



WORLD HEALTH ORGANIZATION

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**FIFTY-THIRD  
WORLD HEALTH ASSEMBLY**

**GENEVA, 15-20 MAY 2000**

**RESOLUTIONS AND DECISIONS  
ANNEX**

**Rec'd in CDS**

**27 SEP 2000**

**GENEVA  
2000**

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GENEVA  
2000

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## ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ACC	– Administrative Committee on Coordination	OAU	– Organization of African Unity
ACHR	– Advisory Committee on Health Research	OECD	– Organisation for Economic Co-operation and Development
ASEAN	– Association of South-East Asian Nations	PAHO	– Pan American Health Organization
CIOMS	– Council for International Organizations of Medical Sciences	UNAIDS	– Joint United Nations 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
IAEA	– International Atomic Energy Agency	UNHCR	– Office of the United Nations High Commissioner for Refugees
IARC	– International Agency for Research on Cancer	UNICEF	– United Nations Children’s Fund
ICAO	– International Civil Aviation Organization	UNIDO	– United Nations Industrial Development Organization
IFAD	– International Fund for Agricultural Development	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
ILO	– International Labour Organization (Office)	USAID	– United States Agency for International Development
IMF	– International Monetary Fund	WFP	– World Food Programme
IMO	– International Maritime Organization	WIPO	– World Intellectual Property Organization
ITU	– International Telecommunication Union	WMO	– World Meteorological Organization
		WTO	– World Trade Organization

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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 Fifty-third World Health Assembly was held at the Palais des Nations, Geneva, from 15 to 20 May 2000, in accordance with the decision of the Executive Board at its 104th session. Its proceedings are issued in three volumes, containing, in addition to other relevant material:

Resolutions and decisions, annex – document WHA53/2000/REC/1

Verbatim records of plenary meetings, list of participants – document WHA53/2000/REC/2

Summary records of committees and ministerial round tables, reports of committees – document WHA53/2000/REC/3

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  - 1.2 Election of the Committee on Nominations
  - 1.3 Reports of the Committee on Nominations
    - Election of the President
    - Election of the five Vice-Presidents, the Chairmen of the main committees, and establishment of the General Committee
  - 1.4 Adoption of the agenda and allocation of items to the main committees
2. Reports of the Executive Board on its 104th and 105th sessions
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5. [deleted]
6. Executive Board: election
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<sup>1</sup> Adopted at the second plenary meeting.



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12. Technical and health matters
  - 12.1 Stop Tuberculosis Initiative
  - 12.2 HIV/AIDS
  - 12.3 Food safety
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  - 12.7 Global Alliance for Vaccines and Immunization
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  - 12.12 Cloning in human health
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    - Financial report on the accounts of WHO for 1998-1999, report of the External Auditor, and comments thereon made on behalf of the Executive Board; report of the Internal Auditor

## AGENDA

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- Status of collection of assessed contributions, including Members in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution
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- Real Estate Fund
- Scale of assessments
- Amendments to the Financial Regulations

### 14.2 Staff development and support

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- Amendments to the Staff Regulations and Rules
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### 14.3 Amendments to the Regulations for Expert Advisory Panels and Committees

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- Participation by WHO in the 1986 Vienna Convention on the Law of Treaties between States and International Organizations or between International Organizations

## 16. Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine

## 17. Collaboration within the United Nations system and with other intergovernmental organizations

- Support to Central American countries affected by Hurricane Mitch (resolution WHA52.12)
- Health emergencies



## LIST OF DOCUMENTS

A53/1 Rev.1	Agenda <sup>1</sup>
A53/2 and Corr.1	Reports of the Executive Board on its 104th and 105th sessions
A53/3	Address by the Director-General to the Fifty-third World Health Assembly
A53/4	<i>The world health report 2000. Health systems: improving performance</i>
A53/5	Stop Tuberculosis Initiative
A53/6	HIV/AIDS
A53/7	Infant and young child nutrition
A53/8	Technical cooperation among developing countries
A53/9	Strengthening health systems in developing countries
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A53/15	Cloning in human health
A53/16	Health promotion
A53/17	Financial report and audited financial statements for the period 1 January 1998 – 31 December 1999 and Report of the External Auditor to the World Health Assembly
A53/17 Add.1	Financial report and audited financial statements for the period 1 January 1998 – 31 December 1999. Annex: Extrabudgetary resources for programme activities

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<sup>1</sup> See page vii.

