3rd ed.), 1.15*

(Eighth plenary meeting, 12 May 1997 -  
Committee A, first report)

#### **WHA50.5 Interim financial report for the year 1996**

The Fiftieth World Health Assembly,

Having examined the interim financial report for the year 1996;<sup>1</sup>

Having noted the report of the Administration, Budget and Finance Committee of the Executive Board,<sup>2</sup>

ACCEPTS the Director-General's interim financial report for the year 1996.

*Hbk Res., Vol. III (3rd ed.), 6.1.10.3*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, first report)

#### **WHA50.6 Transfer of funds from the Executive Board Special Fund to the Special Account for Disasters and Natural Catastrophes in the Voluntary Fund for Health Promotion**

The Fiftieth World Health Assembly

1. AUTHORIZES the transfer of the principal of US\$ 100 000 of the Executive Board Special Fund to the Special Account for Disasters and Natural Catastrophes in the Voluntary Fund for Health Promotion, to be used for emergency humanitarian activities;

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<sup>1</sup> Documents A50/8 and Add.1 (see also documents A50/22 and A50/23).

<sup>2</sup> Document A50/24.



2. REQUESTS the Director-General to report on the use of this amount under the Voluntary Fund for Health Promotion in his financial report.

*Hbk Res., Vol. III (3rd ed.), 1.2.2.3; 6.1.5; 6.1.9.2*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, first report)

## **WHA50.7      Status of collection of assessed contributions**

The Fiftieth World Health Assembly,

Noting with concern that, as at 31 December 1996:

- (a) the rate of collection in 1996 of contributions to the effective working budget for that year amounted to 77.72%, leaving US\$ 93 394 425 unpaid;
- (b) only 102 Members had paid their contributions to the effective working budget for that year in full, and 63 Members had made no payment;
- (c) total unpaid contributions in respect of 1996 and prior years exceeded US\$ 169 million,

1. EXPRESSES deep concern at the continuing high level of contributions outstanding, which has had a deleterious effect on programmes and on the financial situation;
2. CALLS THE ATTENTION of all Members to Financial Regulation 5.6, which provides that instalments of contributions shall be considered as due and payable in full by the first day of the year to which they relate, and to the importance of paying contributions as early as possible to enable the Director-General to implement the programme budget in an orderly manner;
3. REMINDS Members that, as a result of the adoption, by resolution WHA41.12, of an incentive scheme to promote the timely payment of assessed contributions, those that pay their assessed contributions early in the year in which they are due will have their contributions payable for a subsequent programme budget reduced appreciably, whereas Members paying later will have their contributions payable for that subsequent programme budget reduced only marginally or not at all;
4. URGES Members that are systematically late in the payment of their contributions to take immediate steps to ensure prompt and regular payment;
5. REQUESTS the Director-General, taking into account developments in other organizations of the United Nations system and in the review of the WHO Constitution, to continue to review all additional measures that may be appropriate to the circumstances of WHO with a view to ensuring a sound financial basis for programmes and to report on this matter to the 101st session of the Executive Board and the Fifty-first World Health Assembly;
6. FURTHER REQUESTS the Director-General to draw this resolution to the attention of all Members.

*Hbk Res., Vol. III (3rd ed.), 6.1.2.4*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, first report)

**WHA50.8      Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution**

The Fiftieth World Health Assembly,

Having considered the second report of the Administration, Budget and Finance Committee of the Executive Board to the Fiftieth World Health Assembly on Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution;<sup>1</sup>

Having been informed that the voting rights of Angola, Nigeria and Peru had been restored as a result of payments made which reduced their unpaid prior years' arrears of contributions to a level below that indicated in resolution WHA41.7;

Noting that, at the time of opening of the Fiftieth World Health Assembly, the voting rights of Antigua and Barbuda, Armenia, Azerbaijan, Bosnia and Herzegovina, Chad, Comoros, Cuba, Dominican Republic, Equatorial Guinea, Georgia, Guinea-Bissau, Iraq, Kazakhstan, Kyrgyzstan, Latvia, Liberia, Niger, Republic of Moldova, Somalia, Tajikistan, Turkmenistan, Ukraine and Yugoslavia remained suspended, such suspension to continue until the arrears of the Member State concerned have been reduced, at the present or future Health Assemblies, to a level below the amount which would justify invoking Article 7 of the Constitution;

Noting that, in accordance with resolution WHA49.4, the voting privileges of Mauritania and Venezuela have been suspended as from 5 May 1997, 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;

Having been informed that the voting rights of Togo have not been so suspended as a result of a payment received before the opening of the Fiftieth World Health Assembly;

Noting that Afghanistan, Central African Republic, Congo, Djibouti, Gabon, Guatemala, Haiti, Lithuania, Rwanda and Yemen were in arrears at the time of the opening of the Fiftieth World Health Assembly to such an extent that it is necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended at the opening of the Fifty-first World Health Assembly;

Having been informed that as a result of payments received after the opening of the Fiftieth World Health Assembly, the arrears of contributions of Guatemala and Haiti have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution,

1. EXPRESSES concern at the increasingly large number of Members that have been in arrears in the payment of their contributions in recent years to an extent which would justify invoking Article 7 of the Constitution and the unprecedented level of contributions owed by them;
2. URGES the Members concerned to regularize their position at the earliest possible date;
3. FURTHER URGES Members that have not communicated their intention to settle their arrears to do so as a matter of urgency;
4. REQUESTS the Director-General to approach the Members in arrears to an extent which would justify invoking Article 7 of the Constitution, with a view to pursuing the question with the governments concerned;

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<sup>1</sup> Document A50/10.

5. REQUESTS the Executive Board, in the light of the Director-General's report to the Board at its 101st session and after the Members concerned have had an opportunity to explain their situation to the Board, to report to the Fifty-first World Health Assembly on the status of payment of contributions;

6. DECIDES:

(1) that in accordance with the statement of principles in resolution WHA41.7 if, by the time of the opening of the Fifty-first World Health Assembly, Afghanistan, Central African Republic, Congo, Djibouti, Gabon, Lithuania, Rwanda and Yemen are still in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, their voting privileges shall be suspended as from the said opening;

(2) that any suspension which takes effect as aforesaid shall continue at the Fifty-first and subsequent Health Assemblies, until the arrears of the Member concerned 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.

*Hbk Res., Vol. III (3rd ed.), 6.1.2.4*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, first report)

#### **WHA50.9      Assessment of Andorra for 1997**

The Fiftieth World Health Assembly,

Noting that Andorra, a Member of the United Nations, became a Member of the World Health Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 15 January 1997;

Noting that the United Nations General Assembly, in resolution 48/223, established the assessment of Andorra at the rate of 0.01%;

Recalling the principle established in resolution WHA8.5, and confirmed in resolution WHA24.12, that the latest available United Nations scale of assessments should be used as a basis for determining the scale of assessments to be used by WHO;

Recalling further that the Twenty-sixth World Health Assembly, in resolution WHA26.21, affirmed its belief that the scale of assessments in WHO should follow as closely as possible that of the United Nations,

DECIDES:

(1) that Andorra shall be assessed at an annual rate of 0.01% for the year 1997;

(2) that Andorra's assessment relating to the year 1997 shall be reduced to eleven-twelfths of 0.01%.

*Hbk Res., Vol. III (3rd ed.), 6.1.2.2*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, first report)

**WHA50.10 Real Estate Fund**

The Fiftieth World Health Assembly,

Having considered the report of the Director-General to the Executive Board on the status of projects financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 1997 to 31 May 1998;<sup>1</sup>

Recognizing that certain estimates must necessarily remain provisional because of the fluctuation of exchange rates,

1. AUTHORIZES the financing from the Real Estate Fund of the expenditures summarized in part III of the Director-General's report, at an estimated cost of US\$ 1 654 000;
2. APPROPRIATES to the Real Estate Fund, from casual income, the sum of US\$ 815 000.

*Hbk Res., Vol. III (3rd ed.), 6.1.7*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, first report)

**WHA50.11 Relocation of the Regional Office for the Eastern Mediterranean from Alexandria to Cairo**

The Fiftieth World Health Assembly,

Having considered the report of the Director-General to the Executive Board on the subject of relocation of the Regional Office for the Eastern Mediterranean from Alexandria to Cairo;<sup>2</sup>

Recognizing that certain estimates must necessarily remain provisional because of the fluctuation of exchange rates,

1. EXPRESSES its appreciation to the Government of Egypt for making available land in Cairo as well as pledging a cash contribution for the purpose of construction of a new building for the Regional Office for the Eastern Mediterranean;
2. ENCOURAGES other Member States of the Region to make similar financial efforts;
3. AUTHORIZES the financing from the Real Estate Fund of the estimated expenditure of US\$ 9 890 000 for the purpose of building new Regional Office premises in Cairo, on the understanding that any costs over and above this estimate would be met from extrabudgetary resources;
4. APPROPRIATES to the Real Estate Fund, from casual income, the sum of US\$ 9 890 000.

*Hbk Res., Vol. III (3rd ed.), 4.2.5; 6.1.7*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, first report)

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<sup>1</sup> Document EB99/1997/REC/1, Annex 2, part I.

<sup>2</sup> Document EB99/1997/REC/1, Annex 2, part II.

**WHA50.12 Establishment of the International Vaccine Institute**

The Fiftieth World Health Assembly,

Having considered the report of the Director-General on the establishment of the International Vaccine Institute,<sup>1</sup> and in accordance with Article 18(l) of the Constitution of the World Health Organization,

1. APPROVES the Agreement on the Establishment of the International Vaccine Institute;<sup>2</sup>
2. AUTHORIZES the Director-General to deposit WHO's instrument of approval of the Agreement with the Secretary-General of the United Nations.

*Hbk Res., Vol. III (3rd ed.), 1.16.1*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, first report)

**WHA50.13 Promotion of chemical safety, with special attention to persistent organic pollutants**

The Fiftieth World Health Assembly,

Having considered the report of the Director-General on persistent organic pollutants;<sup>3</sup>

Recalling resolutions WHA30.47, WHA31.28 and EB63.R19 on the evaluation of the effects of chemicals on health, and resolutions EB73.R10 and WHA45.32 on the International Programme on Chemical Safety;

Noting that the Director-General established in May 1996 a steering committee on sound management of chemicals to coordinate activities related to chemical safety;

Noting that the Memorandum of Understanding between UNEP, ILO and WHO concerning collaboration in the International Programme on Chemical Safety was renewed in 1996;

Noting that, in response to the call of the United Nations Conference on Environment and Development (UNCED) for improved international cooperation on sound management of chemicals, an Inter-Organization Programme for the Sound Management of Chemicals was established in 1995 with six participating organizations (UNEP, ILO, FAO, WHO, UNIDO and OECD), and that WHO is the administering organization;

Noting that, in response to a recommendation made at UNCED and to resolution WHA46.20, an intergovernmental forum on chemical safety was established in 1994 with WHO as the host agency,

1. ENDORSES the recommendations of the Intergovernmental Forum on Chemical Safety to the Health Assembly on persistent organic pollutants, as presented in the report of the Director-General;
2. CALLS UPON Member States:
  - (1) to involve appropriate health officials in national efforts to follow up and implement decisions of the UNEP and WHO governing bodies relating to the currently identified persistent organic pollutants;

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<sup>1</sup> See Annex 1.

<sup>2</sup> See Annex 1, Appendix.

<sup>3</sup> Document A50/17, part II.

- (2) to ensure that scientific assessment of risks to health and the environment is the basis for the management of chemical risk;
- (3) to continue efforts to establish or reinforce national coordinating mechanisms for chemical safety, involving all responsible authorities as well as the nongovernmental organizations concerned;
- (4) to take steps to reduce reliance on insecticides for control of vector-borne diseases through promotion of integrated pest-management approaches in accordance with WHO guidelines, and through support for the development and adaptation of viable alternative methods of disease vector control;
- (5) to establish or strengthen governmental mechanisms to provide information on the levels and sources of chemical contaminants in all media, and in particular in food, as well as on the levels of exposure of the population;
- (6) to ensure that the use of DDT is authorized by governments for public health purposes only, and that, in those instances, such use is limited to government-authorized programmes that take an integrated approach and that strong steps are taken to ensure that there is no diversion of DDT to entities in the private sector;
- (7) to revitalize measures for training and for increasing public awareness in collaboration with intergovernmental and nongovernmental organizations, in order to prevent poisonings by chemicals and, in particular, pesticides;

3. REQUESTS the Director-General:

- (1) to participate actively in the intergovernmental negotiating committees on the currently identified persistent organic pollutants, in the drafting of a legally binding instrument for the “prior informed consent” procedure, and in other intergovernmental meetings on issues requiring health expertise, in particular those relating to the use of pesticides for vector control, in order to ensure that international commitments on hazardous chemicals are realistic and effective and that they protect human health and the environment;
- (2) to support research on integrated approaches to the control of vector-borne diseases, including environmental management, and involving appropriate WHO collaborating centres in this effort;
- (3) to continue to support the acceleration and expansion of WHO’s activities for the assessment of chemicals risk as a basis for national decision-making on its management, including the joint FAO/WHO programmes on food additives and contaminants and veterinary drug residues and on pesticide residues;
- (4) to cooperate with Member States in facilitating the exchange of information on chemicals utilizing modern technology, especially in the collation and provision of reliable and comparable data, in particular from developing countries, on human exposure, incidents of poisonings and other adverse health effects;
- (5) to take the necessary steps to reinforce WHO’s leadership in undertaking risk assessment as a basis for tackling high-priority problems as they emerge, and in promoting and coordinating related research, for example, on potential endocrine-related health effects of exposure to chemicals and on the possible causal links with cancer and reproductive, neurological and immunological disorders;
- (6) to continue efforts to enhance technical cooperation with Member States for the determination of their capacity-building needs, and for the implementation of programmes for the management of chemicals risk, in collaboration with participants in the Inter-Organization Programme for the Sound Management of Chemicals and with other organizations;

(7) to report on the outcome of the deliberations at the Health Assembly to the UNEP Governing Council;

(8) to report to a future Health Assembly on progress in implementing this resolution.

*Hbk Res., Vol. III (3rd ed.), 1.14.4*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, second report)

## **WHA50.14      Protection of the marine environment**

The Fiftieth World Health Assembly,

Noting the successful conclusion of the Intergovernmental Conference to Adopt a Global Programme of Action for the Protection of the Marine Environment from Land-based Activities, which was held in Washington, D.C., from 23 October to 3 November 1995;

Having considered United Nations General Assembly resolution 51/189 on institutional arrangements for the implementation of the Global Programme of Action for the Protection of the Marine Environment from Land-based Activities;

Stressing the need for Member States to take the necessary measures for the implementation of the Global Programme of Action at national and, as appropriate, regional and international levels;

Concerned about risks to human health from the degradation of the marine environment caused by land-based sources of pollution,

1. ENDORSES the Washington Declaration on Protection of the Marine Environment from Land-based Activities and the Global Programme of Action for the Protection of the Marine Environment from Land-based Activities as they relate to the protection of human health;

2. URGES Member States:

(1) to support the implementation of the Global Programme of Action in general and with regard to public health aspects;

(2) to participate in the development of a clearing-house for the implementation of the Global Programme of Action and in particular to support WHO's efforts to lead the development of the clearing-house mechanism for information on sewage;

(3) to explore ways and means of making additional financial resources available for setting up and maintaining the clearing-house mechanism;

3. REQUESTS the Director-General:

(1) to seek extrabudgetary financial resources in order to enable the Organization to discharge its assigned responsibilities in the implementation of the Global Programme of Action;

(2) to the extent that resources permit, to take the lead in the development of a clearing-house mechanism for information on sewage as one of the major land-based sources of pollution of the marine environment;

(3) to support the implementation of the Global Programme of Action concerning matters related to environmental health;

- (4) to collaborate with UNEP and other international organizations concerned in the implementation of the Global Programme of Action.

*Hbk Res., Vol. III (3rd ed.), 1.14.1*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, second report)

## **WHA50.15 Recruitment of international staff in WHO: geographical representation**

The Fiftieth World Health Assembly,

Noting the report and proposals of the Director-General and the views of the Executive Board with regard to the recruitment of international staff in WHO;<sup>1</sup>

Recalling earlier resolutions of the Health Assembly and the Executive Board on the same subject, the last of which was resolution WHA48.28;

Noting that recruitment of nationals from unrepresented and under-represented countries and countries below the mid-point of the range has not yet reached the target of 60%;

Reaffirming that the principles embodied in Staff Regulations 4.2, 4.3 and 4.4 remain the paramount consideration in staff recruitment,

1. DECIDES to maintain the target of 60% of all vacancies arising in professional and higher-graded posts subject to geographical distribution during the period ending September 1999 for the appointment of nationals of unrepresented and under-represented countries and those below the mid-point of the range;
2. CALLS UPON the Director-General and the Regional Directors to pursue energetically their efforts to continue to improve geographical representation;
3. REQUESTS the Director-General to modify the method of calculating desirable ranges by revising the number of posts used in the calculation to 1450;
4. FURTHER REQUESTS the Director-General to report on the recruitment of international staff in WHO to the Executive Board in 2000.

*Hbk Res., Vol. III (3rd ed.), 6.2.2.1*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, second report)

## **WHA50.16 Employment and participation of women in the work of WHO**

The Fiftieth World Health Assembly,

Noting resolutions WHA48.28 and WHA49.9;

Noting the situation at September 1996 regarding the proportion of women on the staff in established WHO offices and their distribution by grade;<sup>2</sup>

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<sup>1</sup> See document EB99/1997/REC/1, Annex 4, and document EB99/1997/REC/2, pp.132-135.

<sup>2</sup> See document EB99/1997/REC/1, Annex 5.



Noting that the Strategic plan of action (1995-2000),<sup>1</sup> which was endorsed by the United Nations General Assembly in its resolution 49/167 of 23 December 1994, established the overall goal of parity for women by the year 2000, with a target of 25% in policy-level positions (D1 and above) by 1997;

Recognizing that women can also participate in WHO as temporary advisers, consultants and members of scientific and technical advisory groups;

Recognizing the additional value that a balance of male and female staff can bring to the work of the Organization,

1. CALLS FOR the target for representation of women in the professional categories to be increased to 50% in WHO;
2. CALLS FOR targets to be set at 50% by 2002 for new appointments of women to professional categories, representation of women as temporary advisers, consultants and members of scientific and technical advisory groups;
3. STRONGLY URGES Member States to support the strategies and efforts of the WHO Secretariat to increase the percentage of women in professional posts, by identifying more women candidates and regularly submitting their candidatures, and by encouraging women to apply for posts;
4. REQUESTS the Director-General and Regional Directors:
  - (1) to ensure full and urgent implementation of the action outlined in the Director-General's report;
  - (2) to raise the minimum thresholds for the recruitment of women;
  - (3) to set minimum thresholds for participation of women as temporary advisers, consultants and members of scientific and technical advisory groups;
  - (4) to report annually to the Executive Board on progress in increasing the representation of women in the professional categories, and as temporary advisers, consultants and members of scientific and technical advisory groups.

