WORLD HEALTH ORGANIZATION

FIFTY-EIGHTH WORLD HEALTH ASSEMBLY **(Draft) A58/59**
24 May 2005

Third report of Committee B

(Draft)

Committee B held its sixth and seventh meetings on 23 May under the chairmanship of Dr Md. Abdur Rahman Khan (Bangladesh).

It was decided to recommend to the Fifty-eighth World Health Assembly the adoption of the attached resolutions relating to the following agenda items:

17. Financial matters

17.1 Unaudited interim financial report on the accounts of WHO for 2004 and comments thereon made by the Programme, Budget and Administration Committee

One resolution entitled:

– Unaudited interim financial report on the accounts of WHO for 2004

17.4 Assessments for 2006-2007

One resolution, as amended

17.6 Amendments to the Financial Regulations and Financial Rules

One resolution

18. Real Estate Fund

One resolution

13. Technical and health matters

13.12 Cancer prevention and control

One resolution, as amended

13.13 Disability, including prevention, management and rehabilitation

One resolution, as amended

Agenda item 17.1

Unaudited interim financial report on the accounts of WHO for 2004

The Fifty-eighth World Health Assembly,

Having examined the Unaudited interim financial report for the year 2004;[1]

Having noted the first report of the Programme, Budget and Administration Committee of the Executive Board to the Fifty-eighth World Health Assembly,[2]

ACCEPTS the Director-General's Unaudited interim financial report for the year 2004.

[1] Documents A58/26 and A58/26 Add.1.

[2] Document A58/27.

Agenda item 17.4

Assessments for 2006-2007

The Fifty-eighth World Health Assembly,

Having considered the report of the Director-General,[1]

ADOPTS the scale of assessments of Members for the biennium 2006-2007, reflecting the latest available United Nations scale, as set out below:

Members and Associate Members	WHO scale for 2006-2007
	%
Afghanistan	0.00200
Albania	0.00500
Algeria	0.07600
Andorra	0.00500
Angola	0.00100
Antigua and Barbuda	0.00300
Argentina	0.95600
Armenia	0.00200
Australia	1.59200
Austria	0.85900
Azerbaijan	0.00500
Bahamas	0.01300
Bahrain	0.03000
Bangladesh	0.01000
Barbados	0.01000
Belarus	0.01800
Belgium	1.06900
Belize	0.00100
Benin	0.00200
Bhutan	0.00100
Bolivia	0.00900
Bosnia and Herzegovina	0.00300
Botswana	0.01200
Brazil	1.52300
Brunei Darussalam	0.03400
Bulgaria	0.01700
Burkina Faso	0.00200
Burundi	0.00100
Cambodia	0.00200
Cameroon	0.00800

[1] Document A58/30.

Members and Associate Members	WHO scale for 2006-2007 %
Canada	2.81300
Cape Verde	0.00100
Central African Republic	0.00100
Chad	0.00100
Chile	0.22300
China	2.05300
Colombia	0.15500
Comoros	0.00100
Congo	0.00100
Cook Islands	0.00100
Costa Rica	0.03000
Côte d'Ivoire	0.01000
Croatia	0.03700
Cuba	0.04300
Cyprus	0.03900
Czech Republic	0.18300
Democratic People's Republic of Korea	0.01000
Democratic Republic of the Congo	0.00300
Denmark	0.71800
Djibouti	0.00100
Dominica	0.00100
Dominican Republic	0.03500
Ecuador	0.01900
Egypt	0.12000
El Salvador	0.02200
Equatorial Guinea	0.00200
Eritrea	0.00100
Estonia	0.01200
Ethiopia	0.00400
Fiji	0.00400
Finland	0.53300
France	6.03010
Gabon	0.00900
Gambia	0.00100
Georgia	0.00300
Germany	8.66230
Ghana	0.00400
Greece	0.53000
Grenada	0.00100
Guatemala	0.03000
Guinea	0.00300
Guinea-Bissau	0.00100
Guyana	0.00100
Haiti	0.00300
Honduras	0.00500
Hungary	0.12600
Iceland	0.03400