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- A53/18 Financial report on the accounts of WHO for 1998-1999, report of the External Auditor, and comments thereon made on behalf of the Executive Board; report of the Internal Auditor: first report of the Administration, Budget and Finance Committee of the Executive Board to the Fifty-third World Health Assembly
- A53/19 Financial matters: Report of the Internal Auditor
- A53/20 Casual income
- A53/21 Scale of assessments
- A53/22 Amendments to the Financial Regulations<sup>1</sup>
- A53/23 Human resources: annual report
- A53/24 Appointment of representatives to the WHO Staff Pension Committee
- A53/25 Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine
- A53/26 Collaboration within the United Nations system and with other intergovernmental organizations
- A53/26 Add.1 Collaboration within the United Nations system and with other intergovernmental organizations: health emergencies
- A53/27 Smallpox eradication: temporary retention of variola virus stocks
- A53/28 Status of collection of assessed contributions, including Members in arrears 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 Fifty-third World Health Assembly
- A53/29 Amendments to the Financial Regulations: third report of the Administration, Budget and Finance Committee of the Executive Board to the Fifty-third World Health Assembly
- A53/30 Committee on Nominations: first report
- A53/31 Committee on Nominations: second report
- A53/32 Committee on Nominations: third report
- A53/33 Committee on Credentials: first report
- A53/34 Election of Members entitled to designate a person to serve on the Executive Board

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<sup>1</sup> See Annex.

## LIST OF DOCUMENTS

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A53/35	First report of Committee A
A53/36	First report of Committee B
A53/37	Second report of Committee B
A53/38	Committee on Credentials: second report
A53/39	Third report of Committee B
A53/40	Fourth report of Committee B
A53/41	Second report of Committee A

### **Information documents**

A53/INF.DOC./1	Financial Regulations: update
A53/INF.DOC./2	Infant and young child nutrition: technical consultation on infant and young child feeding
A53/INF.DOC./3	Human resources: annual report: geographical representation
A53/INF.DOC./4	Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine (annual report of the Director of Health, UNRWA)
A53/INF.DOC./5	Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine (report by the Ministry of Health of Israel)
A53/INF.DOC./6	Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine (report submitted by the Permanent Observer of Palestine to the United Nations and Other International Organizations at Geneva)
A53/INF.DOC./7	Report on the support provided by PAHO/WHO for the reconstruction and transformation process in Central America following Hurricane Mitch

### **Diverse**

A53/DIV/5	Round tables: addressing the major challenges to health systems
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## OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

### President

Dr L. AMATHILA (Namibia)

(Vice-President, Fifty-second World Health Assembly, *ex officio*).

### Vice-Presidents

Professor F. NAZIROV (Uzbekistan)  
Mr N.T. SHANMUGAM (India)  
Professor R. SMALLWOOD (Australia)  
Dr M.A. AL-JARALLAH (Kuwait)  
Dr M. AMÉDÉE-GÉDÉON (Haiti)

**Chairman:** Mr M. TELEFONI RETZLAFF  
(Samoa)

**Secretary:** Dr Gro Harlem BRUNDTLAND,  
Director-General

### General Committee

### Secretary

Dr Gro Harlem BRUNDTLAND, Director-General

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: Bosnia and Herzegovina, Burkina Faso, Canada, Cape Verde, China, Cuba, France, Germany, Ghana, Lesotho, Oman, Palau, Russian Federation, South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay.

### Committee on Credentials

The Committee on Credentials was composed of delegates of the following Member States: Barbados, Burundi, Chile, Gabon, Indonesia, Ireland, Poland, Republic of Korea, San Marino, Syrian Arab Republic, Tunisia, United Republic of Tanzania.