*Hbk Res., Vol. III (3rd ed.), 6.2.2.3*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, second report)

## **WHA50.17      Salaries for ungraded posts and the Director-General**

The Fiftieth World Health Assembly,

Noting the recommendations of the Executive Board with regard to remuneration of staff in the ungraded posts and of the Director-General,<sup>2</sup>

1. ESTABLISHES the salary for the posts of Assistant Directors-General and Regional Directors at US\$ 129 524 per annum before staff assessment, resulting in a modified net salary of US\$ 90 855 (dependency rate) or US\$ 82 245 (single rate);

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<sup>1</sup> See United Nations General Assembly document A/49/587, part IV: "Strategic plan of action for the improvement of the status of women in the Secretariat (1995-2000)".

<sup>2</sup> See document EB99/1997/REC/1, Annex 6.

2. ESTABLISHES the salary for the post of Deputy Director-General at US\$ 142 546 per annum before staff assessment, resulting in a modified net salary of US\$ 99 059 (dependency rate) or US\$ 89 069 (single rate);
3. ESTABLISHES the salary for the Director-General at US\$ 175 344 per annum before staff assessment, resulting in a modified net salary of US\$ 119 722 (dependency rate) or US\$ 106 255 (single rate);
4. DECIDES that these adjustments in remuneration shall come into effect on 1 January 1997.

*Hbk Res., Vol. III (3rd ed.), 6.2.4.3*

(Eighth plenary meeting, 12 May 1997 -  
Committee B, second report)

### **WHA50.18      Method of work of the Health Assembly and amendments to its Rules of Procedure**

The Fiftieth World Health Assembly,

Having considered the report of the Director-General on the method of work of the Health Assembly;<sup>1</sup>

Recalling resolution WHA20.2 concerning arrangements for the conduct of the general discussion in plenary meetings on the reports of the Executive Board and the Director-General, resolution EB71.R3 concerning, *inter alia*, the focus of such discussion, resolution WHA32.36 concerning, *inter alia*, preparation of the provisional agenda of regular sessions of the Health Assembly by the Executive Board and resolution WHA36.16 concerning, *inter alia*, the opening meeting of the Health Assembly;

Recalling also the decision of the Forty-eighth World Health Assembly to transfer resources from governing bodies to priority programmes, and the consequent need to shorten the duration of the Health Assembly;

Noting the proposed programme budget for the financial period 1998-1999 and the provision for sessions of the Health Assembly contained therein,

1. APPROVES the following arrangements for the conduct of the discussion in plenary meetings on the report of the Executive Board and *The world health report* (incorporating the annual report of the Director-General):

- (1) delegates are requested to limit to five minutes their statements in such discussions;
- (2) delegates wishing to do so may submit prepared statements of not more than 600 words for inclusion in the verbatim records of the plenary meetings;
- (3) the statements should focus on the theme of *The world health report*;

2. DECIDES:

- (1) that the Executive Board, when preparing the provisional agenda of each Health Assembly, shall normally include individual technical programme items in the agenda of the Health Assembly as separate items only in the years when the Health Assembly does not undertake a full review of the proposed biennial programme budget, thus allowing more time for such technical items;

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<sup>1</sup> Document EB99/1997/REC/1, Annex 7.

- (2) that reports on technical programme items which the Director-General has been requested to submit in budget years by previous resolutions of the Health Assembly shall henceforth be submitted in non-budget years;
3. DECIDES also that the opening meeting of the Health Assembly shall be held at 10:00 on the opening day, followed by the meeting of the Committee on Nominations, the second plenary meeting, and the meeting of the General Committee, so as to permit the third plenary meeting to take place as early on the opening day as possible;
4. DECIDES further to amend Rules 24, 25 and 101 of the Rules of Procedure of the Health Assembly to read as follows:

*Rule 24*

The Committee on Nominations of the Health Assembly shall consist of twenty-five delegates of as many Members.

At the beginning of each regular session the President shall submit to the Health Assembly a list consisting of twenty-four Members, to comprise with the President, ex officio, the Committee on Nominations. Any Member may propose additions to such list. On the basis of such list, as amended by any additions proposed, a vote shall be taken in accordance with the provisions of those Rules dealing with elections.

The President of the Health Assembly shall preside over meetings of the Committee on Nominations. The President may designate a member of his delegation as his substitute in his capacity as member during a meeting or any part thereof.

Meetings of the Committee on Nominations shall be held in private.

*Rule 25*

The Committee on Nominations, having regard to an equitable geographical distribution and to experience and personal competence, shall propose (a) to the Health Assembly from among the delegates nominations for the offices of the President and five vice-presidents of the Health Assembly, for the offices of chairman of each of the main committees, and for the members of the General Committee to be elected under Rule 31, and (b) to each of the main committees set up under Rule 34, nominations from among the delegates for the offices of the two vice-chairmen and rapporteur. The President shall submit an initial list of proposals as set forth above for consideration by the Committee on Nominations. Any member of the Committee may propose additions to such list. On the basis of such list, as amended by any additions proposed, the Committee shall, in accordance with the provisions of Rule 80, determine its list of nominations which shall be forthwith communicated to the Health Assembly or to the main committees respectively.

*Rule 101*

At the commencement of each regular session of the Health Assembly the President shall request Members desirous of putting forward suggestions regarding the annual election of those Members to be entitled to designate a person to serve on the Board to place their suggestions before the General Committee. Such suggestions shall reach the Chairman of the General Committee not later than twenty-four hours after the President has made the announcement in accordance with this Rule.

**WHA50.19 Prevention of violence**

The Fiftieth World Health Assembly,

Welcoming the report of the Director-General on prevention of violence;<sup>1</sup>

Expressing satisfaction with the rapid progress in the development of the plan of action for a public health approach to violence prevention based on scientific data;

Recognizing the opportunities to give effect to the plan of action through the collaborative mechanisms of the WHO programmes concerned, collaborating centres and institutions, professional and other nongovernmental organizations, and in collaboration with other appropriate organizations and agencies of the United Nations system, with particular attention to those dealing with human rights;

Concerned at:

- (1) the increase in all forms of violence, particularly domestic violence that is directed mainly at women and children;
- (2) child trafficking and sexual abuse;
- (3) bullying in schools and in institutions, and various forms of organized violence;

Realizing the complexity of the issue, and that violence does not only affect health but in many cases is the outcome of practices detrimental to health such as alcohol and drug abuse as well as of various socioeconomic factors;

Reiterating WHO's role of leadership and guidance to Member States in assessing the problem of violence and in order to prevent self-inflicted violence and violence against others,

1. ENDORSES the Organization's integrated plan of action on violence prevention and health;
2. URGES Member States to collaborate with WHO in attaining the objectives and implementing the tasks of the plan of action;
3. REQUESTS the Director-General to continue to develop the plan of action and to submit to the next Health Assembly:
  - (1) a report of the past year's activities, a budget, a timetable for implementation and a list of priority actions to be undertaken by WHO with its appropriate collaborating centres;
  - (2) guidelines for the development of preventive activities to be undertaken by Member States.

*Hbk Res., Vol. III (3rd ed.), 1.11*

(Ninth plenary meeting, 13 May 1997 -  
Committee A, second report)

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<sup>1</sup> Document A50/INF.DOC./4.

**WHA50.20      Quality of biological products moving in international commerce**

The Fiftieth World Health Assembly,

Noting the increasing movement across international boundaries of vaccines and other biological products for prevention and/or treatment of diseases, together with the rapid development and introduction into public health programmes of medicines produced by modern biotechnology in both developed and developing countries;

Recalling previous resolutions of the Health Assembly mentioning the vital need to ensure the quality, safety and efficacy of both established and new biological products;

Bearing in mind the responsibility of governments to ensure that biological products, whether imported or manufactured locally, are of good quality;

Recognizing the specialized technical expertise needed for evaluating and controlling biological products;

Recalling the role of WHO in coordinating technical assistance, including assistance given on a bilateral and multilateral basis, and in promoting resource mobilization from various sources, and aware that, according to its Constitution and the decisions of previous Health Assemblies, coordination and advocacy are among WHO's most important functions;

Recognizing that WHO's standardization activities need strengthening to meet the challenges of rapid growth and expansion in the field of biologicals, and also evaluation for any newly observed potential impact such activities may have on international trade as a result of the entry into force of World Trade Organization agreements;

Recognizing the long-standing and valuable role of WHO's biologicals unit and the Expert Committee on Biological Standardization;

Recognizing the report and recommendations of the ad hoc working group on the quality of biological products moving in international commerce as reflected in the Director-General's report,<sup>1</sup>

1.    **URGES** all Member States:

- (1)    to use only vaccines and other biological products of demonstrated quality, safety and efficacy;
- (2)    to adopt, as part of national regulations, requirements published by WHO or equivalent requirements of recognized competent control authorities to ensure that their products are safe, effective and of good quality;
- (3)    to strengthen their national regulatory authorities and national control laboratories;

2.    **REQUESTS** the Director-General:

- (1)    to strengthen the mechanism for providing clear norms and active leadership to promote the quality, safety and efficacy of biological and biotechnological products;
- (2)    to extend the assistance offered to Member States within the limits of existing resources to develop and to strengthen their national regulatory authorities and control laboratories so as to increase their

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<sup>1</sup> See document EB99/1997/REC/1, Annex 3.

competence in this area, efforts to upgrade the quality of biological products being focused primarily on increasing the capabilities of national control authorities;

(3) to revise the approach to the development of requirements and guidelines for biologicals to ensure that the documents focus primarily on principles and essential elements that ensure the safety and efficacy of products, details of specifications, assays, and processes being provided as appendices, as appropriate;

(4) to review and update existing requirements and guidelines for biologicals and ensure that there is a mechanism to address and resolve rapidly scientific and medical inconsistencies in available documents;

(5) to expand WHO's interaction with other agencies and increase the use of selected WHO collaborating centres and other organizations in the preparation and review of documents (including draft guidelines and requirements), and in the production of International Reference Materials;

(6) to ensure that the decisions taken by the WHO Expert Committee on Biological Standardization are widely disseminated in a timely manner;

(7) to keep Member States informed of the development of new biological products and their potential value and application;

(8) to serve as the central resource for providing guidance on quality, efficacy and safety of biological products, when requested by a national control authority, and assist in promoting the exchange of information and "networking" of authorities;

(9) to review issues of potential conflict of interest and confidentiality as they relate to the application of requirements and guidelines published by WHO, including advice on the acceptability of vaccines intended for purchase by other organizations of the United Nations system;

(10) to convene an independent review of WHO's remit and activities in this field, particularly WHO's biologicals unit, covering *inter alia* how it interacts with other groups with related functions within WHO and externally, with a view to recommending action that will assist in the harmonization of standards and requirements, minimize duplication of activities and enable WHO to respond to scientific developments in a timely manner;

(11) to review the relation between WHO technical reports, requirements, and guidelines and World Trade Organization agreements, in particular, the Agreement on Technical Barriers to Trade, the Agreement on the Application of Sanitary and Phytosanitary Measures, and the Agreement on Trade-related Aspects of Intellectual Property Rights, as they apply to international trade in biological medicinal products, and to prepare a report on this issue for submission to the Executive Board at its 102nd session in May 1998;

(12) to support and assist developing countries in the necessary negotiation process with potential sources of science and technology and resource mobilization.

*Hbk Res., Vol. III (3rd ed.), 1.15.3.1*

(Ninth plenary meeting, 13 May 1997 -  
Committee A, second report)

## **WHA50.21      World Tuberculosis Day**

The Fiftieth World Health Assembly,

Recalling resolutions WHA44.8 and WHA46.36 on the tuberculosis programme;

Encouraged by the success and the spirit of international collaboration manifested on World Tuberculosis Day, 24 March 1996, commemorating the day in 1882 on which Dr Robert Koch officially informed the scientific community that he had discovered the tuberculosis bacillus,

REQUESTS the Director-General to coordinate the observance of World Tuberculosis Day on 24 March of each year as an opportunity throughout the world for organizations concerned to raise public awareness of tuberculosis as a major urgent public health problem and for countries to assess progress in tuberculosis control.

*Hbk Res., Vol. III (3rd ed.), 1.16.7*

(Ninth plenary meeting, 13 May 1997 -  
Committee A, second report)

## **WHA50.22      Arrears in payment of contributions, Bosnia and Herzegovina**

The Fiftieth World Health Assembly,

Having considered the second report of the Administration, Budget and Finance Committee of the Executive Board on Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, with respect to Bosnia and Herzegovina's proposal for the settlement of its outstanding contributions, and the terms of that proposal as set forth in the report of the Director-General to the Administration, Budget and Finance Committee,<sup>1</sup>

1. DECIDES exceptionally to restore the voting privileges of Bosnia and Herzegovina at the Fiftieth World Health Assembly;
2. ACCEPTS as an interim measure the proposal of Bosnia and Herzegovina for the settlement of its outstanding contributions, namely, payment of the 1997 contribution of US\$ 46 355 before the end of 1997 and liquidation of the arrears of contributions which remain outstanding for the period 1992-1996 inclusive, totalling US\$ 535 995, in five annual instalments of US\$ 107 200 (except that the last instalment will be US\$ 107 195) payable in each of the years 1997 to 2001, subject to the provisions of Financial Regulation 5.6, in addition to the annual contributions due during the period;
3. DECIDES that in accordance with Article 7 of the Constitution the voting privileges will be automatically suspended again if the Member State in question does not meet the requirements laid down in paragraph 2, and that, notwithstanding the provisions of Financial Regulation 5.8, payment of the 1997 instalment of Bosnia and Herzegovina's contribution for the financial period 1996-1997 and contributions for subsequent periods shall be credited to the financial period concerned;
4. REQUESTS the Director-General to report to the Fifty-first and four subsequent World Health Assemblies on the situation in respect of Bosnia and Herzegovina's settlement of its arrears;
5. REQUESTS the Director-General to communicate this resolution to the Government of Bosnia and Herzegovina.

*Hbk Res., Vol. III (3rd ed.), 6.1.2.4*

(Ninth plenary meeting, 13 May 1997 -  
Committee B, third report)

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<sup>1</sup> Document A50/10, Annex 3, paragraph 23.

**WHA50.23 Report of the task force on health in development**

The Fiftieth World Health Assembly,

Noting that the WHO Constitution states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”;

Recalling resolution WHA45.24 on health and development, requesting the Director-General to establish a task force to undertake a comprehensive review and analysis of factors which could improve the health of the most vulnerable and disadvantaged populations;

Having considered the report by the task force on health in development;<sup>1</sup>

Acknowledging that the development of the Tenth General Programme of Work should take into account matters concerning vision and mandate raised in the report;

Recalling resolutions WHA48.14 and WHA48.16 concerning review of the Constitution of the World Health Organization and renewal of the health-for-all strategy;

Deeply concerned about the worsening health status of many of the world’s most disadvantaged and vulnerable groups;

Recognizing that poverty, unemployment, economic adjustment, and the emergence and re-emergence of new health problems add to the health crisis;

Reaffirming that public health measures can be a strong bridge to peace, helping to mitigate the negative effects of conflict and social and economic inequities;

Aware of the need for global health leadership to provide guidance in responding to the worsening health crisis in a rapidly changing world;

Convinced that WHO is in a unique position to lead and advocate for global health, and that in this role of global leader WHO will interact with a variety of partners in implementing global health initiatives and programmes;

Convinced also that WHO must continuously adapt its work in order to respond to the public-health and development exigencies of the twenty-first century,

1. COMMENDS the members of the task force on health in development for their commitment and creativity;
2. APPRECIATES the task force’s vision for health leadership in the twenty-first century to ensure that WHO acts as the world’s health conscience;
3. URGES Member States to consider the task force’s report in the planning of development strategies, in accordance with the conditions prevailing in each region and country;

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<sup>1</sup> See document A50/15.



4. REQUESTS the Director-General:

- (1) to take into account the recommendations of the task force in the preparatory discussions for the Tenth General Programme of Work and in the renewal of the health-for-all strategy;
- (2) to work with the governing bodies, Member governments and partners in health and development to consider taking into account relevant recommendations of the task force to strengthen WHO's role as the leader in global health in the twenty-first century;
- (3) to continue the existing focus within the Organization on health in development, including the articulation and promotion of health rights and health equity for women and disadvantaged and vulnerable population groups;
- (4) to continue to support the work of the task force on health in development, including the provision of appropriate financial and human resources;
- (5) to report to the 101st session of the Executive Board on the above;

5. DECIDES to keep the work of the task force under continuous review and requests the Director-General to report to the Fifty-first World Health Assembly, in order to enable it to consider the renewal of the mandate of the task force.

*Hbk Res., Vol. III (3rd ed.), 7.1.1*

(Ninth plenary meeting, 13 May 1997 -  
Committee B, third report)

**WHA50.24      Financing of the WHO worldwide management information system through the use of casual income**

The Fiftieth World Health Assembly,

Having considered the report of the Director-General on the financing of the WHO worldwide management information system from casual income;<sup>1</sup>

Recognizing the importance of adequate funding for the rapid development and implementation of the management information system in order to increase the efficiency of the Organization;

Recognizing the need for the gradual incorporation of recurring costs into the regular budget,

AUTHORIZES the financing of the WHO worldwide management information system at an estimated amount of US\$ 6 145 000 from available casual income.

*Hbk Res., Vol. III (3rd ed.), 1.3.1.5*

(Ninth plenary meeting, 13 May 1997 -  
Committee A, third report)

**WHA50.25      Appropriation resolution for the financial period 1998-1999**

The Fiftieth World Health Assembly

1. RESOLVES to appropriate for the financial period 1998-1999 an amount of US\$ 922 654 000 as follows:

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<sup>1</sup> Document EB99/1997/REC/1, Annex 1.

A.

Appropriation section	Purpose of appropriation	Amount US\$
1.	Governing bodies .....	19 281 800
2.	Health policy and management .....	255 618 000
3.	Health services development .....	170 423 800
4.	Promotion and protection of health .....	133 492 100
5.	Integrated control of disease .....	135 144 400
6.	Administrative services .....	<u>128 693 900</u>
	Effective working budget	842 654 000
7.	Transfer to Tax Equalization Fund .....	<u>80 000 000</u>
	Total	<u>922 654 000</u>

B. Amounts not exceeding the appropriations voted under paragraph A shall be available for the payment of obligations incurred during the financial period 1 January 1998 - 31 December 1999 in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial period 1998-1999 to sections 1 to 6.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made, this percentage being established in respect of section 2 exclusive of the provision made for the Director-General's and Regional Directors' Development Programme (US\$ 7 592 000). The Director-General is also authorized to apply amounts not exceeding the provision for the Director-General's and Regional Directors' Development Programme to those sections of the effective working budget under which the programme expenditure will be incurred. All such transfers shall be reported in the financial report for the financial period 1998-1999. Any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.5.