Members and Associate Members	WHO scale for 2006-2007 %
India	0.42100
Indonesia	0.14200
Iran (Islamic Republic of)	0.15700
Iraq	0.01600
Ireland	0.35000
Israel	0.46700
Italy	4.88510
Jamaica	0.00800
Japan	19.46830
Jordan	0.01100
Kazakhstan	0.02500
Kenya	0.00900
Kiribati	0.00100
Kuwait	0.16200
Kyrgyzstan	0.00100
Lao People's Democratic Republic	0.00100
Latvia	0.01500
Lebanon	0.02400
Lesotho	0.00100
Liberia	0.00100
Libyan Arab Jamahiriya	0.13200
Lithuania	0.02400
Luxembourg	0.07700
Madagascar	0.00300
Malawi	0.00100
Malaysia	0.20300
Maldives	0.00100
Mali	0.00200
Malta	0.01400
Marshall Islands	0.00100
Mauritania	0.00100
Mauritius	0.01100
Mexico	1.88300
Micronesia (Federated States of)	0.00100
Monaco	0.00300
Mongolia	0.00100
Morocco	0.04700
Mozambique	0.00100
Myanmar	0.01000
Namibia	0.00600
Nauru	0.00100
Nepal	0.00400
Netherlands	1.69000
New Zealand	0.22100
Nicaragua	0.00100
Niger	0.00100
Nigeria	0.04200

Members and Associate Members	WHO scale for 2006-2007 %
Niue	0.00100
Norway	0.67900
Oman	0.07000
Pakistan	0.05500
Palau	0.00100
Panama	0.01900
Papua New Guinea	0.00300
Paraguay	0.01200
Peru	0.09200
Philippines	0.09500
Poland	0.46100
Portugal	0.47000
Puerto Rico	0.00100
Qatar	0.06400
Republic of Korea	1.79600
Republic of Moldova	0.00100
Romania	0.06000
Russian Federation	1.10000
Rwanda	0.00100
Saint Kitts and Nevis	0.00100
Saint Lucia	0.00200
Saint Vincent and the Grenadines	0.00100
Samoa	0.00100
San Marino	0.00300
Sao Tome and Principe	0.00100
Saudi Arabia	0.71300
Senegal	0.00500
Serbia and Montenegro	0.01900
Seychelles	0.00200
Sierra Leone	0.00100
Singapore	0.38800
Slovakia	0.05100
Slovenia	0.08200
Solomon Islands	0.00100
Somalia	0.00100
South Africa	0.29200
Spain	2.52000
Sri Lanka	0.01700
Sudan	0.00800
Suriname	0.00100
Swaziland	0.00200
Sweden	0.99800
Switzerland	1.19700
Syrian Arab Republic	0.03800
Tajikistan	0.00100
Thailand	0.00600
The former Yugoslav Republic of Macedonia	0.00100

Members and Associate Members		WHO scale for 2006-2007
		%
Timor-Leste		0.00100
Togo		0.00100
Tonga		0.00100
Trinidad and Tobago		0.02200
Tunisia		0.03200
Turkey		0.37200
Turkmenistan		0.00500
Tuvalu		0.00100
Uganda		0.00600
Ukraine		0.03900
United Arab Emirates		0.23500
United Kingdom of Great Britain and Northern Ireland		6.12720
United Republic of Tanzania		0.00600
United States of America		22.00000
Uruguay		0.04800
Uzbekistan		0.01400
Vanuatu		0.00100
Venezuela (Bolivarian Republic of)		0.17100
Viet Nam		0.02100
Yemen		0.00600
Zambia		0.00200
Zimbabwe		0.00700
	Total	100.00000

Agenda item 17.6

Amendments to the Financial Regulations and Financial Rules

The Fifty-eighth World Health Assembly,

Having considered the report on amendments to the Financial Regulations,[1]

1. APPROVES the changes to the Financial Regulations as shown in Annex 1 of the report, to be effective as from 1 January 2006;

2. AUTHORIZES, as a transitional measure, that at the end of the financial period 2006-2007 any unliquidated obligations from the financial period 2004-2005 shall be cancelled and credited to Miscellaneous Income.

[1] Document A58/32.