**Chairman:** Dr L. AMATHILA (Namibia)

**Secretary:** Dr Gro Harlem BRUNDTLAND,  
Director-General

**Chairman:** Senator P.C. GODDARD  
(Barbados)

**Vice-Chairman:** Mrs L.H. RUSTAM  
(Indonesia)

**Rapporteur:** Dr G.L. UPUNDA (United  
Republic of Tanzania)

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

### 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 on Nominations

The Committee on Nominations was composed of delegates of the following Member States: Angola, Argentina, Bahamas, Bahrain, Benin, Bhutan, Botswana, Brunei Darussalam, Bulgaria, Cameroon, China, Colombia, Costa Rica, Cyprus, France, Mauritius, Mexico, Morocco, Portugal, Russian Federation, Slovakia, Sri Lanka, United Kingdom of Great Britain and Northern Ireland, Zambia, and Mr M. Telefoni Retzlaff, Samoa

### Committee A

**Chairman:** Professor S.M. ALI (Bangladesh)

**Vice-Chairmen:** Mrs M. McCOY SÁNCHEZ  
(Nicaragua) and Dr R. BUSUTTIL (Malta)

**Rapporteur:** Dr J. RASAMIZANAKA  
(Madagascar)

**Secretary:** Dr S. HOLCK, Director, Health  
Information Management and Dissemination



**Committee B**

**Chairman:** Dr K. KARAM (Lebanon)

**Vice-Chairmen:** Miss F.-Z. CHAÏEB (Algeria)  
and Mr L. ROKOVADA (Fiji)

**Rapporteur:** Dr SUWIT WIBULPOLPRASERT  
(Thailand)

**Secretary:** Dr M. KARAM, Strategy  
Development and Monitoring for  
Eradication and Elimination

## RESOLUTIONS

### **WHA53.1 Stop Tuberculosis Initiative**

The Fifty-third World Health Assembly,

Concerned that the global burden of tuberculosis is a major impediment to socioeconomic development and a significant cause of premature death and human suffering;

Mindful of the fact that most countries with the greatest burden of disease will not meet global targets for tuberculosis control for 2000 set by resolutions WHA44.8 and WHA46.36;

Welcoming the establishment, in response to resolution WHA51.13, of a special Stop Tuberculosis Initiative to accelerate action against the disease and to coordinate activities across WHO,

1. ENCOURAGES all Member States:

(1) to endorse the Amsterdam Declaration To Stop Tuberculosis, as an outcome of the Ministerial Conference on Tuberculosis and Sustainable Development (Amsterdam, March 2000), and to note and apply as appropriate the recommendations of that conference, paving the way for creation of broad and long-lasting high-level political support to tackle tuberculosis within the broader context of health, social and economic development;

(2) to accelerate tuberculosis control by implementing and expanding the strategy of directly observed treatment, short course (DOTS) and to commit themselves politically and financially to achieving or to exceeding as soon as possible the global targets set by resolutions WHA44.8 and WHA46.36;

(3) to ensure that sufficient domestic resources are available, especially in developing countries, to enable them to meet the challenges of stopping tuberculosis, and that the capacity to use them exists;

(4) to give high priority to intensifying tuberculosis control as an integral part of primary health care;

2. RECOMMENDS that Member States should:

(1) participate with WHO in the global partnership to stop tuberculosis, and establish and sustain country-level partnerships for:

(a) study of antituberculosis drug resistance and means of its containment;

(b) improvement of diagnostic laboratories;

(c) access to antituberculosis drugs for the poorest populations;

- (d) education and monitoring of patients to ensure better compliance with the treatment regimen;
  - (e) training of health workers in the DOTS strategy;
  - (f) integration of tuberculosis control into primary health care institutions and activities at central and peripheral levels;
- (2) include case detection and treatment success rates – the basic outcome measures for tuberculosis – among performance indicators for overall health sector development;
- (3) continue to assess the magnitude of the impact of the AIDS epidemic on the tuberculosis epidemic and develop strategies in order better to address tuberculosis in persons with AIDS and in HIV-infected populations, to speed up coordination between prevention and treatment programmes for the two epidemics so as to foster an integrated approach at all levels of the health system, and, to the maximum extent possible, to monitor for multidrug-resistant tuberculosis and address issues leading to its containment;
3. CALLS ON the international community, organizations and bodies of the United Nations system, donors, nongovernmental organizations and foundations:
- (1) to support and to participate in the global partnership to stop tuberculosis, by which all parties coordinate activities and are united by common goals, technical strategies, and agreed-upon principles of action;
  - (2) to increase organizational and financial commitment to combating tuberculosis within the context of overall health sector development;
4. REQUESTS the Director-General to provide support to Member States, particularly those with the highest burden of tuberculosis, by:
- (1) applying, as appropriate, the recommendations of the Ministerial Conference in Amsterdam;
  - (2) exploring partnerships and options for enhancing access to safe, high-quality curative drugs;
  - (3) promoting international investment in research, development and distribution of: new diagnostics in order to speed up case detection and to strengthen epidemiological surveillance, including through community-based prevalence surveys, or prevalence surveys among high-risk subpopulations, the poor and those who are vulnerable to infections; new drug formulations to shorten duration of treatment; and new vaccines and other public health measures to prevent disease, reduce suffering and save millions from premature death;
  - (4) sustaining an active and participatory partnership with external organizations throughout the development and implementation of the Stop Tuberculosis Initiative and its activities;
  - (5) strengthening regional programmes for coordination of national tuberculosis control.