D. The appropriations voted under paragraph A shall be financed by assessments on Members after deduction of the following:

	US\$
(i) reimbursement of programme support costs by the United Nations Development Programme in the estimated amount of .....	2 900 000
(ii) casual income (other than interest earned) .....	<u>2 622 980</u>
	<u>5 522 980</u>

thus resulting in assessments on Members of US\$ 917 131 020. In establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by (a) the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that require staff members of WHO to pay taxes on their WHO emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization and (b) the amount of interest earned and available for appropriation (US\$ 9 994 020) credited to them in accordance with the incentive scheme adopted by the Health Assembly in resolution WHA41.12.

E. The maximum net level of the exchange rate facility provided for under Article 4.6 of the Financial Regulations is established at US\$ 31 000 000 for the biennium 1998-1999.

2. REQUESTS the Director-General, in finalizing the adjustments to reduce the effective working budget to US\$ 842 654 000, to confine these adjustments to non-operational (i.e. administrative and related) activities at the global, regional and country levels. Operational activities should continue to receive the same level of resources as specified in the Director-General's proposal.<sup>1</sup>

3. DECIDES further that the net amount of casual income for 1997 remaining after meeting the provisions of the incentive scheme and exchange rate facility be returned to Member States to apply to their assessments in 1999.

*Hbk Res., Vol. III (3rd ed.), 2.3.4.2*

(Ninth plenary meeting, 13 May 1997 -  
Committee A, third report)

**WHA50.26      Programme budget for the 1998-1999 biennium: reallocation to priority health programmes of amounts resulting from measures to increase efficiency**

The Fiftieth World Health Assembly,

Recalling resolution EB99.R13 on programme budgeting and priority-setting;

Recognizing the need to ensure that a maximum amount of funds is allocated to specified priority health activities, as recommended by the Executive Board at its ninety-eighth session,

REQUESTS the Director-General:

- (1) to develop and present to the 101st session of the Executive Board an efficiency plan for the Organization, based on a review of the six appropriation sections, which specifies administrative savings and more effective means of programme delivery;
- (2) to specify clearly, in the development of the efficiency plan, steps to achieve an "efficiency savings" target of 3% from the administrative costs and overheads in the six appropriation sections over the 1998-1999 biennium and to reallocate these amounts to activities of priority health programmes;
- (3) to report in detail to the 101st session of the Executive Board on progress made in the implementation of resolution EB99.R13.

*Hbk Res., Vol. III (3rd ed.), 2.1.1*

(Ninth plenary meeting, 13 May 1997 -  
Committee A, third report)

**WHA50.27      Strengthening health systems in developing countries**

The Fiftieth World Health Assembly,

Mindful of the principles of, and obvious need for, technical cooperation among developing countries (TCDC) and of the interest shown by the Health Assembly by virtue of its resolutions WHA31.41, WHA31.51, WHA32.27, WHA35.24, WHA36.34, WHA37.15, WHA37.16, WHA38.23, WHA39.23, WHA40.17 and

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<sup>1</sup> Document A50/4, Part II.

WHA40.30, in strengthening this type of cooperation with a view to improving the health situation in the developing countries;

Reaffirming resolutions WHA42.37, WHA43.9, and WHA46.17 with regard to the importance of TCDC as a fundamental element of health development;

Recognizing the equality of all people and the need to promote sustained economic and social development as a means of eradicating poverty and reducing the increasing numbers of marginalized people;

Underlining the purposes and principles of the United Nations, as set out in the United Nations Charter, including the sovereign equality of States, and the purposes of developing friendly relations among nations based on respect for the principle of equal rights and self-determination of peoples;

Expressing particular concern for the health of people living under exceptional conditions, especially during natural disasters or armed conflict and under foreign occupation;

Noting with satisfaction the decisions taken by the non-aligned and other developing countries concerning the adoption of principles related to health development of their people, and particularly those related to health-sector reform, as is currently under way in many countries;

Welcoming in this regard the recommendations made at the Technical Consultation Meeting on Health Sector Reform, held in Cartagena, Colombia from 19 to 21 February 1997;

Proclaiming that health-sector reforms should facilitate the provision of health care to meet human needs, and that these must be governed by respect for human dignity, equity, solidarity and ethics;

Recognizing that health-sector reforms, while intended to rectify failures of the health system, can be adversely affected by forces and constraints outside the purview of the health sector, such as high indebtedness, fiscal stringencies, structural adjustments and undue restrictions;

Recognizing the importance of TCDC as an effective vehicle for health development and realizing that cooperation among the non-aligned and other developing countries is not an option, but an imperative, and that only the nurturing of a spirit of collective self-reliance and adoption of joint strategies will allow effective implementation of "people-centred" socioeconomic development,

1. WELCOMES the continuing political commitment of the non-aligned and other developing countries to facilitating the enjoyment of good health by all their people without hindrance, and to providing access to proper health care for all;

2. REMINDS Member States that everyone has the right to the enjoyment of the highest attainable standard of social well-being and physical and mental health;

3. CALLS UPON Member States:

(1) to promote the improvement of the health conditions of their people by strengthening the health sector within the context of comprehensive and sustained economic and social development;

(2) to determine appropriate policies and programmes for the promotion of health for all in accordance with the specific needs of each country;

(3) to strengthen the advocacy and negotiating capabilities of the health sector in order to ensure greater resources for health development;

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- (4) to strengthen the leadership role of ministries of health in reducing inequity, performing regulatory functions, monitoring health financing mechanisms, reallocating financial and human resources and coordinating internal and external cooperation for health in order to prevent fragmentation and dysfunction of health programmes;
  - (5) to foster the reorientation of human resources in the light of the needs of each health care system;
  - (6) to support activities oriented towards harmonizing the multiple actors - public and private - to make them consistent with national health policies;
  - (7) to accord the highest priority to health development;
  - (8) to foster the identification of critical factors impeding health development and the systematization, documentation and dissemination of experiences with health-sector reforms within an international network of cooperation;
  - (9) to promote and support technical cooperation among developing countries (TCDC) and activities and programmes for reforms in the health sector among Member countries and their institutions;
4. CALLS UPON the developed countries:
    - (1) to facilitate the transfer of materials, equipment, technology and resources to developing countries for health development programmes that correspond to the priority needs of those countries, and further to support the application of the principles of TCDC;
    - (2) to provide WHO with the necessary financial resources to implement agreed priority programmes which effectively support the efforts of developing countries in accelerating the attainment of health for all through primary health care;
  5. REQUESTS the international and multilateral institutions and agencies:
    - (1) to provide, within their mandate, greater support and resources to facilitate health-sector reforms in developing countries that are designed to achieve equity in access to health care for their populations;
    - (2) to identify obstacles to health for all and to support and uphold the self-reliance of these countries in charting their own path to health and human development;
    - (3) to implement the relevant conclusions of the summits and conferences of organizations of the United Nations system that address health problems, and to make recommendations in this field;
  6. REQUESTS the Director-General:
    - (1) to provide full support to all countries, especially the non-aligned and other developing countries, to pursue their own health-sector reform efforts and to improve the quality of health for all their people, with the firm understanding that such efforts should respond to the specific needs of each country, and to seek extrabudgetary resources in addition to the regular budget resources already assigned for such efforts;
    - (2) to provide an analytical capability to distil the different experiences of health-sector reform based on firm evidence;
    - (3) to promote and support countries, especially in the context of TCDC, in the area of health-sector reform by establishing a network of appropriate institutions to determine the specific factors impeding health development and the systematization, documentation, and dissemination of health-sector reform approaches and to enable countries to exchange experiences on a continuing basis;

- (4) to ensure that activities supporting health-sector reform are closely linked to those aimed at renewing the health-for-all strategy;
- (5) to promote measures for joint action, in agreement with the United Nations and other international agencies concerned, in order to accelerate health development in the developing, and especially the least developed countries;
- (6) to report on the progress achieved to the Fifty-first World Health Assembly.

*Hbk Res., Vol. III (3rd ed.), 1.2.2.1*

(Ninth plenary meeting, 13 May 1997 -  
Committee A, third report)

#### **WHA50.28 WHO reform: linking the renewed health-for-all strategy with the Tenth General Programme of Work, programme budgeting and evaluation**

The Fiftieth World Health Assembly,

Recalling resolution WHA48.16, which requests the Director-General to take the necessary steps for renewing the health-for-all strategy together with its indicators, by developing a new holistic global health policy based on the concepts of equity and solidarity, emphasizing the individual's, the family's and the community's responsibility for health, and placing health within the overall development framework;

Recognizing that the new global health policy should be based on intensive consultation with Member States and on a practical and socially feasible approach with a view to achieving equity, solidarity, effectiveness and efficiency, paying attention to the rational use of resources;

Recognizing that the attainment of health is greatly influenced by environmental, social, economic and demographic factors which often lie outside the domain of the health sector, and that whereas the link between poverty and ill-health is well established, the fact that rapid urbanization, population movements and environmental degradation are all also likely to contribute to the future burden of disease is less well accepted;

Aware that more realistic targets are required that take into account the social and economic situation of each region;

Anticipating that the renewed health-for-all strategy will concentrate on improving life expectancy and the overall perceived quality of life, reducing morbidity and disability associated with ageing;

Thanking the Director-General for the progress made,

1. PROPOSES that the renewed health-for-all strategy, when adopted, taking into account regional differences and respecting cultural values, should:

- (1) inspire and guide health programme priorities nationally, regionally and globally;
- (2) become the principal guiding framework for the translation of WHO's constitutional mandate into the development of the Tenth General Programme of Work, strategic budgeting and evaluation;

2. URGES all Member States:

- (1) to ensure that future health policies include a commitment to equity, "gender sensitivity" and sustainability for future generations, and that implementation of such policies takes into account scientific progress and cultural values and is guided by reliable data and valid assessments to ensure the achievement of objectives;

(2) to make the necessary changes in health services with special emphasis on prevention, including the control of communicable diseases;

(3) to develop and implement integrated strategies for health, focusing on intersectoral initiatives, cost-effectiveness, accessibility, quality and sustainability of health systems; the use of existing, appropriate and affordable new technology; and the use of initiatives based on scientific knowledge or practical evidence;

3. REQUESTS the Director-General:

(1) to use the renewed health-for-all strategy, when adopted, to enhance WHO's leadership in global health matters;

(2) to continue the preparation of the Tenth General Programme of Work, which should clearly and concisely set out strategic priorities and targets for WHO as well as being derived from and closely linked to the new policy for health for all for the twenty-first century, and should be subject to periodic evaluation;

(3) to link the preparation of subsequent general programmes of work to the evaluation of the health-for-all policy, taking account of social, economic and health developments;

(4) to ensure that priorities and targets of the Tenth and subsequent General Programmes of Work are reflected in development, implementation, monitoring and evaluation of programme budgets;

(5) to optimize the management and use of WHO's human resources so as to enhance efficiency.

*Hbk Res., Vol. III (3rd ed.), 1.1; 1.3.1.1; 1.3.1.3; 2.1.1; 2.2.2*

(Ninth plenary meeting, 13 May 1997 - Committee A, third report)

## **WHA50.29 Elimination of lymphatic filariasis as a public health problem**

The Fiftieth World Health Assembly,

Deeply concerned at the spread and increased distribution of lymphatic filariasis throughout the world in both urban and rural areas, and at the evidence that it affects all ages and both sexes;

Appreciating with grave concern the human suffering, social stigma and costs to society associated with lymphatic filariasis morbidity;

Recognizing that there is a general lack of awareness concerning this disease and its impact on health status, and that there are insufficient data on its prevalence and distribution;

Welcoming the recent studies which have defined new, simplified, highly effective strategies;

Acknowledging that an international task force on disease eradication has recently identified lymphatic filariasis as one of only six "potentially eradicable" infectious diseases,

1. URGES Member States:

(1) to take advantage of recent advances in the understanding of lymphatic filariasis and the new opportunities for its elimination by developing national plans leading to its elimination, as well as for the monitoring and evaluation of programme activities;

- (2) to strengthen local programmes and their integration with the control of other diseases, particularly at the community level, in order to implement simple, affordable, acceptable and sustainable activities based on community-wide treatment strategies, but supplemented where feasible by vector control and improved sanitation;
  - (3) to strengthen capabilities for training, research, laboratory diagnostic, disease management and data management in order to improve clinical, epidemiological and operational activities directed toward eliminating lymphatic filariasis as a public health problem;
  - (4) to mobilize support of all relevant sectors, affected communities and nongovernmental organizations for the elimination of the disease;
2. INVITES other specialized agencies of the United Nations system, bilateral development agencies, nongovernmental organizations and other groups concerned, to increase cooperation in the elimination of lymphatic filariasis through support of national and international programmes relevant to the prevention and elimination of lymphatic filariasis;
3. REQUESTS the Director-General:
- (1) to bring to the attention of the other specialized agencies and organizations of the United Nations system, bilateral development agencies, nongovernmental organizations and other groups concerned the need for closer collaboration in the elimination of lymphatic filariasis as a public health problem;
  - (2) to mobilize support for global and national elimination activities;
  - (3) to keep the Executive Board and Health Assembly informed as necessary of progress in the implementation of this resolution.

*Hbk Res., Vol. III (3rd ed.), 1.16.3.3; 7.1.3*

(Ninth plenary meeting, 13 May 1997 -  
Committee A, third report)

### **WHA50.30 Arrears in payment of contributions, Cuba**

The Fiftieth World Health Assembly,

Having considered the second report of the Administration, Budget and Finance Committee of the Executive Board on Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, with respect to Cuba's proposal for the settlement of its outstanding contributions, and the terms of that proposal as set forth in the report of the Director-General to the Administration, Budget and Finance Committee,<sup>1</sup>

- 1. DECIDES exceptionally to restore the voting privileges of Cuba at the Fiftieth World Health Assembly;
- 2. ACCEPTS as an interim measure the proposal of Cuba for the settlement of its outstanding contributions, namely, payment of the 1997 contribution of US\$ 211 195 before the end of 1997 and liquidation of the arrears of contributions which remain outstanding for the period 1993-1996 inclusive, totalling US\$ 1 264 468, in six annual instalments, the first being US\$ 125 000, the next four instalments being US\$ 227 894 each and the last instalment being US\$ 227 892, payable in each of the years 1997 to 2002, subject to the provisions of Financial Regulation 5.6, in addition to the annual contributions due during the period;

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<sup>1</sup> Document A50/10, Annex 3, paragraph 23.



3. DECIDES that in accordance with Article 7 of the Constitution the voting privileges will be automatically suspended again if the Member State in question does not meet the requirements laid down in paragraph 2, and that, notwithstanding the provisions of Financial Regulation 5.8, payment of the 1997 instalment of Cuba's contribution for the financial period 1996-1997 and contributions for subsequent periods shall be credited to the financial period concerned;
4. REQUESTS the Director-General to report to the Fifty-first and five subsequent World Health Assemblies on the situation in respect of Cuba's settlement of its arrears;
5. REQUESTS the Director-General to communicate this resolution to the Government of Cuba.

*Hbk Res., Vol. III (3rd ed.), 6.1.2.4*

(Ninth plenary meeting, 13 May 1997 -  
Committee B, fourth report)

### **WHA50.31 International Decade of the World's Indigenous People**

The Fiftieth World Health Assembly,

Recalling the role of WHO in planning for and implementing the objectives of the International Decade of the World's Indigenous People as recognized in resolutions WHA47.27, WHA48.24 and WHA49.26;

Further recalling United Nations General Assembly resolution 50/157, which adopted the programme of activities for the International Decade, in which it is recommended that "specialized agencies of the United Nations system and other international and national agencies, as well as communities and private enterprises, should devote special attention to development activities of benefit to indigenous communities", that the United Nations system should establish focal points for matters concerning indigenous people in all appropriate organizations, and that the governing bodies of the specialized agencies of the United Nations system should adopt programmes of action for the Decade in their own fields of competence, "in close cooperation with indigenous people";

Recognizing with satisfaction the progress made in the Initiative on the Health of Indigenous People of the Americas;

Noting the recent report by the Director-General to the Executive Board;<sup>1</sup>

Noting with appreciation the activities of the focal point for the International Decade,

REQUESTS the Director-General:

- (1) to continue to facilitate the work of the focal point for the International Decade of the World's Indigenous People;
- (2) to submit to the Fifty-first World Health Assembly a report reviewing progress in finalizing a comprehensive programme of action for the Decade, developed in consultation with national governments and organizations of indigenous people;

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<sup>1</sup> Document EB99/23.

- (3) to further encourage countries to develop health programmes for indigenous people, taking into account both the need for active participation at the local level in the whole health process, and the need for cultural sensitivity of health services and the participation of health care workers of indigenous origin.

*Hbk Res., Vol. III (3rd ed.), 1.2.2; 7.1*

(Ninth plenary meeting, 13 May 1997 -  
Committee B, fourth report)

## **WHA50.32      Respect for equality among the official languages**

The Fiftieth World Health Assembly,

Mindful that the universality of the World Health Organization is based, *inter alia*, on multilingualism and on the respect for the parity and plurality of the official languages chosen by the Member States;

Mindful also that, according to resolution WHA31.13, Rule 87 of the Rules of Procedure of the Health Assembly and Rule 22 of the Rules of Procedure of the Executive Board, Arabic, Chinese, English, French, Russian and Spanish are both the official and the working languages of the Health Assembly and the Executive Board of the World Health Organization;

Stressing the need for compliance with the resolutions and rules which establish linguistic practice in the various organs and bodies of the World Health Organization and in the Secretariat;

Stressing also the importance, for the development of a global health policy, of ensuring the widest possible access by all Member States to the information and documentation of the Organization;

Stressing also the need to ensure high-quality translation of documents into the various official languages of the Organization;

Regretting that the various official languages and the working languages of the Secretariat are used unequally within WHO;

Considering that the distribution of the documentation for the Health Assembly and the Executive Board simultaneously in the six official languages of the Organization within the required time-limits is one of the fundamental conditions for equality among Member States,

REQUESTS the Director-General:

- (1) to ensure the strict application of the rules of the Organization which establish linguistic practice, both as regards the Organization's relations with Member States and as regards the use of languages within the Secretariat;
- (2) to ensure that the documents related to the agendas of the Health Assembly and the Executive Board are distributed simultaneously and in good time in the six official languages of the Organization, and that they are not distributed until they are available in all the official languages, in order to respect the principle of equality of treatment of Member States;
- (3) to take the necessary steps to ensure that the essential technical information of the Organization, whether in written, audiovisual or digital form, is disseminated in as many of the official languages as is required to meet the needs and priorities of the regions and countries and give all the Member States the widest possible access to it;

- (4) to submit a report on the implementation of this resolution to the Fifty-first World Health Assembly.