Agenda item 18

Real Estate Fund

The Fifty-eighth World Health Assembly,

Having considered the report of the Director-General on the use of the Real Estate Fund for the construction of offices of WHO Representatives in the Eastern Mediterranean Region;[1]

Noting that it is proving difficult to find suitable accommodation for the offices of the WHO Representatives in certain countries in the Eastern Mediterranean Region at a reasonable cost that are secure, are safe and allow staff to work together effectively,

1. EXPRESSES its appreciation to the governments that have made available land in their countries and to those that have pledged cash to assist in the construction of offices of WHO Representatives;

2. AUTHORIZES the Director-General:

(1) to proceed with the retrofitting or the construction of suitable accommodation for offices of the WHO Representatives in Iraq, Jordan and Tunisia;

(2) to use the amount of US$ 1.5 million planned in the Proposed programme budget 2006-2007 under Real Estate Fund for the Eastern Mediterranean Region to contribute towards the retrofitting, or the construction, of suitable accommodation for offices of the WHO Representatives in Iraq, Jordan and Tunisia.

[1] Document A58/33.

Agenda item 13.12

Cancer prevention and control

The Fifty-eighth World Health Assembly,

Having examined the report on the prevention and control of cancer;

Recalling resolutions WHA51.18 and WHA53.17 on the prevention and control of noncommunicable diseases, WHA57.17 on the Global Strategy on Diet, Physical Activity and Health, WHA56.1 on tobacco control, and WHA57.12 on the reproductive health strategy, including control of cervical cancer, and WHA57.16 on health promotion and healthy lifestyles;

Recognizing the suffering of cancer patients and their families and the extent to which cancer threatens development when it affects economically active members of society;

Alarmed by the rising trends of cancer risk-factors, the number of new cancer cases, and cancer morbidity and mortality worldwide, in particular in developing countries;

Recognizing that many of these cases of cancer and deaths could be prevented, and that the provision of palliative care for all individuals in need is an urgent, humanitarian responsibility;

Recognizing that the technology for diagnosis and treatment of cancer is mature and that many cases of cancer may be cured, especially if detected earlier;

Recognizing that tobacco use is the world's most avoidable cause of cancer and that control measures, such as legislation, education, promotion of smoke-free environments, and treatment of tobacco dependence, can be effectively applied in all resource settings;

Recognizing that among all cancer sites cervical cancer, causing 11% of all cancer deaths in women in developing countries, has one of the greatest potential for early detection and cure, that cost-effective interventions for early detection are available and not yet widely used, and that the control of cervical cancer will contribute to the attainment of international development goals and targets related to reproductive health;

Recognizing the value of multidisciplinary management and the importance of surgery, radiotherapy, chemotherapy, palliative care and other approaches in the treatment of cancer;

Recognizing the contribution of IARC, over 40 years, to research on cancer etiology and prevention, providing evidence on global cancer prevalence and incidence, the causes of cancer, mechanisms of carcinogenesis, and effective strategies for cancer prevention and early detection;

Mindful of the need for careful planning and priority-setting in the use of resources in order to undertake effective activities to reduce the cancer burden;

Recognizing the importance of adequate funding for cancer prevention, control and palliative-care programmes, especially in developing countries;

Encouraged by the prospects offered by partnerships with international and national organizations within the Global Alliance for Cancer Control, and other bodies such as patient organizations;

Recognizing the support given by IAEA to combat cancer, and welcoming the initiative of the Agency to establish the Programme of Action for Cancer Therapy, and research efforts of national cancer institutes in various Member States,

1. URGES Member States:

(1) to collaborate with the Organization in developing and reinforcing comprehensive cancer control programmes tailored to the socioeconomic context, and aimed at reducing cancer incidence and mortality and improving the quality of life of cancer patients and their families, specifically through the systematic, stepwise and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment, rehabilitation and palliative care, and to evaluate the impact of implementing such programmes;

(2) to set priorities based on national burden of cancer, resource availability and health system capacity for cancer prevention, control and palliative-care programmes;

(3) to integrate national cancer-control programmes in existing health systems that set out outcome-oriented and measurable goals and objectives for the short, medium and long term, as recommended in the Annex to the present resolution, to identify evidence-based, sustainable actions across the continuum of care, and to make the best use of resources to the benefit of the entire population by emphasizing the effective role of primary health care in promoting prevention strategies;

(4) to encourage and to frame policies for strengthening and maintaining technical equipment for diagnosis and treatment of cancer in hospitals providing oncology and other relevant services;