**WHA53.2      Members in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution**

The Fifty-third World Health Assembly,

Having considered the second report of the Administration, Budget and Finance Committee of the Executive Board to the Fifty-third 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>

Noting that, at the time of the opening of the Fifty-third World Health Assembly, the voting rights of Afghanistan, Antigua and Barbuda, Armenia, Azerbaijan, Bosnia and Herzegovina, Central African Republic, Chad, Comoros, Dominican Republic, Equatorial Guinea, Gambia, Georgia, Guinea-Bissau, Iraq, Kazakhstan, Kyrgyzstan, 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 resolutions WHA52.3 and WHA52.4, the voting privileges of Liberia and Guinea have been suspended as from 15 May 2000 at the opening of the Fifty-third World Health Assembly, such suspension to continue until the arrears have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution;

Noting that Belarus, Djibouti, Grenada, Nauru and Nigeria were in arrears at the time of the opening of the Fifty-third World Health Assembly to such an extent that it was necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of those Members should be suspended at the opening of the Fifty-fourth World Health Assembly,

**DECIDES:**

- (1) that, in accordance with the statement of principles in resolution WHA41.7, if, by the time of the opening of the Fifty-fourth World Health Assembly, Belarus, Djibouti, Grenada, Nauru and Nigeria 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-fourth and subsequent Health Assemblies until the arrears of Belarus, Djibouti, Grenada, Nauru and Nigeria 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.

(Seventh plenary meeting, 19 May 2000 –  
Committee B, first report)

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<sup>1</sup> Document A53/28.

**WHA53.3 Financial report on the accounts of WHO for 1998-1999, report of the External Auditor, and comments thereon made on behalf of the Executive Board; report of the Internal Auditor**

The Fifty-third World Health Assembly,

Having examined the Financial report and audited financial statements for the period 1 January 1998 to 31 December 1999 and the Report of the External Auditor to the Health Assembly;<sup>1</sup>

Having noted the first report of the Administration, Budget and Finance Committee of the Executive Board to the Fifty-third World Health Assembly,<sup>2</sup>

ACCEPTS the Director-General's Financial report and audited financial statements for the financial period 1 January 1998 to 31 December 1999 and the Report of the External Auditor to the Health Assembly.

(Seventh plenary meeting, 19 May 2000 –  
Committee B, first report)

**WHA53.4 Real Estate Fund**

The Fifty-third World Health Assembly,

Having considered the report of the Director-General on the status of projects financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 2000 to 31 May 2001;<sup>3</sup>

Recognizing that certain estimates must necessarily remain provisional,

1. AUTHORIZES the financing from the Real Estate Fund of the expenditures indicated under Section III of the Director-General's report, at an estimated cost of US\$ 3 583 000;
2. APPROPRIATES to the Real Estate Fund from Casual Income the sum of US\$ 2 141 721.

(Seventh plenary meeting, 19 May 2000 –  
Committee B, first report)

**WHA53.5 Casual income**

The Fifty-third World Health Assembly

DECIDES that the amount available in casual income as at 31 December 1999 should be used:

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<sup>1</sup> Documents A53/17 and A53/17 Add.1.

<sup>2</sup> Document A53/18.

<sup>3</sup> See document EB105/2000/REC/1, Annex 4.