*Hbk Res., Vol. III (3rd ed.), 1.17.1*

(Ninth plenary meeting, 13 May 1997 -  
Committee B, fourth report)

### **WHA50.33      Scale of assessments for the financial period 1998-1999**

The Fiftieth World Health Assembly

1. DECIDES that the scales of assessments for the years 1998 and 1999 shall, subject to the provisions of paragraph 2 below, be as follows:

(1) Members and Associate Members	(2) WHO scales 1998-1999	(3) United Nations scales 1997
	%	%
Afghanistan	0.01	0.01
Albania	0.01	0.01
Algeria	0.16	0.16
Andorra	0.01	0.01
Angola	0.01	0.01
Antigua and Barbuda	0.01	0.01
Argentina	0.47	0.48
Armenia	0.05	0.05
Australia	1.45	1.48
Austria	0.85	0.87
Azerbaijan	0.11	0.11
Bahamas	0.02	0.02
Bahrain	0.02	0.02
Bangladesh	0.01	0.01
Barbados	0.01	0.01
Belarus	0.27	0.28
Belgium	0.99	1.01
Belize	0.01	0.01
Benin	0.01	0.01
Bhutan	0.01	0.01
Bolivia	0.01	0.01
Bosnia and Herzegovina	0.01	0.01
Botswana	0.01	0.01
Brazil	1.59	1.62
Brunei Darussalam	0.02	0.02
Bulgaria	0.08	0.08
Burkina Faso	0.01	0.01
Burundi	0.01	0.01
Cambodia	0.01	0.01
Cameroon	0.01	0.01
Canada	3.06	3.11
Cape Verde	0.01	0.01
Central African Republic	0.01	0.01
Chad	0.01	0.01
Chile	0.08	0.08
China	0.73	0.74
Colombia	0.10	0.10
Comoros	0.01	0.01
Congo	0.01	0.01

(1) Members and Associate Members	(2) WHO scales 1998-1999	(3) United Nations scales 1997
	%	%
Cook Islands <sup>a</sup>	0.01	0.01 <sup>b</sup>
Costa Rica	0.01	0.01
Côte d'Ivoire	0.01	0.01
Croatia	0.09	0.09
Cuba	0.05	0.05
Cyprus	0.03	0.03
Czech Republic	0.24	0.25
Democratic People's Republic of Korea	0.05	0.05
Denmark	0.71	0.72
Djibouti	0.01	0.01
Dominica	0.01	0.01
Dominican Republic	0.01	0.01
Ecuador	0.02	0.02
Egypt	0.08	0.08
El Salvador	0.01	0.01
Equatorial Guinea	0.01	0.01
Eritrea	0.01	0.01
Estonia	0.04	0.04
Ethiopia	0.01	0.01
Fiji	0.01	0.01
Finland	0.61	0.62
France	6.31	6.42
Gabon	0.01	0.01
Gambia	0.01	0.01
Georgia	0.11	0.11
Germany	8.90	9.06
Ghana	0.01	0.01
Greece	0.37	0.38
Grenada	0.01	0.01
Guatemala	0.02	0.02
Guinea	0.01	0.01
Guinea-Bissau	0.01	0.01
Guyana	0.01	0.01
Haiti	0.01	0.01
Honduras	0.01	0.01
Hungary	0.14	0.14
Iceland	0.03	0.03
India	0.30	0.31
Indonesia	0.14	0.14
Iran (Islamic Republic of)	0.44	0.45
Iraq	0.14	0.14
Ireland	0.20	0.21
Israel	0.26	0.27
Italy	5.16	5.25
Jamaica	0.01	0.01
Japan	15.38	15.65
Jordan	0.01	0.01
Kazakhstan	0.19	0.19
Kenya	0.01	0.01

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<sup>a</sup> Not a Member of the United Nations.

<sup>b</sup> Assumed United Nations rate if State or territory had been a Member of the United Nations.

(1) Members and Associate Members	(2) WHO scales 1998-1999	(3) United Nations scales 1997
	%	%
Kiribati <sup>a</sup>	0.01	0.01 <sup>b</sup>
Kuwait	0.19	0.19
Kyrgyzstan	0.03	0.03
Lao People's Democratic Republic	0.01	0.01
Latvia	0.08	0.08
Lebanon	0.01	0.01
Lesotho	0.01	0.01
Liberia	0.01	0.01
Libyan Arab Jamahiriya	0.20	0.20
Lithuania	0.08	0.08
Luxembourg	0.07	0.07
Madagascar	0.01	0.01
Malawi	0.01	0.01
Malaysia	0.14	0.14
Maldives	0.01	0.01
Mali	0.01	0.01
Malta	0.01	0.01
Marshall Islands	0.01	0.01
Mauritania	0.01	0.01
Mauritius	0.01	0.01
Mexico	0.78	0.79
Micronesia (Federated States of)	0.01	0.01
Monaco	0.01	0.01
Mongolia	0.01	0.01
Morocco	0.03	0.03
Mozambique	0.01	0.01
Myanmar	0.01	0.01
Namibia	0.01	0.01
Nauru <sup>a</sup>	0.01	0.01 <sup>c</sup>
Nepal	0.01	0.01
Netherlands	1.56	1.59
New Zealand	0.23	0.24
Nicaragua	0.01	0.01
Niger	0.01	0.01
Nigeria	0.11	0.11
Niue <sup>a</sup>	0.01	0.01 <sup>b</sup>
Norway	0.55	0.56
Oman	0.04	0.04
Pakistan	0.06	0.06
Palau	0.01	0.01
Panama	0.01	0.01
Papua New Guinea	0.01	0.01
Paraguay	0.01	0.01
Peru	0.06	0.06
Philippines	0.06	0.06
Poland	0.32	0.33
Portugal	0.27	0.28

<sup>a</sup> Not a Member of the United Nations.

<sup>b</sup> Assumed United Nations rate if State or territory had been a Member of the United Nations.

<sup>c</sup> Assessment imposed on a State which is not a Member of the United Nations, but participates in certain of its activities.

(1)	(2)	(3)
Members and Associate Members	WHO scales 1998-1999	United Nations scales 1997
	%	%
Puerto Rico <sup>a,b</sup>	0.01	0.01 <sup>c</sup>
Qatar	0.04	0.04
Republic of Korea	0.80	0.82
Republic of Moldova	0.08	0.08
Romania	0.15	0.15
Russian Federation	4.20	4.27
Rwanda	0.01	0.01
Saint Kitts and Nevis	0.01	0.01
Saint Lucia	0.01	0.01
Saint Vincent and the Grenadines	0.01	0.01
Samoa	0.01	0.01
San Marino	0.01	0.01
Sao Tome and Principe	0.01	0.01
Saudi Arabia	0.70	0.71
Senegal	0.01	0.01
Seychelles	0.01	0.01
Sierra Leone	0.01	0.01
Singapore	0.14	0.14
Slovakia	0.08	0.08
Slovenia	0.07	0.07
Solomon Islands	0.01	0.01
Somalia	0.01	0.01
South Africa	0.31	0.32
Spain	2.34	2.38
Sri Lanka	0.01	0.01
Sudan	0.01	0.01
Suriname	0.01	0.01
Swaziland	0.01	0.01
Sweden	1.21	1.23
Switzerland <sup>a</sup>	1.19	1.21 <sup>d</sup>
Syrian Arab Republic	0.05	0.05
Tajikistan	0.02	0.02
Thailand	0.13	0.13
The Former Yugoslav Republic of Macedonia	0.01	0.01
Togo	0.01	0.01
Tokelau <sup>a,b</sup>	0.01	0.01 <sup>c</sup>
Tonga <sup>a</sup>	0.01	0.01 <sup>d</sup>
Trinidad and Tobago	0.03	0.03
Tunisia	0.03	0.03
Turkey	0.37	0.38
Turkmenistan	0.03	0.03
Tuvalu <sup>a</sup>	0.01	0.01 <sup>c</sup>
Uganda	0.01	0.01
Ukraine	1.07	1.09
United Arab Emirates	0.19	0.19

<sup>a</sup> Not a Member of the United Nations.

<sup>b</sup> Associate Member of WHO.

<sup>c</sup> Assumed United Nations rate if State or territory had been a Member of the United Nations.

<sup>d</sup> Assessment imposed on a State which is not a Member of the United Nations, but participates in certain of its activities.

(1)	(2)	(3)
Members and Associate Members	WHO scales 1998-1999	United Nations scales 1997
	%	%
United Kingdom of Great Britain and Northern Ireland	5.23	5.32
United Republic of Tanzania	0.01	0.01
United States of America	25.00	25.00
Uruguay	0.04	0.04
Uzbekistan	0.13	0.13
Vanuatu	0.01	0.01
Venezuela	0.32	0.33
Viet Nam	0.01	0.01
Yemen	0.01	0.01
Yugoslavia	0.10	0.10
Zaire	0.01	0.01
Zambia	0.01	0.01
Zimbabwe	0.01	0.01

2. REQUESTS the Director-General, in the event that assessments are fixed provisionally or definitively by the present Health Assembly for any new Members not already included in the scales, to adjust the scales as set forth in paragraph 1;

3. REQUESTS the Director-General to report to the Fifty-first World Health Assembly on changes, if any, to the scale of assessments adopted by the United Nations General Assembly at its fifty-second session, and on all the implications for WHO, including its earliest comparable application, taking into account the deliberations of the Fiftieth World Health Assembly and in accordance with the Constitution and financial regulations of the World Health Organization and relevant World Health Assembly resolutions;

4. REAFFIRMS the principle that the WHO scale of assessments should be based upon the latest available scale of assessments adopted by the United Nations General Assembly.

*Hbk Res., Vol. III (3rd ed.), 6.1.2.1*

(Ninth plenary meeting, 13 May 1997 -  
Committee B, fifth report)

#### **WHA50.34 Malaria prevention and control**

The Fiftieth World Health Assembly,

Recalling resolution WHA46.32, which endorsed the World Declaration on the Control of Malaria and asserted the gravity of malaria as an unacceptable and unnecessary burden upon human health and as a serious obstacle to social and economic fulfilment of persons and States;

Recalling resolution WHA49.11, which noted the concern of the Health Assembly regarding malaria, recognized that further delay in intensifying the struggle against malaria could cost millions more lives, urged Member States to take action, regional committees to ensure that programmes are vigorously pursued, and the Director-General to explore ways and means of intensifying the programme,

1. ENDORSES the leadership role in global malaria control given to WHO by the United Nations Economic and Social Council in its resolution 1995/63;

2. THANKS the Director-General for his prompt action in establishing a task force to conduct an external review of the malaria problem and progress being made towards its control;
3. NOTES that the task force confirmed that the global malaria control strategy is the best control approach available today;
4. NOTES that the Organization of African Unity is to consider a pan-African declaration on malaria at its thirty-third meeting of heads of state and government in Harare from 2 to 4 June 1997;
5. URGES Member States to renew their political commitment to malaria control, to accord the highest priority to the control of malaria mortality in Africa south of the Sahara and in other highly endemic areas of the world, and also in countries where local transmission of malaria has begun again, and to guarantee core funding and sufficient competent staff and other resources for national programmes;
6. URGES regional committees to fully support the global effort for malaria control by promoting increased political awareness and commitment, and ensuring adequate resource allocation;
7. REQUESTS the Director-General to continue intensifying efforts to increase resources for WHO's action in malaria control including:
  - (1) the search for a long-term financial commitment to consolidate the initial effort and results achieved;
  - (2) pursuit of his action to reinforce the implementation of the malaria control strategy with special emphasis on the training programme at country, regional and global levels.

*Hbk Res., Vol. III (3rd ed.), 1.16.3.1*

(Tenth plenary meeting, 14 May 1997 -  
Committee A, fourth report)

## **WHA50.35      Eradication of dracunculiasis**

The Fiftieth World Health Assembly,

Recalling resolutions WHA39.21, WHA42.29, and WHA44.5;

Encouraged by the finding of an international certification team that one country is no longer endemic for dracunculiasis, and indications that a number of other previously endemic countries are no longer affected;

Encouraged by the good progress made through community participation towards global dracunculiasis eradication, including the significant reductions in the number of cases and high levels of case-containment being reported;

Commending the Director-General on the important step taken to establish the International Commission for the Certification of Dracunculiasis Eradication;

Appreciative of the commitment to dracunculiasis eradication shown by endemic countries, and of the help from all those who have been supporting national programmes with integrated surveillance and with the case-containment phase of dracunculiasis eradication;

Concerned about the risk of dracunculiasis resurgence unless interventions are maintained with at least the current intensity in all remaining endemic countries until there are no more cases of the disease;



Concerned that more than 70% of the world's dracunculiasis cases remain in a single country, which is currently experiencing particular difficulties and where insufficient funds for programme activities are available,

URGES all Member States, international and nongovernmental organizations and other appropriate entities to continue to ensure political support and the availability of much-needed resources for completion of eradication of dracunculiasis as quickly as technically feasible and for the International Commission for the Certification of Dracunculiasis Eradication and its work.

*Hbk Res., Vol. III (3rd ed.), 1.16.3.3*

(Tenth plenary meeting, 14 May 1997 -  
Committee A, fourth report)

### **WHA50.36 African trypanosomiasis**

The Fiftieth World Health Assembly,

Deeply concerned at the severity of the African trypanosomiasis problem and the danger of epidemics in a number of countries on the African continent;

Well aware that this disease causes death and impedes development, reduces productivity, and affects family, community and State structures;

Recognizing that the disease is curable but that Member States are experiencing a shortage of human, material and financial resources to combat it;

Welcoming WHO's initiative for global collaboration and consideration of action in support of sustainable agricultural development in the context of socioeconomic development,

1. URGES all Member States in endemic areas to reinforce control and surveillance activities and coordinate their actions through a joint OAU/FAO/IAEA/WHO project for global collaboration and coordination of action;
2. REQUESTS the Director-General:
  - (1) to bring the problem to the attention of the international and national development agencies, emphasizing the need to mobilize further resources and provide substantial and sustained support for effective collaboration;
  - (2) to expand and intensify the coordination of control and surveillance and the development of human resources, and reinforce its links with FAO and OAU, and other international agencies including UNICEF;
  - (3) to ensure that WHO is able to maintain a sufficient stock of equipment and supplies, in particular drugs and diagnostic reagents, to manage emergencies;
  - (4) to increase awareness among policy-makers, decision-makers, health personnel, development agencies and communities about the problem and the means for its solution, considering the declaration of an African Trypanosomiasis Day as one possible approach.

*Hbk Res., Vol. III (3rd ed.), 1.16.3.3*

(Tenth plenary meeting, 14 May 1997 -  
Committee A, fourth report)

**WHA50.37 Cloning in human reproduction**

The Fiftieth World Health Assembly,

Having considered the Director-General's report on cloning, biomedical technology and WHO's role in standard-setting;<sup>1</sup>

Noting the statement issued by the Director-General on 11 March 1997,<sup>2</sup> as well as the statements made by Member States at the Fiftieth World Health Assembly;

Welcoming the Convention on Human Rights and Biomedicine of the Council of Europe,<sup>3</sup> which deals with the ethical principles of biomedicine;

Recognizing the need to respect the freedom of ethically acceptable scientific activity and to ensure access to the benefits of its applications;

Recognizing that developments in cloning and other genetic procedures have unprecedented ethical implications and considering that related research and development should therefore be carefully monitored and assessed, and the rights and dignity of patients respected,

1. AFFIRMS that the use of cloning for the replication of human beings is ethically unacceptable and contrary to human integrity and morality;

2. REQUESTS the Director-General:

(1) to take the lead in clarifying and assessing the ethical, scientific and social implications of cloning in the area of human health, in appropriate consultation with other international organizations, national governments and professional and scientific bodies; and, with the relevant international bodies, to consider related legal aspects;

(2) to inform the Member States in order to foster a public debate on these issues;

(3) to report to the 101st session of the Executive Board, to the Fifty-first World Health Assembly and to other interested organizations on the outcome of the assessments.

*Hbk Res., Vol. III (3rd ed.), 8.2*

(Tenth plenary meeting, 14 May 1997 -  
Committee B, sixth report)

**WHA50.38 Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine**

The Fiftieth World Health Assembly,

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

Recalling the convening of the International Peace Conference on the Middle East (Madrid, 30 October 1991) on the basis of United Nations Security Council resolutions 242 (1967) of 22 November 1967 and 338

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<sup>1</sup> See Annex 2.

<sup>2</sup> See Annex 2, Appendix.

<sup>3</sup> Council of Europe document DIR/JUR(96)14.

(1973) of 22 October 1973, as well as on the basis of the principle of “land for peace”, and the subsequent bilateral negotiations;

Expressing the hope that the peace talks between the parties concerned in the Middle East will lead to a just and comprehensive peace in the area;

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

Emphasizing the need to accelerate the implementation of the Declaration of Principles and the subsequent Accord;

Noting with deep concern the current obstacles facing the peace process, in particular Israel’s resuming of settlement policies in the Palestinian territory, and especially in Jabal Abou Ghneim in occupied East Jerusalem;

Also noting with deep concern the adverse consequences of the continuous closure of the Palestinian territory on its socioeconomic development, including the health sector;

Recognizing the need for increased support and health assistance to the Palestinian population in the areas under the responsibility of the Palestinian Authority and to the Arab populations in the occupied Arab territories, including the Palestinians as well as the Syrian Arab population;

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

Reaffirming the right of the Palestinian patients to be able to benefit from health facilities available in the Palestinian health institutions of occupied East Jerusalem;

Recognizing the need for support and health assistance to the Arab populations in the areas under the responsibility of the Palestinian Authority and in the occupied territories, including the occupied Golan;

Bearing in mind United Nations General Assembly resolutions 51/26 and 51/27 of 4 December 1996;

Having considered the report of the Director-General,

1. EXPRESSES the hope that the peace talks will lead to the establishment of a just, lasting and comprehensive peace in the Middle East;
2. CALLS UPON Israel not to hamper the Palestinian health authorities in carrying out their full responsibility for the Palestinian people, including in occupied East Jerusalem, and to lift the closure imposed on the Palestinian territory;
3. EXPRESSES the hope that the Palestinian people, having assumed responsibility for their health services, will be able themselves to carry out health plans and projects in order to participate with the peoples of the world in achievement of WHO’s objective of health for all by the year 2000;

4. AFFIRMS the need to support the efforts of the Palestinian Authority in the field of health in order to enable it to develop its own health system so as to meet the needs of the Palestinian people in administering their own affairs and supervising their own health services;
5. URGES Member States, intergovernmental organizations, nongovernmental organizations and regional organizations to provide speedy and generous assistance in the achievement of health development for the Palestinian people;
6. THANKS the Director-General for his efforts and requests him:
  - (1) to take urgent steps in cooperation with Member States to support the Ministry of Health of the Palestinian Authority in its efforts to overcome the current difficulties, and in particular so as to guarantee free circulation of patients, of health workers and of emergency services, and the normal provision of medical goods to the Palestinian medical premises, including those in Jerusalem;
  - (2) to continue to provide the necessary technical assistance to support health programmes and projects for the Palestinian people in the transitional period;
  - (3) to take the necessary steps and make the contacts needed to obtain funding from various sources including extrabudgetary sources, to meet the urgent health needs of the Palestinian people during the transitional period;
  - (4) to continue his efforts to implement the special health assistance programme and adapt it to the health needs of the Palestinian people, taking into account the health plan of the Palestinian people;
  - (5) to activate the organizational unit at WHO headquarters concerned with the health of the Palestinian people, and continue to provide health assistance so as to improve the health conditions of the Palestinian people;
  - (6) to report on implementation of this resolution to the Fifty-first World Health Assembly;
7. EXPRESSES gratitude to all Member States, intergovernmental organizations and nongovernmental organizations and calls upon them to provide assistance to meet the health needs of the Palestinian people.