(5) to pay special attention to cancers for which avoidable exposure is a factor, particularly exposure to chemicals and tobacco smoke in the workplace and the environment, certain infectious agents, and ionizing and solar radiation;

(6) to encourage the scientific research necessary to increase knowledge about the burden and causes of human cancer, giving priority to tumours, such as cervical and oral cancer, that have a high incidence in low-resource settings and are amenable to cost-effective interventions;

(7) to give priority also to research on cancer prevention, early detection and management strategies, including, where appropriate, traditional medicines and therapies, including for palliative care;

(8) to consider an approach in the planning, implementation and evaluation phases of cancer control that involves all key stakeholders representing governmental, nongovernmental and community-based organizations, including those representing patients and their families;

(9) to ensure access to appropriate information in relation to preventive, diagnostic and treatment procedures and options, especially by cancer patients, and to palliative-care;

(10) to develop appropriate information systems, including outcome and process indicators, that support planning, monitoring and evaluation of cancer prevention, control and palliative-care programmes;

(11) to assess periodically the performance of cancer prevention and control programmes, allowing countries to improve the effectiveness and efficiency of their programmes;

(12) to participate actively in implementing WHO's integrated health promotion and prevention strategies targeting risk factors for noncommunicable diseases, including cancer, such as tobacco use, unhealthy diet, harmful use of alcohol and exposure to biological, chemical and physical agents known to cause cancer, and to consider signing, ratifying, accepting, approving, formally confirming or acceding to the WHO Framework Convention on Tobacco Control;

(13) to improve access to appropriate technologies, with support from WHO, for the diagnosis and treatment of cancer, in order to promote its early diagnosis and treatment, especially in developing countries;

(14) to determine cost-effective minimum standards, adapted to local situations, for cancer treatment and palliative care that use WHO's strategies for nationwide provision of essential drugs, technologies, diagnostics and vaccines, taking into consideration in the case of palliative care the recommendations of the Second Global Summit of National Hospice and Palliative Care Associations (Seoul 2005);

(15) to ensure the medical availability of opioid analgesics according to international treaties and recommendations of WHO and the International Narcotics Control Board and subject to an efficient monitoring and control system;

(16) to ensure, where appropriate, the documented, scientific, evidence-based safety and efficacy of available traditional medicines and therapies;

(17) to develop and strengthen health system infrastructure, particularly related to human resources for health, in order to build adequate capacity for effective implementation of cancer prevention and control programmes, including a cancer registry system;

(18) to accord high priority to cancer control planning and implementation for high-risk groups, including relatives of patients and those having experienced long-duration and high-intensity carcinogen exposure;

2. REQUESTS the Director-General:

(1) to develop WHO's work and capacity in cancer prevention and control and to promote effective, comprehensive cancer prevention and control strategies in the context of the global strategy for the prevention and control of noncommunicable diseases, the Global Strategy on Diet, Physical Activity and Health, and resolution WHA57.16 on health promotion and healthy lifestyles, with special emphasis on less developed countries;

(2) to provide technical support to Member States in setting priorities for cancer prevention, control and palliative-care programmes;

(3) to strengthen WHO's involvement in international partnerships and collaboration with Member States, other bodies of the United Nations system and actors from a wide variety of related sectors and disciplines in order to advocate, mobilize resources, and build capacity for a comprehensive approach to cancer control;

(4) to continue developing WHO's strategy for the formulation and refinement of cancer prevention and control programmes by collecting, analysing and disseminating national experiences in that regard, and providing appropriate guidance, upon request, to Member States;

(5) to contribute to drawing up recommendations on early diagnosis of cancer, especially in order to define and reach the target populations that should benefit from such diagnosis;

(6) to consider allocating additional resources so that the knowledge provided by research is translated into effective and efficient public-health measures for cancer prevention and control;

(7) to promote research on cost-effectiveness studies on different strategies for prevention and management of various cancers;

(8) to promote and support research that evaluates low-cost interventions that are affordable and sustainable in low-income countries;

(9) to promote research on development of an effective vaccine against cervical cancer;

(10) to support the further development and expansion of a research agenda in IARC and other bodies that is appropriate to the framing of integrated policies and strategies for cancer control and to promote and support technical and medical programmes in cancer treatment;