## **DECISIONS**

### **WHA50(1)      Composition of the Committee on Credentials**

The Fiftieth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following 12 Member States: Bahamas, Bhutan, Congo, Ghana, Iran (Islamic Republic of), Luxembourg, Pakistan, Romania, Sao Tome and Principe, Uruguay, Uzbekistan, Vanuatu.

(First plenary meeting, 5 May 1997)

### **WHA50(2)      Composition of the Committee on Nominations**

The Fiftieth World Health Assembly elected a Committee on Nominations consisting of delegates of the following 25 Member States: Antigua and Barbuda, Belgium, Brazil, Cambodia, Central African Republic, China, Colombia, France, Gambia, Indonesia, Kiribati, Lesotho, Madagascar, Malawi, Maldives, Mali, Mexico, Oman, Paraguay, Qatar, Russian Federation, The Former Yugoslav Republic of Macedonia, Turkey, United Kingdom of Great Britain and Northern Ireland, Yemen.

(First plenary meeting, 5 May 1997)

### **WHA50(3)      Election of officers of the Fiftieth World Health Assembly**

The Fiftieth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers:

<b>President:</b>	Mr Saleem I. Shervani (India)
<b>Vice-Presidents:</b>	Dr A. M'Hatef (Algeria) Dr J.F. Oletta (Venezuela) Mr S. Eleghmary (Libyan Arab Jamahiriya) Mrs M. de Belém Roseira (Portugal) Dr Zhang Wenkang (China)

(Second plenary meeting, 5 May 1997)

### **WHA50(4)      Election of officers of the main committees**

The Fiftieth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers of the main committees:

**Committee A: Chairman** Dr R. Campos (Belize)

**Committee B: Chairman** Dr T. Taitai (Kiribati)

(Second plenary meeting, 5 May 1997)

The main committees subsequently elected the following officers:

**Committee A: Vice-Chairmen** Professor H. Achour (Tunisia)  
Mr K.R.C. Pillay (Mauritius)  
**Rapporteur** Dr S. Zobrist (Switzerland)

**Committee B: Vice-Chairmen** Dr M. Savel'ev (Russian Federation)  
Dr S.R. Simkhada (Nepal)  
**Rapporteur** Dr W. Ammar (Lebanon)

(First meetings of Committees A and B, 6 and 7 May 1997)

### **WHA50(5) Establishment of the General Committee**

The Fiftieth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the delegates of the following 17 countries as members of the General Committee: Argentina, Bulgaria, Côte d'Ivoire, Cuba, Eritrea, France, Japan, Morocco, Mozambique, Myanmar, Russian Federation, Seychelles, South Africa, Sweden, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United States of America.

(Second plenary meeting, 5 May 1997)

### **WHA50(6) Adoption of the agenda**

The Fiftieth World Health Assembly adopted the provisional agenda prepared by the Executive Board at its ninety-ninth session with the deletion of three items and the addition of a supplementary item.

(Third plenary meeting, 5 May 1997)

### **WHA50(7) Verification of credentials**

The Fiftieth World Health Assembly recognized the validity of the credentials of the following delegations: Afghanistan; Albania; Algeria; Andorra; Angola; Antigua and Barbuda; Argentina; Armenia; Australia; Austria; Bahamas; Bahrain; Bangladesh; Barbados; Belarus; Belgium; Belize; Benin; Bhutan; Bolivia; Bosnia and Herzegovina; Botswana; Brazil; Brunei Darussalam; Bulgaria; Burkina Faso; Burundi; Cambodia; Cameroon; Canada; Cape Verde; Central African Republic; Chad; Chile; China; Colombia; Congo; Cook Islands; Costa Rica; Côte d'Ivoire; Croatia; Cuba; Cyprus; Czech Republic; Democratic People's Republic of Korea; Denmark; Djibouti; Dominica; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Ethiopia; Fiji; Finland; France; Gabon; Gambia; Georgia; Germany; Ghana; Greece; Grenada; Guatemala; Guinea; Guinea-Bissau; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran (Islamic Republic of); Iraq; Ireland; Israel; Italy; Jamaica; Japan; Jordan; Kazakstan; Kenya; Kiribati; Kuwait; Kyrgyzstan; Lao People's Democratic Republic; Lebanon; Lesotho; Liberia; Libyan Arab Jamahiriya; Lithuania; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Mauritania; Mauritius; Mexico; Micronesia (Federated States of); Monaco; Mongolia; Morocco; Mozambique; Myanmar; Namibia; Nepal; Netherlands; New Zealand; Nicaragua;

Niger; Nigeria; Niue; Norway; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Republic of Moldova;<sup>1</sup> Romania; Russian Federation; Rwanda; Saint Kitts and Nevis; Saint Vincent and the Grenadines;<sup>1</sup> Samoa; San Marino; Sao Tome and Principe; Saudi Arabia; Senegal; Seychelles; Sierra Leone;<sup>1</sup> Singapore; Slovakia; Slovenia; Solomon Islands; South Africa; Spain; Sri Lanka; Sudan; Suriname; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Thailand; The Former Yugoslav Republic of Macedonia; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Tuvalu; Uganda; Ukraine; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Tanzania; United States of America; Uruguay; Uzbekistan; Vanuatu; Venezuela; Viet Nam; Yemen; Zaire; Zambia; Zimbabwe.

(Sixth, eighth and tenth plenary meetings, 7, 12 and 14 May 1997)

**WHA50(8)      Review of *The world health report 1997* incorporating the Director-General's report on the work of WHO**

The Fiftieth World Health Assembly, after reviewing *The world health report 1997*, incorporating the Director-General's report on the work of the Organization in 1996,<sup>2</sup> commended the Director-General and expressed its satisfaction with the manner in which the programme of the Organization was being implemented.

(Sixth plenary meeting, 7 May 1997)

**WHA50(9)      United Nations Joint Staff Pension Fund: appointment of representatives to the WHO Staff Pension Committee**

The Fiftieth World Health Assembly appointed Professor B.A. Roos, delegate of Switzerland, as a member of the WHO Staff Pension Committee, and Dr A.J.M. Suleiman, delegate of Oman, as alternate member of the Committee, the appointments being for a period of three years; Dr L. Malolo, delegate of Tonga, was appointed to replace Dr S. Tapa, the appointment being for a period of two years.

(Eighth plenary meeting, 12 May 1997)

**WHA50(10)    Election of Members entitled to designate a person to serve on the Executive Board**

The Fiftieth World Health Assembly, after considering the recommendations of the General Committee,<sup>3</sup> elected the following Members entitled to designate a person to serve on the Executive Board: Burundi, Canada, Cook Islands, Cyprus, Germany, Netherlands, Norway, Oman, Peru, Sri Lanka.

(Eighth plenary meeting, 12 May 1997)

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<sup>1</sup> Credentials provisionally accepted.

<sup>2</sup> *The world health report 1997*, Geneva, World Health Organization, 1997.

<sup>3</sup> Document A50/35.

**WHA50(11)      Preparation of *The world health report 1998* and third evaluation of progress in implementation of the Global Strategy for Health for All by the Year 2000**

The Fiftieth World Health Assembly, after considering the recommendations of the Executive Board at its ninety-ninth session,<sup>1</sup> decided that the global report on the third evaluation and ninth report on the world health situation should be incorporated in *The world health report 1998*, and that there should no longer be separate reports on the world health situation.

(Ninth plenary meeting, 13 May 1997)

**WHA50(12)      Reports of the Executive Board on its ninety-eighth and ninety-ninth sessions**

The Fiftieth World Health Assembly, after reviewing the Executive Board's reports on its ninety-eighth<sup>2</sup> and ninety-ninth<sup>3</sup> sessions, approved the reports; commended the Board on the work it had performed; and expressed its appreciation of the dedication with which the Board had carried out the tasks entrusted to it. It requested the President to convey the thanks of the Health Assembly in particular to those members of the Board who would be completing their terms of office immediately after the closure of the Assembly.

(Tenth plenary meeting, 14 May 1997)

**WHA50(13)      Selection of the country in which the Fifty-first World Health Assembly will be held**

The Fiftieth World Health Assembly, in accordance with Article 14 of the Constitution, decided that the Fifty-first World Health Assembly would be held in Switzerland.

(Tenth plenary meeting, 14 May 1997)

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<sup>1</sup> Decision EB99(4).

<sup>2</sup> Document EB98/1996/REC/1.

<sup>3</sup> Documents EB99/1997/REC/1 and EB99/1997/REC/2.



## **ANNEXES**



## ANNEX 1

# Agreement on the Establishment of the International Vaccine Institute<sup>1</sup>

## Report by the Director-General

[A50/16 Add.1 - 12 March 1997]

1. In order to strengthen the capacities of developing countries, especially those in Asia and the Pacific, in vaccine research and development, establishment of an international vaccine institute is planned, with headquarters in Seoul. The Institute will be established as a regional research and development body on the initiative of UNDP, as part of its contribution to the Children's Vaccine Initiative. It will be cosponsored by WHO, UNICEF, the World Bank and the Rockefeller Foundation.
2. The Institute will be financed by voluntary contributions. By 2000, when it is expected to be fully operational, the Institute will have approximately 150 staff members. The Government of the Republic of Korea is providing offices and equipment, as well as 30% of the Institute's operating funds. The rest of the financing are expected to come from private and public sources.
3. The Constitution of the Institute provides that it shall operate as a nonprofit autonomous organization, international in status, and nonpolitical in management, staffing and operations. The Institute shall be organized exclusively for scientific, developmental and educational purposes. It will serve as an international centre devoted to developing specific areas of expertise and providing technical assistance for research on and development of vaccines. Article VI of its Constitution states:

*The Institute will have four programme areas:*

- (i) *To provide training and technical assistance in the production technology and research of vaccines;*
  - (ii) *To conduct laboratory and field-based research and development;*
  - (iii) *To support and conduct clinical trials and field evaluations of new vaccines, and to facilitate and promote introduction of new and improved vaccines; and*
  - (iv) *To cooperate with vaccine manufacturers and national control authorities and other relevant bodies in developed and developing countries to promote vaccine research and development.*
- .....

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<sup>1</sup> See resolution WHA50.12.

4. The Institute will be governed by a Board of Trustees of between 13 and 17 members. To ensure that the activities of the Institute are complementary to those of WHO, it is envisaged that WHO will appoint two members of the Board of Trustees as its representatives.

5. The Agreement to establish the Institute, which contains its Constitution, was opened for signature on 28 October 1996 at the United Nations headquarters in New York and has so far been signed by representatives of WHO and 17 countries: Bangladesh, Bhutan, Cameroon, China, Israel, Kazakstan, Mongolia, Myanmar, Netherlands, Pakistan, Papua New Guinea, Philippines, Poland, Republic of Korea, Romania, Thailand and Viet Nam. Under Article V of the Agreement, signature of the Agreement is subject to ratification, acceptance or approval by the signatories. The Agreement will come into force after three instruments of ratification, acceptance, approval or accession have been deposited with the Secretary-General of the United Nations. At the time of preparation of the present document, one country - the Republic of Korea - had deposited its instrument of ratification.

6. Within WHO, the authority to establish institutions is vested in the Health Assembly by Article 18(1) of the Constitution. As a result, signature by a representative of WHO was only a preliminary step. WHO's participation in the legal establishment of the Institute requires the approval of the Health Assembly and the deposit of an instrument of approval with the Secretary-General of the United Nations.<sup>1</sup>

7. The Agreement and the Constitution are appended in English, the only authentic language version.

## **MATTERS FOR THE PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY**

8. [The Health Assembly approved the Agreement on the Establishment of the International Vaccine Institute, by adoption of resolution WHA50.12.]

### **Appendix**

#### **AGREEMENT ON THE ESTABLISHMENT OF THE INTERNATIONAL VACCINE INSTITUTE**

**WHEREAS** the Children's Vaccine Initiative (hereinafter referred to as "the CVI") is a coalition of governments, multilateral and bilateral agencies, non-governmental organizations including foundations and associations, and industry dedicated to ensuring the availability of safe, effective and affordable vaccines, the development and introduction of improved and new vaccines and strengthening the capacity of developing countries in vaccine development, production and use in immunization programmes;

**WHEREAS** at the initiative of the United Nations Development Programme (hereinafter referred to as "UNDP"), the Republic of Korea has agreed to be the host country of a newly created institute to be named as the International Vaccine Institute (hereinafter referred to as

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<sup>1</sup> It should be noted that approval by the Health Assembly of the Agreement does not oblige WHO to make contributions to the budget of the Institute.

"the Institute") dedicated to strengthening the capacity of developing countries in the field of vaccine technology and carrying out vaccine-related research and development;

*WHEREAS* the Parties to this Agreement consider the Institute as an instrument to contribute to achieving the goals of the CVI;

*WHEREAS* the Parties to this Agreement wish to create the Institute as an international organization with suitable governance, juridical personality, and appropriate international status, privileges and immunities and other conditions necessary to enable it to operate effectively towards the attainment of its objectives;

*WHEREAS* the Parties to this Agreement wish to establish the Institute as an integral part of the CVI policy framework, strategy and activities;

*NOW, THEREFORE*, the Parties signatory hereto agree as follows:

## **ARTICLE I ESTABLISHMENT**

There shall be established an independent international organization entitled the "International Vaccine Institute" which will operate in accordance with the Constitution appended hereto as its integral part.

## **ARTICLE II RIGHTS, PRIVILEGES AND IMMUNITIES**

1. The Government of the Republic of Korea grants the Institute the same rights, privileges and immunities as are customarily accorded to a similar type of international organization.

2. Privileges and immunities are granted to the Members of the Board of Trustees, the Director and staffs of the Institute as is stipulated in Article VIII, Article IX and Article XIII of the Constitution of the Institute hereto appended and to experts performing missions for the Institute.

## **ARTICLE III DEPOSITARY**

The Secretary-General of the United Nations shall be the Depositary of this Agreement.

#### **ARTICLE IV SIGNATURE**

This Agreement shall be open for signature by all states and intergovernmental organizations at Headquarters of the United Nations, New York. It shall remain open for signature for a period of two years from 28 October 1996 unless such period is extended prior to its expiry by the Depositary at the request of the Board of Trustees of the Institute.

#### **ARTICLE V CONSENT TO BE BOUND**

This Agreement shall be subject to ratification, acceptance or approval by the signatory states and intergovernmental organizations referred to in Article IV.

#### **ARTICLE VI ACCESSION**

After the expiration of the period specified in Article IV, the present Agreement shall remain open for accession by any state or intergovernmental organization, contingent upon approval by the Board of Trustees of the Institute by simple majority.

#### **ARTICLE VII SETTLEMENT OF DISPUTES**

1. The Parties shall attempt to settle any dispute as to the interpretation or application of this Agreement by negotiations or by any other mutually agreed method.
2. If the dispute is not settled in accordance with Paragraph 1, within a period of (90) days from the request by either Party to settle it, it shall, at the request of either Party, be referred to arbitration.
3. The arbitral tribunal shall be composed of three arbitrators. Each Party shall choose one arbitrator and the third, who shall be the chairperson of the tribunal, to be chosen jointly by the Parties. If the tribunal is not constituted within (3) months of the request for arbitration, the appointment of the arbitrators not yet designated shall be made by the President of the International Court of Justice at the request of either Party.
4. In the event of a vacancy in the presidency of the International Court of Justice or of the inability of the President to exercise the

functions of the presidency, or in the event that the President should be a national of the Party to the dispute, the appointment herein provided for may be made by the vice-president of the court or, failing him, by the senior judge.

5. Unless the parties decide otherwise, the tribunal shall determine its own procedure.

6. The tribunal shall apply the principles and rules of international law and its award shall be final and binding on both Parties.

#### **ARTICLE VIII ENTRY INTO FORCE**

1. This Agreement and the Constitution appended thereto shall come into force immediately after three instruments of ratification, acceptance, approval or accession have been deposited with the Secretary-General.

2. For each State or intergovernmental organization depositing an instrument of ratification, acceptance, approval or accession after the entry into force of this Agreement, this Agreement shall enter into force on the first day of the month after the date of deposit of the respective instrument.

#### **ARTICLE IX DENUNCIATION**

Any party to this Agreement may, by written instrument to the Depositary, denounce this Agreement. Such denunciation of the consent to be bound shall become effective three months after the date on which such instrument is received.

#### **ARTICLE X TERMINATION**

This Agreement shall be terminated three months after the Institute is dissolved under the Article XXI of the Constitution.

#### **ARTICLE XI AUTHENTIC TEXT**

The authentic text of the present Agreement, including the Constitution appended thereto, shall be in the English language.

*IN WITNESS WHEREOF*, the undersigned representatives of states and intergovernmental organizations have signed this Agreement in a single original in the English language.

## **CONSTITUTION OF THE INTERNATIONAL VACCINE INSTITUTE**

### **PREAMBLE**

The International Vaccine Institute is founded on the belief that the health of children in developing countries can be dramatically improved by the development, introduction and use of new and improved vaccines and these vaccines should be developed through a dynamic interaction among science, public health, and business. The International Vaccine Institute will be a centre of the science for the public interest where this dynamic interaction can take place through research, training, technical assistance, service provision, and information dissemination.

### **ARTICLE I HEADQUARTERS' LOCATION**

The Institute shall have its headquarters at Seoul, Republic of Korea as has been determined by an independent international site selection process initiated at the request of the UNDP, in accordance with the requirements for the exercise of the functions and fulfilment of the purposes of the Institute.

### **ARTICLE II STATUS**

1. The Institute shall be an international research and development centre established at the initiative of UNDP, as part of its contribution to the CVI, which is an international movement of agencies, corporations, foundations and governments dedicated to ensuring the continued availability of effective and affordable vaccines, and the development and introduction of new and improved vaccines. The Institute shall operate as a non-profit autonomous organization, international in status and non-political in management, staffing and operations. The Institute shall be organized exclusively for scientific, developmental and educational purposes.

2. The Institute shall possess full juridical personality and enjoy such legal capacity as may be necessary for the exercise of its functions and the fulfilment of its purposes.



### **ARTICLE III SUBSIDIARY BODIES**

The Institute may establish such centres, offices or laboratories, in locations within and outside the Republic of Korea as may be decided by the Board of Trustees (hereinafter referred to as the "Board") as being necessary for effective conduct of its programmes and the achievement of its objectives.

### **ARTICLE IV AIMS**

The Institute shall carry out major scientific functions within the overall goals and framework of the CVI. Specifically, it will:

1. undertake and promote study, research, development and dissemination of knowledge in the vaccine-relevant sciences and directly related areas of public health, management sciences and technology to generate affordable and effective means to prevent death and disability arising from infectious diseases and, thereby, to improve the health status and general welfare of children and low-income people in developing and developed countries, especially in Asia; and
2. provide, in collaboration with relevant national and international institutions, facilities and training programmes aimed at strengthening expertise and capacity for developing and developed countries to conduct work in the areas of the Institute's interest and competence.

### **ARTICLE V GUIDING PRINCIPLES**

1. The Institute will serve as an international resource centre devoted to developing specific areas of expertise and providing technical assistance for research and development of vaccines.
2. The Institute will complement its activities with those of other international and national institutions, public and private, that have similar aims. Its activities will, wherever appropriate, be planned and implemented in collaboration with such institutions. In particular, the Institute shall fully cooperate with the World Health Organization (hereinafter referred to as "WHO") in determining the technical and other aspects of its programme that relate to WHO's mandate.

## ARTICLE VI FUNCTIONS

### 1. The Institute will have four programme areas:

- (i) To provide training and technical assistance in the production technology and research of vaccines;
- (ii) To conduct laboratory and field-based research and development;
- (iii) To support and conduct clinical trials and field evaluations of new vaccines, and to facilitate and promote introduction of new and improved vaccines; and
- (iv) To cooperate with vaccine manufacturers and national control authorities and other relevant bodies in developed and developing countries to promote vaccine research and development.

The Institute may identify other programme areas in accordance with its aims.

### 2. In fulfilling the aforementioned aims and responsibilities, in the spirit of its guiding principles, the Institute shall engage in a wide range of activities including;

- (i) holding meetings and arranging lectures, training courses, workshops, seminars, symposia and conferences;
- (ii) publishing and disseminating books, periodicals, reports and research and working papers;
- (iii) establishing and maintaining contact with individuals and other institutions with expertise in the vaccine-relevant fields through collaborative research seminars, exchange visits, sabbatical attachments and likewise;
- (iv) undertaking studies and other projects on behalf of or in collaboration with other institutions;
- (v) maintaining offices, field stations, laboratories, pilot plants, animal research facilities, information resources, scientific equipment and instruments, as may be necessary for its proper functioning; and
- (vi) taking such other actions as may further the aims and objectives of the Institute.

3. The Institute's programmes and plans shall be reviewed and approved by its Board taking into account the needs of developing and developed countries and the Institute's capabilities in meeting these needs.

## ARTICLE VII CAPACITY

1. The Institute shall have the following capacity:

- (i) to receive, acquire or otherwise lawfully obtain from any governmental authority or from any corporation, company, association, person, firm, foundation or other entity whether international, regional or national, such charters, licenses rights, concessions or similar rights, and assistance - financial or otherwise - as are conducive to and necessary for the attainment of its aims;
- (ii) to receive, acquire or otherwise lawfully obtain from any governmental authority or from any corporation, company, association, person, firm, foundation or other entity, whether international, regional or national, by donation, grant, exchange, devise, bequest, purchase or lease, either absolutely or in trust, contributions consisting of such properties, real, personal, or mixed including funds and valuable effects or items, as may be useful or necessary to pursue the aims and activities of the Institute and to hold, operate, administer, use, sell, convey or dispose of the said properties;
- (iii) to enter into agreements and contracts;
- (iv) to employ persons according to its own regulations;
- (v) to institute, and defend in, legal proceedings; and
- (vi) to perform all acts and functions as may be found necessary, expedient, suitable or proper for the furtherance, accomplishment or attainment of and/or all of the purposes and activities herein stated, or which shall appear, at any time, as conducive to or necessary and useful for the aims and activities of the Institute.

2. No part of the earnings of the Institute shall inure to the benefit of, or be distributable to, its trustees, officers, or other private persons, except that the Institute shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the aims set forth in Article IV hereof.

## **ARTICLE VIII ORGANS**

The organs of the Institute shall be:

- (i) The Board of Trustees; and
- (ii) The Director and staff.

## **ARTICLE IX COMPOSITION OF THE BOARD**

1. The Board shall consist of not less than thirteen nor more than seventeen members, selected as follows:

- (i) up to ten members-at-large elected by the Board. Regard shall be paid especially to proposed members' professional experience and qualifications, to appropriate geographical distribution, to agencies and countries which have concern for and provide substantial support to the Institute, or to countries where major facilities are located;
- (ii) two members appointed by the host country;
- (iii) two members appointed by WHO;
- (iv) one member elected by the Board upon the recommendation of UNDP;
- (v) the Executive Secretary of the CVI, or his/her representative, as a member ex-officio; and
- (vi) the Director of the Institute as a member ex-officio.

2. Member-at-large shall be appointed for terms of no more than three years as determined by the Board in advance of the appointment. In the case of vacancy of members-at-large by reason of their retirement, death, incapacity, or any other cause, the Board shall fill the vacancy in the same manner as the original appointment. A new member appointed to replace a member during the latter's term, may be appointed for the remaining term of the member being replaced. He/she is eligible to serve two additional terms.

3. The members of the Board are eligible for reappointment to a second term, but shall not serve more than two successive terms, except that the member elected as Chairperson may have his/her term extended by the Board in order to coincide with his/her appointment as Chairperson.

4. The members of the Board, other than the members serving ex-officio and the members appointed by the host country and WHO, shall serve in a personal capacity and are not considered, nor do they act, as official representatives of governments or organizations.

5. The term of office and the selection of the members appointed by the Government of the host country (hereinafter referred to as the "Government") will be determined by the Government.

## **ARTICLE X FUNCTIONS AND POWERS OF THE BOARD**

1. The Board shall be responsible for all the affairs of the Institute. Its role, among other things, shall be to ensure that:

(i) the Institute follows objectives, programmes and plans that are consistent with its aims and with the broad goals and objectives of the CVI; and

(ii) the Institute is managed effectively by the Director in harmony with the agreed objectives, programmes and budgets, and in accordance with legal and regulatory requirements.

2. To this end, the Board shall:

(i) define objectives, approve plans to meet the Institute's aims and monitor the achievement of these aims;

(ii) specify policies to be followed by the Director in pursuing the specified objectives;

(iii) ensure the Institute's cost-effectiveness, financial integrity, and accountability;

(iv) approve the Institute's programme and budget;

(v) appoint an external auditor and approve an annual audit plan;

(vi) approve the Institute's broad organizational framework;

(vii) approve personnel policies including scales of salaries and benefits;

(viii) approve the Institute's fund raising and resource mobilization strategies, policies and programmes, and promote such fund raising and resource mobilization activities;

(ix) maintain the composition of the Board with respect to expertise needed to discharge the full range of its responsibilities, monitor

the performance of staff and evaluate the Institute's performance; and

- (x) perform all other acts that may be considered necessary, suitable and proper for the attainment of the aims of the Institute as set forth in Article IV hereof.

3. The Board may designate an Executive Committee of its members which shall have the power to act for the Board in the interim between Board meetings, and on matters which the Board delegates to it. All interim actions of the Executive Committee shall be reported to the full Board at its next meeting. The Executive Committee shall be comprised of five members of the Board. The Director and at least one ex-officio member of the host country shall serve as members of the Executive Committee.

4. The Board may establish such other subsidiary Committees as it deems necessary for the performance of its functions.

#### ARTICLE XI PROCEDURES OF THE BOARD

1. The Board shall elect one member except the Director as Chairperson. The normal term of the Chairperson shall be three years. The Board may re-elect its Chairperson for a second term.

2. The Board shall also elect a Vice-Chairperson, a Secretary and a Treasurer. The normal terms of these officers shall be three years. They are eligible for re-election.

3. The Board shall meet at least once annually.

4. The Board shall adopt its own rules of procedure.

5. The majority of the members shall constitute a quorum for Board meetings.

#### ARTICLE XII VOTING BY THE BOARD

Normally, the Board shall operate by consensus. However, if the Chairperson determines the need for a vote, the following shall apply:

- (i) each member of the Board has one vote; and
- (ii) decisions of the Board shall be made by a majority of the members present except as specified otherwise in this Constitution.

### **ARTICLE XIII APPOINTMENT OF THE DIRECTOR**

The Board shall appoint the Director, and determine his/her terms of office and any cause for termination by a two-thirds majority of members present and voting.

### **ARTICLE XIV FUNCTIONS AND POWERS OF THE DIRECTOR**

1. The Director shall be responsible to the Board for the operation and management of the Institute and for ensuring that its programmes and objectives are properly developed and carried out. The Director shall take the lead in fund raising and resources mobilization for the Institute. He/she is the chief executive officer of the Institute.

2. The Director shall implement the policies determined by the Board, follow the guidelines laid down by the Board for the functioning of the Institute and carry out the directions of the Board. Specifically, the Director, in consultation with the Board, shall:

- (i) develop a strategic plan for the operation of the Institute for Board consideration and approval, and keep this plan under continuing review;
- (ii) develop programmes and budgets, and prepare the Institute's annual report;
- (iii) supervise the planning and direction of the Institute's research, developmental and educational activities to ensure effective implementation;
- (iv) recruit and manage highly qualified staff;
- (v) keep and have available the strategic plan, programmes and budgets for review by the Board on a regular basis;
- (vi) keep the Chairperson of the Board advised on matters of consequence that relate to the Institute; and
- (vii) perform such other functions as are delegated to him/her by the Board.

3. The Director shall be the legal representative of the Institute. He/she shall sign all deeds, contracts, agreements, treaties and other legal documents which are necessary to ensure the normal operation of the Institute. The Board may determine the extent to which these powers may be delegated by the Director. Contracts, agreements and treaties which affect the governance, objectives, location, expansions or

dissolution of the Institute, or major issues concerning the relationship to the host country shall be subject to approval by the Board.

#### **ARTICLE XV STAFFING**

1. The staff shall be appointed by the Director in accordance with staff regulations to be approved by the Board.
2. The paramount consideration in the employment of staff and in the determination of the conditions of service shall be the necessity of securing the highest standards of quality, integrity, efficiency, and competence.
3. Salary scales, insurance, pension schemes and other terms of employment shall be laid down in staff regulations, and shall in principle be internationally competitive and comparable with those of the United Nations and affiliated institutions and other relevant international organizations.

#### **ARTICLE XVI FINANCING**

1. The budget of the Institute shall be funded by member states, international organizations and other public or private agencies and institutions, including members of the CVI, who wish to make financial and other voluntary contributions to it. The Institute may receive contributions from other sources. It may also receive contributions and gifts towards the establishment of an endowment programme.
2. The financial operations of the Institute shall be governed by financial regulations to be adopted by the Board.
3. The budget of the Institute is approved annually by the Board.
4. An annual audit of the operations of the Institute shall be conducted by an independent international accounting firm appointed by the Board upon recommendation of the Director. The results of such audits shall be made available by the Director to the Board for its consideration. Following the approval by the Board, the audit report shall be circulated to parties contributing to the Institute.

#### **ARTICLE XVII PRIVILEGES AND IMMUNITIES**

1. The Institute shall conclude with the Government a Headquarters Agreement relating to the facilities, privileges and immunities which the



Institute, the members of the Board of Trustees, the Director and staff of the Institute, and the experts performing missions on behalf of the Institute, will receive while in Korea for the purpose of exercising official duties.

2. The Institute may conclude with other states an agreement relating to the facilities, privileges and immunities which the Institute, the members of its Board of Trustees, the Director and staff of the Institute, and the experts performing missions on behalf of the Institute, will receive while in their territories for the purpose of exercising official duties.

3. The privileges and immunities are granted in the interest of the Institute and not for personal benefit. The Board of Trustees shall have the right to waive the privileges and immunities.

#### **ARTICLE XVIII RELATIONSHIP WITH OTHER ORGANIZATIONS**

In order to achieve its objectives in the most efficient way, the Institute may enter into agreements for cooperation with relevant national, regional or international organizations, foundations and associations, both public and private.

#### **ARTICLE XIX DISPUTES RESOLUTION**

The Institute shall make provisions for appropriate modes of settlement including arbitration of disputes between the Institute and its staff or among its staff.

#### **ARTICLE XX AMENDMENTS**

1. This constitution may be amended by the Board by a two-thirds majority of all voting members, provided notice of such a proposed amendment together with its full text shall have been mailed to all members of the Board at least four weeks in advance of the meeting, or such notice is waived by all members of the Board.

2. Such an amendment shall take effect immediately after having been adopted by the voting members under the procedure outlined in paragraph 1.

## **ARTICLE XXI DISSOLUTION**

1. The Institute may be dissolved by a three-fourths majority of all voting members of the Board, if it is determined that the purposes of the Institute have been achieved to a satisfactory degree or if it is determined that the Institute will no longer be able to function effectively.

2. In the case of dissolution, any land, physical plant and other assets situated in the host country and other countries, and made available to the Institute by the Government, and permanent fixed capital improvements thereon shall revert to the Government. The other assets of the Institute shall be transferred to such countries for use for similar purposes or distributed to institutions having purposes similar to those of the Institute in the respective countries after agreement between the governments of those countries and the Board in consultation with the Government.

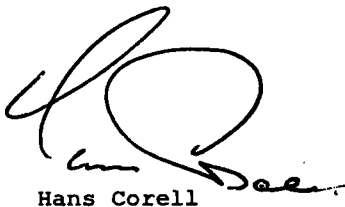
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I hereby certify that the foregoing text is a true copy of the Agreement on the Establishment of the International Vaccine Institute, opened for signature at New York on 28 October 1996, the original of which is deposited with the Secretary-General of the United Nations.

Je certifie que le texte qui précède est la copie conforme de l'Accord portant création du Centre international du vaccin, ouvert à la signature à New York le 28 octobre 1996, et dont l'original se trouve déposé auprès du Secrétaire général des Nations Unies.

For the Secretary-General,  
The Legal Counsel  
(Under-Secretary-General  
for Legal Affairs)

Pour le Secrétaire général  
Le Conseiller juridique  
(Secrétaire général adjoint  
aux affaires juridiques)



Hans Corell

United Nations, New York  
7 November 1996

Organisation des Nations Unies  
New York, le 7 novembre 1996

## **ANNEX 2**

# **Cloning in human reproduction<sup>1</sup>**

## **Cloning, biomedical technology and WHO's role in standard-setting**

**Report by the Director-General**

[A50/30 - 8 May 1997]

### **BACKGROUND**

1. For almost 50 years WHO has set technical and ethical standards and proposed guidelines and codes of practice in virtually all areas of health, as provided by its Constitution. Standard-setting has been one major way in which the Organization has acted as the “directing and coordinating authority on international health work”.
2. Sound technical and ethical standards are indispensable for safe and effective health care. Guidelines are also needed to ensure that health services are accessible, affordable, and ethically and culturally acceptable. By providing standards and guidelines, WHO collaborates with countries to determine, apply and assess health policies and technology. By helping to build consensus on terminology, certification schemes and specifications for health care practices and products, WHO also facilitates international cooperation and trade.
3. In standard-setting, WHO collaborates with ministries of health, national regulatory authorities and international organizations such as FAO, IAEA, UNESCO, the European Commission, the Council of Europe and WTO. Other important partners are scientific and professional bodies, WHO collaborating centres and nongovernmental organizations. On ethical matters in particular, CIOMS has provided WHO with valuable support.

### **MECHANISMS FOR STANDARD-SETTING**

4. WHO's standard-setting activities are guided by the Executive Board and the Health Assembly. Topics discussed by the governing bodies in recent years include organ transplantation, reproductive health, breast-milk substitutes, essential drugs, patients' rights, the protection of the human rights of people “living with HIV/AIDS”, ethical criteria for medicinal drug promotion, and the International Health Regulations. In January 1995 and January 1996 the Director-General also reported to the Board on WHO's current and planned activities to foster cooperation on ethics and health at both regional and global level.<sup>2</sup>
5. In practice, all WHO technical programmes are involved in setting and disseminating standards in their own areas of activity as they provide countries with advice and support on specific aspects of health care, including research involving human subjects, genetic counselling, chemical safety, food safety and the treatment

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<sup>1</sup> See resolution WHA50.37.

<sup>2</sup> Documents EB95/INF.DOC./20 and EB97/16.

of mental disorders. Programmes with particularly strong research components, such as the cosponsored Special Programme on Research, Development and Research Training in Human Reproduction and Special Programme on Research and Training in Tropical Diseases, have their own ethical review committees.

6. The WHO Expert Committee on Biological Standardization meets annually to establish international biological reference preparations and to propose guidelines for the production and control of biological substances used in the diagnosis, treatment or prevention of diseases, including vaccines and blood products.

7. WHO's global and regional ACHRs have a specific responsibility to monitor the progress of research, assess its potential applications to public health, and provide the Director-General with independent advice on the scientific and ethical issues involved. With their regional networks, these committees provide an appropriate mechanism for fostering consultation and debate on the potential risks and benefits of new health technology and practices in different economic and cultural environments.

8. Much of WHO's standard-setting is done through meetings of experts and consultations, and is published in WHO's Technical Report Series. The resulting recommendations and guidelines carry considerable scientific and moral authority in the international health community and among the general public. In many countries they have helped to shape professional codes of practice in health care and research and have been used in the drafting and updating of national legislation. Consultative mechanisms of this kind have proved effective and more flexible than legally binding instruments such as conventions, which require lengthy procedures before they come into force.

## BIOMEDICAL TECHNOLOGY - CLONING

9. The accelerated development and growing complexity of industrial and biomedical technology and the globalization of trade emphasize the need for worldwide harmonization and regulation of policies and practices. This need has been emphasized dramatically in recent years by the emergence of new infectious agents and the spread of diseases by contaminated food, blood products and biomedical devices. New biomedical technology has to be assessed in the light of health risks of this kind as well as for potential benefits.