(11) to promote guiding principles on palliative care for cancer patients, including ethical aspects;

(12) to provide adequate resources and leadership support to the International Programme on Chemical Safety for its active role in international multisectoral mechanisms for chemical safety, including support for capacity building in chemical safety at country level;

(13) to support and strengthen mechanisms to transfer to developing countries technical expertise on cancer prevention and control, including surveillance, screening and research;

(14) to advise Member States, especially the developing countries, on development or maintenance of a national cancer registry containing the type, location of the cancer and its geographical distribution;

(15) to collaborate with Member States in their efforts to establish national cancer institutes;

(16) to explore appropriate mechanisms for adequately funding cancer prevention, control and palliative-care programmes, especially in developing countries;

(17) to explore the feasibility of initiating the development of a joint programme between WHO and IAEA for cancer prevention, control, treatment and research;

(18) to examine jointly with the International Narcotics Control Board the feasibility of a possible assistance mechanism that would facilitate the adequate treatment of pain using opioid analgesics;

(19) to explore all opportunities to improve the accessibility, affordability and availability of chemotherapy drugs, particularly in developing countries, for the treatment of HIV/AIDS-related cancers;

(20) to report regularly on the implementation of this resolution to the Health Assembly.

ANNEX

NATIONAL CANCER CONTROL PROGRAMMES: RECOMMENDATIONS FOR OUTCOME-ORIENTED OBJECTIVES

National health authorities may wish to consider the following outcome-oriented objectives for their cancer control programmes, according to type of cancer:

- preventable tumours (such as those of lung, colon, rectum, skin and liver): to avoid and reduce exposure to risk factors (such as tobacco use, unhealthy diets, harmful use of alcohol, sedentariness, excess exposure to sunlight, infectious agents, including hepatitis B virus and liver fluke, and occupational exposures), thus limiting cancer incidence;

- cancers amenable to early detection and treatment (such as oral, cervical, breast and prostate cancers): to reduce late presentation and ensure appropriate treatment, in order to increase survival, reduce mortality and improve quality of life;

- disseminated cancers that have potential of being cured or the patients' lives prolonged considerably (such as acute leukaemia in childhood): to provide appropriate care in order to increase survival, reduce mortality and improve quality of life;

- advanced cancers: to enhance relief from pain and other symptoms and improve quality of life of patients and their families.

Agenda item 13.13

Disability, including prevention, management and rehabilitation

The Fifty-eighth World Health Assembly,

Having considered the report on disability, including management and rehabilitation;[1]

Noting that about 600 million people live with disabilities of various types;

Aware of the global magnitude of the health and rehabilitation needs of persons with disabilities and the cost of their exclusion from society;

Concerned by the rapid increase in the number of persons with disabilities as a result of population growth, growth of the ageing population, chronic conditions, malnutrition, those injured by land mines, war, violence, especially domestic violence, AIDS, environmental degradation, road-traffic, domestic injuries, injuries caused by games and occupational injuries, and other causes often related to poverty;

Stressing that 80% of people with disabilities, particularly in the child population, live in low-income countries and that poverty further limits access to basic health services, including rehabilitation services;

Recognizing that people with disabilities are important contributors to society and that allocating resources to their rehabilitation is an investment;

Recognizing the importance of reliable information on various aspects of disability prevention, rehabilitation and care, and the need to invest in health and rehabilitation services required to ensure equality of opportunities and good quality of life for persons with disabilities;

Recalling the United Nations' Standard Rules on the Equalization of Opportunities for Persons with Disabilities;[2]

Recalling the International Classification of Functioning, Disability, and Health (ICF) officially endorsed at the Fifty-fourth World Health Assembly in 2001;

Recalling also the United Nations World Programme of Action concerning Disabled Persons,[3] indicating inter alia that the sphere of responsibility of WHO includes disability prevention and medical rehabilitation;

---

[1] Document A58/17.

[2] Adopted by United Nations General Assembly resolution 48/96.

[3] United Nations General Assembly resolution 37/52.