10. The successful cloning of an adult sheep by nuclear transfer to an unfertilized enucleated egg opens up entirely new avenues for basic research and its therapeutic applications in the area of human health. It also raises fundamental subjects for concern which require immediate and careful attention. To help clarify the issues involved and allow for reasonable assessment of their implications, the Director-General issued a statement on 11 March 1997 (see Appendix). He reiterated some of the fundamental principles which govern WHO's policy on human reproduction, and in particular the need to protect human dignity and the security of human genetic material; human reproduction should not be confused with human replication.<sup>1</sup>

11. The Director-General cautioned against any indiscriminate ban on all cloning procedures and research. The cloning of human cell lines is a routine procedure in the production of monoclonal antibodies for diagnosis and research on diseases such as cancer. Animal cloning offers opportunities to advance research on the etiology, diagnosis and treatment of diseases affecting human beings. Nuclear transfer will help to understand the ageing process better and to investigate the interaction between nuclear and mitochondrial genes. The availability of genetically identical organisms can also help to elucidate the interaction of genetic and nongenetic factors.

12. Other potential applications of cloning relate to the development and use of animals in which human genes have been introduced to produce tissues and organs for transplantation. Transgenic sheep have already been used to produce human blood-clotting factors. The cloning of animals could facilitate the production of these

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<sup>1</sup> See *Recent advances in medically assisted conception*: report of a WHO scientific group (WHO Technical Report Series, No. 820, 1992).

and other biologicals for medical purposes. Although such applications of cloning may yield important benefits they also require careful consideration of the ethical issues involved, and monitoring for possible negative outcome such as cross-species transmission of diseases to man.

## WHO'S RESPONSE

13. The Director-General has emphasized the importance in all circumstances of exercising caution while leaving the way open for potentially beneficial research. The introduction of any new biomedical technology requires careful scrutiny of possible uses, abuses and ethical implications. It also requires a thorough examination of the rights and responsibilities involved, for individuals, for society, and for successive generations. Keeping these imperatives in mind, WHO's programmes will study the implications of cloning for their own areas of activity. The implications of cloning for xenotransplantation are being examined by the WHO task force set up in 1996 to review some of the scientific, cultural and ethical aspects of organ transplantation.<sup>1</sup> Meeting on 25 April 1997, the Scientific and Ethical Review Group of the Special Programme on Research, Development and Research Training in Human Reproduction (HRP) discussed the issue from the viewpoint of reproductive health and made preliminary recommendations.<sup>2</sup>

14. The HRP Group emphasized the need for a clear definition of the procedures involved in cloning. It reviewed various technical issues, including use of nuclear and/or mitochondrial transfer for the treatment of mitochondrial diseases, and research on the biology of ageing. It stressed that many questions remained unanswered regarding the longer term biomedical consequences of such replacement procedures for the individual concerned. The Group reiterated the need to consider questions of justice and equity of access to possible preventive and therapeutic applications of cloning.

15. The HRP Group noted that the prospect of human cloning caused a strong public reaction because it seemed to challenge basic notions of human dignity and identity such as "individuality, indeterminateness and interconnectedness". It pointed out, however, that such notions vary considerably from one cultural setting to another. In order to present matters in a clearly intelligible way, a truly interdisciplinary approach was needed, involving biological and social scientists, lawyers, ethicists, policy analysts and others with appropriate expertise. Regarding international policy options on cloning, the Group recommended that WHO should foster approaches based on consensus.

16. WHO is taking the lead in organizing the debate on the implications of cloning for different areas of human health, including human reproduction, genetic counselling and xenotransplantation. The HRP Scientific and Ethical Review Group and the Task Force on Organ Transplantation will continue their related work and the outcome of their activities will be reported to the Executive Board. The objective will be to help assess current needs and practices, to review available techniques and procedures, and to help build consensus on the technical and ethical safeguards to be applied.

17. WHO will encourage its regional offices to foster discussion at national and regional levels, through the ACHR network and other appropriate channels, with a view to preparing a global consensus on the common principles that should govern the biomedical applications of cloning. WHO will also coordinate its activities in this field with those of other international organizations working in areas such as industry, agriculture, trade and intellectual property, as appropriate.

18. WHO will foster international cooperation and coordinate consultation on these issues and take the necessary steps to formulate a statement of consensus.

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<sup>1</sup> See WHO Task Force on Organ Transplantation, First meeting, 10-11 October 1996. Final report.

<sup>2</sup> See Scientific and Ethical Review Group, Cloning discussion, 25 April 1997. Final report.

**MATTERS FOR THE PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY**

19. [The Director-General sought the guidance of the Health Assembly on organization of the consultation process.]

**Appendix****STATEMENT ON CLONING**

**Dr Hiroshi Nakajima**  
**Director-General, World Health Organization**

**Geneva, 11 March 1997**

The recent announcement of the successful cloning of an adult sheep by a team of scientists in Scotland has raised great interest and also great concern in all sectors of society in all cultures. At this stage WHO considers that it is necessary to try and clarify the issue so that a reasonable assessment can be made of the implications of this research.

The word "cloning" means the asexual production of genetically identical organisms or cell lines. It must be stressed, however, that this can refer to different situations. One situation involves the "splitting" of preimplantation embryos to produce copies of the same new individual. This is a procedure that has been used experimentally in laboratory animals by separating the cells of the embryo at the preimplantation stage of development and growing them independently of each other to produce identical embryos. This mimics, to a certain extent, the situation that occurs naturally in the formation of monozygotic (identical) twins. It has been proposed as a means of producing large numbers of animal embryos of known genetic composition, for example for agricultural purposes.

Another situation involves the insertion of a nucleus from a cell of a mature individual into an enucleated unfertilized egg with the objective of producing a replica of an existing individual. This is a process that does not occur naturally and is the subject of the current controversy. This type of cloning had already been carried out with frogs in the 1960s. The recently reported studies on sheep has taken this process a stage further, into a mammalian species. This latest development has raised the question of the possible application of cloning procedures to the human being.

WHO considers the use of cloning for the replication of human individuals to be ethically unacceptable as it would violate some of the basic principles which govern medically assisted procreation. These include respect for the dignity of the human being and protection of the security of human genetic material.

In 1992 the Special Programme of Research, Development and Research Training in Human Reproduction convened a scientific group to review the technical aspects of medically assisted procreation and related ethical issues. The group upheld the right of everyone "to enjoy the benefits of scientific progress and its applications" and the need "to respect the freedom indispensable for scientific research and creative activity". But the group also stressed that "there is a universal consensus on the need to prohibit extreme forms of experimentation, such as cloning, interspecies fertilization, the creation of chimeras and, at present, alteration of the germ-cell

genome".<sup>1</sup> WHO would like to propose that these guiding principles should serve as a starting point for the public debate required at national and international levels to establish the necessary norms and safeguards.

However, opposition to human cloning should not lead to an indiscriminate ban on all cloning procedures and research. The cloning of human cell lines is a routine procedure in the production of monoclonal antibodies for diagnosis and research on diseases such as cancer.

Animal cloning also offers opportunities to advance biomedical research on diagnosis and treatment of diseases affecting human beings. The availability of genetically identical organisms can help to elucidate the etiology of diseases and the interaction of genetic and nongenetic factors that account for their clinical variations. Nuclear transfer may be useful to study the process of ageing in animals, its consequences for the function of the genome, and the onset of age-dependent diseases. It should also make it possible to explore the so far completely unknown influence of cytoplasmic factors on the introduced nuclear genes and to investigate interaction between the nuclear and mitochondrial genomes.

Other potential applications of cloning might relate to the development and use of animals in which human genes have been introduced to produce tissues and organs for transplantation. Transgenic sheep have already been used to produce human blood-clotting factors (factors VIII and IX). The cloning of animals could facilitate the production of these and other biologicals for medical purposes. A WHO task force was set up last year to review some of the scientific, organizational and ethical aspects of organ transplantation, including xenotransplantation. Its next meeting is scheduled for September 1997. The specific subject of genetic modification of animals for agricultural and food purposes is followed up by FAO and OECD, with the participation of WHO in matters related to food safety.

While research on animal cloning and transgenic species may yield benefits which include therapeutic applications, we must at all times remain alert to its possible negative outcomes such as cross-species transmission of communicable diseases to man. WHO wants to emphasize the importance in all circumstances of observing the principle of caution and of being able to rely on technical and ethical guidelines that will ensure that the health and dignity of the human being are fully protected. This requires careful scrutiny and a public and systematic debate that should involve all sectors and agencies concerned and take into account different social, economic and cultural environments.

WHO will take the lead in organizing this debate. We propose that the ethical aspects of health-related research and technology should be at the core of the debate. In our sphere of competence, we will focus initially on two priority areas: reproductive health, and the biomedical applications of research on the human genome. Our objective would be to help assess current needs and practices, to review available techniques and procedures, and to help build consensus on the technical and ethical safeguards to be applied.

The Scientific and Ethical Review Group of the Special Programme of Research, Development and Research Training in Human Reproduction will lead the work on ethical aspects of research in reproductive health. At its meeting, from 23 to 25 April 1997, it will review the issue of cloning. This will be an important step towards organizing a series of national and regional consultations which will help to define the common values on which codes of good practice, guidelines and legislation must be based. The first of these consultations will take place at the beginning of April in Bangkok. WHO is seeking the broadest possible participation in this global process.

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<sup>1</sup> *Recent advances in medically assisted conception*: report of a WHO Scientific Group (WHO Technical Report Series, No. 820, 1992).



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<sup>1</sup> Bilingual list, as issued in document A50/DIV/3 rev.1 on 10 May 1997, with the incorporation of corrections subsequently received.

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nal Organizations, Department of Internatio-  
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Dr Kong Lingzhi, Director, Division of Non-  
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Mr Xu Nanshan, Director, Division of Internatio-  
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Mrs Mao Yueming, Counsellor, Permanent  
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Mr Liu Xinsheng, First Secretary, Permanent  
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Ms Wang Yuehua, First Secretary, Permanent  
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Mr Tong Xianguo, First Secretary, Permanent  
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Ms Zhao Yangling, First Secretary, Permanent  
Mission, Geneva

Mr Hao Bin, Second Secretary, Permanent  
Mission, Geneva

**COLOMBIA****Chief delegate**

Sr. G. Castro Guerrero, Embajador, Representante  
Permanente, Ginebra

**Delegates**

Dr. J.C. Giraldo, Viceministro de Salud

Sra. M.F. Arias-Johner, Ministra Consejera,  
Misión Permanente, Ginebra

**Alternates**

Dr. M. Restrepo Trujillo, Asesor, Despacho de la  
Ministra de Salud

Dr. J. Castellanos Robayo, Coordinador del  
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Sr. C.R. Sáenz Vargas, Segundo Secretario,  
Misión Permanente, Ginebra

**CONGO****Chief delegate**

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**Delegates**

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 Dr D. Bouamga, Directeur général de la Santé publique

**Alternates**

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 Dr J. Kouanga, Coordonnatrice nationale du Programme national de la Lutte contre le VIH/SIDA

**COOK ISLANDS****Chief delegate**

Mr T. Faireka, Minister of Health

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**COSTA RICA****Chief delegate**

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**Delegates**

Sr. R. Carrillo Zürcher, Ministro Consejero, Misión Permanente, Ginebra  
 Sr. J. Álvarez, Ministro Consejero, Misión Permanente, Ginebra

**Alternate**

Sra. L. Thompson, Consejera, Misión Permanente, Ginebra

**COTE D'IVOIRE****Chief delegate**

Professeur M. Kakou Guikahue, Ministre de la Santé publique

**Deputy chief delegate**

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 Professeur J. Diarra Nama, Directeur de la Santé communautaire  
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 Mme M. Gosset, Conseiller, Mission permanente, Genève  
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 Mme G. Kete, Conseiller, Mission permanente, Genève

M. C. Assi, Chef, Service national de l'Information, de l'Education et de la Communication  
 Mme J. Barry

**CROATIA****Chief delegate**

Professor Z. Reiner, Deputy Minister of Health

**Deputy chief delegate**

Professor Z. Škrabalo, Ambassador of Croatia to Hungary

**Delegate**

Dr D. Bekic, Permanent Mission, Geneva

**Adviser**

Mrs S. Blazevic, Attaché, Permanent Mission, Geneva

**CUBA****Chief delegate**

Dr. C. Dotres Martínez, Ministro de Salud Pública

**Deputy chief delegate**

Dr. C. Amat Forés, Embajador, Representante Permanente, Ginebra

**Delegate**

Sr. R. Díaz Vallina, Viceministro, Ministerio de Salud Pública

**Alternates**

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 Sr. A. Delgado, Primer Secretario, Misión Permanente, Ginebra  
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 Srta. A. Hernández, Tercera Secretaria, Misión Permanente, Ginebra  
 Sr. E. Marziota, Consejero, Misión permanente, Ginebra

**Advisers**

Profesor C. Ordóñez Carcelles, Ministerio de Salud Pública  
 Dr. J. Piñón Vega, Ministerio de Salud Pública

**CYPRUS****Chief delegate**

Mr C. Solomis, Minister of Health

**Deputy chief delegate**

Mr A. Patzinakos, Permanent Secretary, Ministry of Health

**Delegate**

Mr S. Zackheos, Ambassador, Permanent Representative, Geneva

**Alternates**

Mrs I. Attesli, Chief Administrative Officer, Ministry of Health

Dr C. Komodiki, Chief Health Officer, Ministry of Health

Mrs L. Markides, Deputy Permanent Representative, Geneva

**Adviser**

Dr A. Vasiliou, President, Pancyprian Medical

**CZECH REPUBLIC**

**Chief delegate**

Dr M. Cerbak, Deputy Minister of Health

**Delegates**

Dr M. Somol, Ambassador, Permanent Representative, Geneva

Dr L. Romanovska, Director, International Relations Department, Ministry of Health

**Alternates**

Mr I. Pinter, Ministry of Foreign Affairs

Mr P. Skoda, Second Secretary, Permanent Mission, Geneva

**DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA**

**Chief delegate**

Mr R. Tcheul, Ambassador, Permanent Representative, Geneva

**Delegates**

Mr H. Song O, Expert, International Organizations Department, Ministry of Foreign Affairs

Mr R. T. Gun, Counsellor, Permanent Mission, Geneva

**Alternate**

Mr S. Chol

First Secretary, Permanent Mission, Geneva

**Adviser**

Dr J. Bong Ju, Senior Officer, Ministry of Public Health

**DENMARK**

**Chief delegate**

Mr I. Valsborg, Permanent Secretary, Ministry of Health

(Chief delegate from 5 to 7 May)

(Chef de délégation du 5 au 7 mai)

**Delegates**

Ms E. Vinding, Deputy Director-General, National Board of Health

Ms M. Lauridsen, Director of International Affairs, Ministry of Health

(Chief delegate from 8 to 9 May)

(Chef de délégation du 8 au 9 mai)

**Alternates**

Ms M.-L. Axen, International Coordinator, Ministry of Health

(Chief delegate from 10 to 14 May)

(Chef de délégation du 10 au 14 mai)

Mr H.H. Bruun, Ambassador, Permanent Representative, Geneva

Mr O.T. Hansen, Counsellor, Permanent Mission, Geneva

**Advisers**

Mr P.H. Rasmussen, Minister Counsellor, Ministry of Foreign Affairs

Mr E. Krag, Chief Medical Officer, National Board of Health

Mr L. Pallesen, Director, Statens Seruminstitut

Mr S. Olejas, Head of Section, Ministry of Health

**DJIBOUTI**

**Chief delegate**

M. A.M. Daoud, Ministre de la Santé publique et des Affaires sociales

**Delegates**

M. A.S. Abdallah, Directeur, Services administratifs et financiers et Affaires sociales

Dr A.A. Assakaf

**DOMINICA**

**Chief delegate**

Mrs D. Paul, Minister of Health

**Delegates**

Mr R. Lakschin, Chargé d'Affaires, Permanent Mission, Genève

Dr R. Nasiro, Chief Medical Adviser, Ministry of Health

**DOMINICAN REPUBLIC**

**Chief delegate**

Dr. E. Vásquez, Secretario de Estado de Salud Pública

**Delegates**

Sra. A. Bonetti Herrera, Embajadora, Representante Permanente, Ginebra

Sr. B. Marte

**Alternate**

Sr. O. Alonso

**ECUADOR**

**Chief delegate**

Sr. A. Rodas, Ministro, Encargado de Negocios a.i., Misión Permanente, Ginebra

**Delegates**

Sr. G. Ortega, Primer Secretario, Misión Permanente, Ginebra

Sra. D. Barragán



**EGYPT****Chief delegate**

Professor I. Sallam, Minister of Health and Population

**Deputy chief delegate**

Dr M. Zahran, Ambassador, Permanent Representative, Geneva

**Delegate**

Dr A. Badran, Adviser to the Ministry of Health

**Alternates**

Dr M. El Shafie, Under-Secretary for Family Planning and Population, Ministry of Health and Population

Dr W.A.R. Anwar, Adviser to Minister of Health and Population

Director-General, International Relations

Mr R. Bebars, Counsellor, Permanent Mission, Geneva

Dr A. El Etr, Second Secretary, Permanent Mission, Geneva

**EL SALVADOR****Chief delegate**

Sr. A.A. Kravetz, Embajador, Representante Permanente, Ginebra

**Delegates**

Dr. M.E. Angulo Samayoa, Director General de Salud, Ministerio de Salud Pública y Asistencia Social

Srta. M. Escobar, Embajadora, Representante Permanente Adjunta, Ginebra

**Alternates**

Sra. L. Alvarado-Overdiek, Consejera, Misión Permanente, Ginebra

Sr. N. Amaya Larromana, Asesor

**EQUATORIAL GUINEA****Chief delegate**

Sr. D.T. Ndong Olomo, Ministro de Sanidad y Medio Ambiente

**Delegate**

Sr. A. Sima Nnegue, Director General de Salud Pública y Planificación

**ERITREA****Chief delegate**

Dr B. Debru, Medical Officer of Southern Region of Eritrea

**Delegates**

Dr A. Tesfazion, Head, Human Resource Development, Ministry of Health

Mr B. Woldeyohannes, Consulate of Eritrea, Geneva

**ESTONIA****Chief delegate**

Mr A. Kallikorm, Head, International Relations Department, Ministry of Social Affairs

**Delegates**

Mr P. Pallum, Chargé d'Affaires a.i., Permanent Mission, Geneva

Ms J. Vanaveski, First Secretary, Permanent Mission, Geneva

**ETHIOPIA****Chief delegate**

Dr A. Ibrahim, Minister of Health

**Delegates**

Mrs A. Amaha Tesfaye, Counsellor, Permanent Mission, Geneva

Mr M. Delelegn Arega, First Secretary, Permanent Mission, Geneva

**Alternate**

Mr B. Legesse, Head, External Assistance Coordination, Project Formulation and Monitoring Team, Planning and Project Department, Ministry of Health

**FIJI****Chief delegate**

Mr L. Smith, Minister for Health and Social Welfare

**Deputy chief delegate**

Mr L. Rokovada, Permanent Secretary for Health and Social Welfare

**Delegate**

Dr N. Goneyali, Director of Hospital Services

**FINLAND****Chief delegate**

Ms S. Mönkäre, Minister of Social Affairs and Health

(Chief delegate from 5 to 6 May)

(Chef de délégation du 5 au 6 mai)

**Deputy chief delegate**

Mr B. Ekblom, Ambassador, Permanent Representative, Geneva

**Delegate**

Mr J. Eskola, Director-General, Department for Promotion and Prevention, Ministry of Social Affairs and Health

(Chief delegate from 7 to 14 May)

(Chef de délégation du 7 au 14 mai)

**Alternates**

Dr K. Leppo, Director-General, Department of Social and Health Services, Ministry of Social Affairs and Health

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Dr M. Saarinen, Senior Medical Officer, Department for Promotion and Prevention, Ministry of Social Affairs and Health

Dr T. Hermansson, Senior Medical Officer, Department of Social and Health Services, Ministry of Social Affairs and Health

Ms M. Vallimies-Patomäki, Senior Adviser, Department of Social and Health Services, Ministry of Social Affairs and Health

Ms A.M. Korpi, Director, Division for UN Affairs, Ministry for Foreign Affairs

Ms H. Rinkineva-Heikkilä, Counsellor, Permanent Mission, Geneva

Mr P. Korhonen, Assistant, Division for UN Affairs, Ministry for Foreign Affairs

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Dr J. Tuomisto, Professor, National Public Health Institute

Ms A. Milen, Director, Health and Development Cooperation Group (Hedec), National Research and Development Center for Welfare and Health

Mr J. Kivistö, Legal Counsellor, Association of Finnish Local Authorities

Ms M. Anttila, Director, The Union of Health Professionals (TEHY)

### **FRANCE**

#### **Chief delegate**

Professeur J.-F. Girard, Directeur général de la Santé

#### **Deputy chief delegate**

M. D. Bernard, Ambassadeur, Représentant permanent, Genève

#### **Delegate**

M. A. Sortais, Représentant permanent adjoint, Genève

#### **Alternates**

M. J. Prieur, Délégué pour les Affaires européennes et internationales, Ministère du Travail et des Affaires sociales

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Dr M. Jeanfrancois, Division des Relations internationales, Ministère du Travail et des Affaires sociales

M. F. Poinsot, Direction des Nations Unies et des Organisations internationales, Ministère des Affaires étrangères

M. B. Clerc, Premier Secrétaire, Mission permanente, Genève

Dr Grandjeon, Sous-Direction des Affaires sociales et de la Santé, Ministère de la Coopération

Mme J. Harari, Direction générale de la Santé, Ministère du Travail et des Affaires sociales

Dr Sixte Blanchy, Direction générale des Relations culturelles, scientifiques et techniques, Ministère du Travail et des Affaires sociales

M. O. Brasseur, Directeur du Centre international de l'Enfance et de la Famille

### **GABON**

#### **Chief delegate**

M. F. Boukoubi, Ministre de la Santé publique et de la Population

#### **Delegates**

M. E. Mba Allo, Ambassadeur, Représentant permanent, Genève

Dr Epigat, Conseiller du Ministre de la Santé publique et de la Population

#### **Alternates**

Dr S. Edzang, Directeur général de la Santé publique

Mme Angone-Abena, Conseiller, Mission permanente, Genève

M. D. Ndiaye, Premier Conseiller, Mission permanente, Genève

Dr Toung-Mve

Mme P. MOUNGUENGUI

### **GAMBIA**

#### **Chief delegate**

Mrs I. Njie-Saidy, Vice-President and Secretary of State for Health, Social Welfare and Women's Affairs

#### **Delegates**

Mr S. Samba, Permanent Secretary, Ministry of Health, Social Welfare and Women's Affairs

Dr A. Gaye, Director, Medical Services

#### **Alternate**

Mr F. Said, Chargé d'Affaires, Permanent Mission, Geneva

### **GEORGIA**

#### **Chief delegate**

Dr A. Jorbenadze, Minister of Health

#### **Delegate**

Dr A. Gamkrelidze, Deputy Minister of Health

### **GERMANY**

#### **Chief delegate**

Dr S. Bergmann-Pohl, Parliamentary State Secretary, Federal Ministry for Health

**Delegates**

Mr H. Eberle, Minister, Permanent Mission,  
Geneva  
Mr H. Voigtländer, Director, International  
Relations and Cooperation with the European  
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(Chief delegate from 8 May)  
(Chef de délégation à partir du 8 mai)

**Alternates**

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Mr W. Koschorrek, Head of Division, Budgetary  
Matters of International and Supranational  
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Dr C. Luetkens, Head of Division, Hessian  
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Dr C. Wetz, Counsellor, Permanent Mission,  
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Dr E. Aderhold, First Secretary, Permanent  
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Mrs H. Jirari, Third Secretary, Permanent Mis-  
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Mr P. Silberberg, Deputy Head of Division,  
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**Adviser**

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**GHANA****Chief delegate**

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**Deputy chief delegate**

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**Delegate**

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Dr S. Bugri, Director, Public Health Division,  
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Mr D. Adjei, Minister, Deputy Permanent  
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Mrs M. Pobee, First Secretary, Permanent  
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**GREECE****Chief delegate**

Mr C. Geitonias, Minister of Health and Welfare

**Delegates**

Mr G. Helmis, Ambassador, Permanent  
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Mr G. Papoutsakis, Director-General, Ministry of  
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**Alternates**

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Professor J. Yfantopoulos  
Professor A. Sissouras  
Mr M. Theodorou, Counsellor to the Minister of  
Health

**GRENADA****Chief delegate**

Mrs G. Duncan, Minister for Health and the  
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**Delegate**

Ms L. McPhail, Permanent Secretary, Ministry of  
Health

**GUATEMALA****Chief delegate**

Sr. M.T. Sosa Ramírez, Ministro de Salud Pública  
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**Delegates**

Sr. G. Smith, Representante de la Federación  
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**GUINEA****Chief delegate**

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**Delegates**

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Ministère de la Santé publique  
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**Delegates**

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M. A.P. Gomes, Chef de cabinet

**HAITI****Chief delegate**

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**Delegates**

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**Alternate**

M. H.R. Seide

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Poblacionales

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**Delegate**

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Mr I. Varga, First Secretary, Permanent Mission,  
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**ICELAND****Chief delegate**

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Ministry of Health and Social Security

**Deputy chief delegate**

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Security

**Delegate**

Mr B. Jónsson, Ambassador, Permanent  
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**Alternates**

Mr Ó. Ólafsson, Director-General of Public  
Health  
Mr I. Einarsson, Director of Planning and  
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Security  
Mr H. Ólafsson, Minister Counsellor, Deputy  
Permanent Representative, Geneva  
Ms V. Ingólfssdóttir, Chief Nurse, Directorate of  
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Mr G.B. Helgason, First Secretary, Permanent  
Mission, Geneva

**INDIA****Chief delegate**

Mr Saleem I. Shervani, Union Minister of State  
for Health and Family Welfare

**Deputy chief delegate**

Mr P.P. Chauhan, Secretary, Ministry of Health  
and Family Welfare

**Delegate**

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Representative, Geneva

**Alternates**

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Services  
Mrs R.S. Dhar, Joint Secretary, Ministry of  
Health and Family Welfare  
Mr H.K. Singh, Deputy Permanent  
Representative, Geneva  
Mr R. Shahare, First Secretary, Permanent  
Mission, Geneva  
Mr A.K. Bhalla, Private Secretary to the Union  
Minister of State for Health and Family  
Welfare

**INDONESIA****Chief delegate**

Professor Sujudi, Minister of Health

**Deputy chief delegate**

Mr A. Tarmidzi, Ambassador, Permanent  
Representative, Geneva

**Delegate**

Mrs S.B.A. Syahrudin, Deputy Permanent  
Representative, Geneva

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Health, Department of Health

Dr H.N. Abednego, Director-General of Communicable Diseases Control, Department of Health  
 Dr B. Wasisto, Senior Adviser to the Minister of Health on Epidemiology, Department of Health  
 Dr D.S. Argadiredja, Head, Bureau of Planning, Department of Health

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 Mr E. Pratomo, First Secretary, Permanent Mission, Geneva  
 Ms D.H. Moehario, First Secretary, Permanent Mission, Geneva  
 Mr A.H. Ugroseno, Official, Directorate for International Organizations, Department of Foreign Affairs  
 Mrs R. Tahar, Third Secretary, Permanent Mission, Geneva  
 Mr Darodjatun, President Director, Biofarma Public Corporation, Bandung  
 Dr S. Roesma, President Director, Health Insurance Public Corporation

### **IRAN (ISLAMIC REPUBLIC OF)**

#### **Chief delegate**

Dr A. Marandi, Minister of Health and Medical Education

#### **Delegates**

Mr S. Nasser, Ambassador, Permanent Representative, Geneva  
 Dr M. Behnia, Health Committee Member, The Islamic Consultative Assembly

#### **Alternates**

Mr B. Ziaran, Ambassador, Deputy Permanent Representative, Geneva  
 Dr M.E. Akbari, Deputy Minister for Health Affairs, Ministry of Health and Medical Education  
 Mr H. Soleymanpour, Ambassador, Deputy Permanent Representative, Geneva  
 Dr S.R. Hady Zargharbashi, Director, Department for International Specialized Agencies, Ministry of Foreign Affairs  
 Dr M.H. Nicknam, Director-General, Public Relations and International Affairs Department, Ministry of Health and Medical Education  
 Dr A.A. Farshad, Director-General, Occupational and Environmental Health Department, Ministry of Health and Medical Education  
 Dr S.A. Ghoshehghir, Director-General for Control of Diseases, Ministry of Health

#### **Advisers**

Dr R. Dinarvand, Acting Deputy Minister for Treatment and Pharmaceutical Affairs, Ministry of Health and Medical Education  
 Mr H.M. Maybodi, Second Secretary, Permanent Mission, Geneva  
 Mr H. Moeini, Second Secretary, Permanent Mission, Geneva  
 Mr K.S. Pargou, Expert, Ministry of Foreign Affairs

### **IRAQ**

#### **Chief delegate**

Dr O.M. Mubarak, Minister of Health

#### **Delegates**

Dr N.H. Ali, Director-General of Health Education and Planning Directorate, Ministry of Health  
 Mr K. Al-Khero, First Secretary, Permanent Mission, Geneva

### **IRELAND**

#### **Chief delegate**

Mr J. Hurley, Secretary, Public Service Management and Development, Department of Finance

#### **Delegates**

Ms A. Anderson, Ambassador, Permanent Representative, Geneva  
 Dr J. Kiely, Deputy Chief Medical Officer, Department of Health

#### **Alternates**

Mr J. Cregan, Principal, Department of Health  
 Mr D. Denham, Deputy Permanent Representative, Geneva  
 Ms N. O'Sullivan, Assistant Principal Officer, Department of Health  
 Mr P. Drury, Permanent Mission, Geneva  
 Ms C. Kinsella, Permanent Mission, Geneva

### **ISRAEL**

#### **Chief delegate**

Mr J. Matza, Minister of Health

#### **Delegates**

Mr Y. Lamdan, Ambassador, Permanent Representative, Geneva  
 Mrs P. Herzog, Senior Adviser, Ministry of Health

#### **Alternates**

Mr G. Koren, Counsellor, Permanent Mission, Geneva  
 Dr A. Leventhal, Head, Public Health Services, Ministry of Health

Dr Y. Sever, Director, General Medicine Division, Ministry of Health  
 Mr Y. Amikam, Deputy Director for Information and External Relations, Ministry of Health  
 Mr U. Manor, Director, International Organizations Division, Ministry of Foreign Affairs  
 Mrs T. Weinstein, Director, Office of the Minister of Health  
 Mr E. Peleg, Second Secretary, Permanent Mission, Geneva  
 Mr T. Rimon, Adviser, Permanent Mission, Geneva  
 Professor B. Reger, Head of Scientific Division, Ministry of Health  
 Professor M. Silberman, Ministry of Health  
 Mrs R. Matza  
**Adviser**  
 Mr N. Yarimi

### ITALY

#### Chief delegate

Mme R. Bindi, Ministre de la Santé

#### Deputy chief delegate

M. G. Baldocci, Ambassadeur, Représentant permanent, Genève

#### Delegate

Mme M. Di Gennaro, Secrétaire général du Conseil supérieur de la Santé

#### Alternates

Dr G. Majori, Directeur du Laboratoire de Parasitologie, Institut supérieur de la Santé  
 Dr F. Cicogna, Bureau des Relations internationales, Ministère de la Santé  
 M. E. Rocco, Ministère de la Santé  
 M. M. Leggeri, Coordonnateur de la Coopération multilatérale, Ministère des Affaires étrangères  
 M. G. Schiavoni, Premier Conseiller, Mission permanente, Genève

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 M. S. Bianchi, Ministère des Affaires étrangères  
 Mme B. Schiavo, Ministère des Affaires étrangères

### JAMAICA

#### Chief delegate

Dr P. Phillips, Minister of Health

#### Delegates

Mr K.G.A. Hill, Ambassador, Permanent Representative, Geneva  
 Mr G. Briggs, Permanent Secretary, Ministry of Health

#### Alternates

Dr B. Wint, Chief Medical Officer, Ministry of Health  
 Miss M. Thomas, Minister Counsellor, Permanent Mission, Geneva  
 Mr T. Pinnock, Third Secretary, Permanent Mission, Geneva

### JAPAN

#### Chief delegate

Mr N. Akao, Ambassador, Permanent Representative, Geneva

#### Delegate

Mr T. Yamaguchi, Vice-Minister, Ministry of Health and Welfare

#### Alternates

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 Mr Y. Mine, Minister, Permanent Mission, Geneva  
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# **JORDAN**

## **Chief delegate**

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## **Delegates**

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Mr A.-M. Najada, First Secretary, Permanent  
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# **KAZAKSTAN**

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## **Delegates**

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Mr B.D. Utemuratov, Ambassador, Permanent  
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Mrs N.A. Kayupova, Chairman of the Council on  
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Mr A. Volkov  
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## **Chief delegate**

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## **Deputy chief delegate**

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## **Delegate**

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Mr A.K. Chepsiror, Counsellor, Permanent  
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Mr J.E. Rarieya, Executive Officer, Ministry of  
Health

# **KIRIBATI**

## **Chief delegate**

Mr K. Tekee, Minister of Health and Family  
Planning

## **Delegate**

Dr T. Taitai, Secretary of Health and Family  
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# **KUWAIT**

## **Chief delegate**

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## **Delegates**

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Dr A.R. Al-Awadi, President, Islamic  
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Dr J.S. Dawood, Chief, Preventive Medicine  
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Mr S.S.Y. Yousef, Secretary to the Minister of  
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Mr M. Al-Essa, Third Secretary, Permanent  
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# **KYRGYZSTAN**

## **Chief delegate**

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## **Delegates**

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Department, Ministry of Health

# **LAO PEOPLE'S DEMOCRATIC REPUBLIC**

## **Chief delegate**

Dr D. Vongsack, Vice-Ministre de la Santé  
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## **Delegate**

Dr B. Bouphe, Président du Conseil des Sciences  
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**LEBANON****Chief delegate**

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**LESOTHO****Chief delegate**

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**Delegates**

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Dr N. Mapetla

**Alternates**

Mrs M. Makhakhe

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**LIBERIA****Chief delegate**

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**Delegate**

Mrs N. Damachi

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**Delegate**

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**LUXEMBOURG****Chief delegate**

M. J. Lahure, Ministre de la Santé

(Chief delegate on 6 May)

(Chef de délégation le 6 mai)

**Deputy chief delegate**

Mme A. Schleder-Leuck, Conseiller de Direction, Ministère de la Santé

**Delegate**

Dr D. Hansen-Koenig, Directeur de la Santé

(Chief delegate on 5 May and from 7 to 14 May)

(Chef de délégation le 5 mai et du 7 au 14 mai)

**Alternates**

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M. P. Duhr, Représentant permanent adjoint, Genève

**MADAGASCAR****Chief delegate**

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**Deputy chief delegate**

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Dr W.O.O. Sangala, Chief of Health Services, Ministry of Health and Population

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Mr A.F. Kalima, Under-Secretary, Ministry of Health and Population



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**Deputy chief delegate**

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**Delegate**

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**Deputy chief delegate**

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M. M. Sidibe, Ministre de la Santé, de la Solidarité et des Personnes âgées

**Delegates**

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**MAURITANIA****Chief delegate**

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**Delegates**

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Dr K. Hagestad, Chief County Medical Officer

Dr A. Skulberg, Medical Adviser

Dr H.P. Aarseth, President, Norwegian Medical  
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Mrs L. Dāvøy, President, Norwegian Nurses  
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Mrs T. Stangnes, President, Norwegian Associa-  
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Mr S.M.O. Al Nabhani, Director-General of  
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Mr H. Al-Gazali, First Secretary, Permanent  
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**Delegate**

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**PANAMA****Chief delegate**

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### **PERU**

#### **Chief delegate**

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#### **Delegates**

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Sr. J. Paulinich, Ministro, Representante Permanente Alterno, Ginebra

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#### **Deputy chief delegate**

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#### **Delegate**

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### **POLAND**

#### **Chief delegate**

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#### **Deputy chief delegate**

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#### **Delegate**

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### **PORTUGAL**

#### **Chief delegate**

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#### **Delegate**

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Professeur J. Torgal, Sous-Directeur général de la Santé

Professeur J.M. Caldeira da Silva, Directeur de l'Ecole nationale de Santé publique

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Mme D. Rogeiro Cruz, Chef des Services administratifs de la Coopération internationale, Département d'Etudes et de la Planification de la Santé

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### **QATAR**

#### **Chief delegate**

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#### **Delegates**

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### **REPUBLIC OF KOREA**

#### **Chief delegate**

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#### **Deputy chief delegate**

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**Delegate**

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**REPUBLIC OF MOLDOVA****Delegate**

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**ROMANIA****Chief delegate**

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**Deputy chief delegate**

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**SAINT KITTS AND NEVIS****Chief delegate**

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**SAINT VINCENT AND THE GRENADINES****Delegate**

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**SAMOA****Chief delegate**

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**Deputy chief delegate**

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**SAN MARINO****Chief delegate**

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