Noting the African Decade of Disabled Persons (2000-2009), the Asian and Pacific Decade of Disabled Persons (1993-2002), the New Asian Pacific Decade of Disabled Persons (2003-2012) and the European Year of People with Disabilities (2003);

Recalling the United Nations General Assembly resolutions 56/168 of 19 December 2001, 57/229 of 18 December 2002, and 58/246 of 23 December 2003;

Mindful that the internationally agreed upon development goals as contained in the United Nations Millennium Declaration would not be achieved without addressing issues related to the health and rehabilitation of persons with disabilities;

Recognizing the importance of the early conclusion of the United Nations comprehensive and integral international convention on protection and promotion of the rights and dignity of persons with disabilities;[1]

1. URGES Member States:

(1) to strengthen national programmes, policies and strategies for the implementation of the United Nations' Standard Rules on the Equalization of Opportunities for Persons with Disabilities;

(2) to increase awareness of the public at large of the importance of the issue of disability and to coordinate efforts of all sectors of society to participate in disability prevention activities;

(3) to develop their knowledge base with a view to promoting and protecting the rights and dignity of persons with disabilities and ensure their full inclusion in society, particularly by encouraging training and protecting employment;

(4) to take all necessary steps for the reduction of risk factors contributing to disabilities during pregnancy and childhood;

(5) to promote early intervention and identification of disability, especially during pregnancy and for children, and full physical, informational, and economic accessibility in all spheres of life, including to health and rehabilitation services, in order to ensure full participation and equality of persons with disabilities;

(6) to implement, as appropriate, family counselling programmes including premarital confidential testing for diseases such as anaemia and thalassemia along with prevention counselling for intra-family marriages;

(7) to promote and strengthen community-based rehabilitation programmes linked to primary health care and integrated in the health system;

(8) to facilitate access to appropriate assistive technology and to promote its development and other means that encourage the inclusion of persons with disabilities in society;

[1] United Nations General Assembly resolution 56/168.

(9) to include a disability component in their health policies and programmes, in particular in the areas of child and adolescent health, sexual and reproductive health, mental health, ageing, HIV/AIDS, and chronic conditions such as diabetes mellitus, cardiovascular diseases and cancer;

(10) to coordinate policies and programmes on disability with those on ageing where appropriate;

(11) to ensure gender equality in all measures, with special attention to women and girls with disabilities, often subject to social, cultural and economic disadvantages;

(12) to participate actively and constructively in the preparatory work for the United Nations comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities,[1] in order that it may be adopted by the General Assembly as a matter of priority;

(13) to investigate and put into practice, under their specific conditions, the most effective actions to prevent disabilities, with the participation of other sectors of the community;

(14) to ensure provision of adequate and effective medical care to people with special needs and to facilitate their access to such care including to prostheses, wheelchairs, driving aids and other devices;

(15) to research and implement the most effective measures to prevent disabilities in collaboration with communities and other sectors;

2. REQUESTS the Director-General:

(1) to intensify collaboration within the Organization in order to work towards enhancing quality of life and promoting the rights and dignity of persons with disabilities inter alia by including gender-disaggregated statistical analysis and information on disability in all areas of work;

(2) to provide support to Member States in strengthening national rehabilitation programmes and implementing the United Nations' Standard Rules on the Equalization of Opportunities for Persons with Disabilities;

(3) to support Member States in collecting more reliable data on all relevant aspects, including cost-effectiveness of interventions for disability prevention, rehabilitation and care, and in assessing potential use of available national and international resources for disability prevention, rehabilitation and care;

(4) to further strengthen collaborative work within the United Nations system and with Member States, academia, private sector, and nongovernmental organizations, including organizations of people with disabilities;

[1] United Nations General Assembly resolution 56/168.

(5) to contribute appropriately to the work of the Ad Hoc Committee responsible for preparing a United Nations comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities;

(6) to organize a meeting of experts to review the health and rehabilitation requirements of persons with disabilities;

(7) to promote studies of incidence and prevalence of disabilities as a basis for the formulation of strategies for prevention, treatment and rehabilitation;

(8) to produce a world report on disability and rehabilitation based on the best available scientific evidence;

(9) to promote a clear understanding of the contributions that people with disabilities can make to society;

(10) to support Member States in taking the necessary steps to reduce the risk factors that lead to disabilities;

(11) to report on progress in implementation of this resolution to the Sixtieth World Health Assembly, through the Executive Board.

= = =