	US \$
(i) to part finance the regular budget for the period 2002-2003, to be apportioned among Member States in accordance with the financial incentive scheme (resolution WHA41.12) from interest earnings in 1999	6 012 373
(ii) to finance the Real Estate Fund in accordance with proposals contained in the report by the Director-General <sup>1</sup>	2 141 721
(iii) to replenish the Working Capital Fund by the amount of arrears of contributions credited to casual income	10 298 723
(iv) to return the balance to Member States in 2000 to apply against their regular budget assessments	6 372 696
	24 825 513

(Seventh plenary meeting, 19 May 2000 –  
Committee B, first report)

### **WHA53.6 Amendments to the Financial Regulations**

The Fifty-third World Health Assembly,

Having considered the report on amendments to the Financial Regulations,<sup>2</sup>

ADOPTS the revised Financial Regulations, to enter into force upon confirmation of new Financial Rules by the Executive Board.<sup>3</sup>

(Seventh plenary meeting, 19 May 2000 –  
Committee B, first report)

### **WHA53.7 Salaries of staff in ungraded posts and of the Director-General**

The Fifty-third World Health Assembly,

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

1. ESTABLISHES the salary for ungraded posts at US\$ 143 674 per annum before staff assessment, resulting in a modified net salary of US\$ 99 278 (dependency rate) or US\$ 89 899 (single rate);

<sup>1</sup> Document EB105/2000/REC/1, Annex 4.

<sup>2</sup> Document A53/22.

<sup>3</sup> See Annex.

2. ESTABLISHES the salary for the Director-General at US\$ 194 548 per annum before staff assessment, resulting in a modified net salary of US\$ 130 820 (dependency rate) or US\$ 116 334 (single rate);
3. DECIDES that those adjustments in remuneration shall take effect on 1 March 2000.

(Seventh plenary meeting, 19 May 2000 –  
Committee B, first report)

### **WHA53.8 Regulations for Expert Advisory Panels and Committees**

The Fifty-third World Health Assembly,

Having considered the draft amendments to the Regulations for Expert Advisory Panels and Committees,

1. APPROVES the amendments to the Regulations for Expert Advisory Panels and Committees as adopted by the Health Assembly in resolution WHA35.10, and amended in decision WHA45(10) and resolution WHA49.29;<sup>1</sup>
2. ENDORSES resolution EB105.R7 on Regulations for Study and Scientific Groups, Collaborating Institutions and other Mechanisms of Collaboration.<sup>2</sup>

(Seventh plenary meeting, 19 May 2000 –  
Committee B, first report)

### **WHA53.9 Participation of WHO in the 1986 Vienna Convention on the Law of Treaties between States and International Organizations or between International Organizations**

The Fifty-third World Health Assembly,

Acknowledging that the United Nations General Assembly, by resolution 53/100 of 8 December 1998, encouraged international organizations that have signed the 1986 Vienna Convention on the Law of Treaties between States and International Organizations or between International Organizations, to deposit an act of formal confirmation of the Convention at an early date;

Having considered the report on the subject;<sup>3</sup>

Bearing in mind that the entry into force of the Convention would safeguard the legal interests both of States and international organizations, including WHO;

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<sup>1</sup> See document EB105/2000/REC/1, Annex 3.

<sup>2</sup> See document EB105/2000/REC/1, Annex 2.

<sup>3</sup> See document EB105/2000/REC/1, Annex 6.

Wishing to support, within its area of competence, promotion of the acceptance of, and respect for, the principles of international law, which was one of the purposes of the United Nations Decade of International Law,

AUTHORIZES the Director-General to deposit with the Secretary-General of the United Nations an act of formal confirmation of the 1986 Vienna Convention on the Law of Treaties between States and International Organizations or between International Organizations, in conformity with Article 83 of the Convention.

(Eighth plenary meeting, 20 May 2000 –  
Committee B, second report)

### **WHA53.10 International Decade of the World's Indigenous People**

The Fifty-third World Health Assembly,

Recalling resolutions WHA47.27, WHA48.24, WHA49.26, WHA50.31 and WHA51.24 on WHO's contribution to achievement of the objectives of the International Decade of the World's Indigenous People (1994-2003);

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 focal points for matters concerning indigenous people should be established in all appropriate organizations of the United Nations system; 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 field of competence, "in close cooperation with indigenous people";

Commending the progress made in the Region of the Americas on the Initiative on the Health of Indigenous People of the Americas;

Taking note of the conclusions and recommendations of the "International Consultation on the Health of Indigenous Peoples" (Geneva, 23 to 26 November 1999),

1. URGES Member States:

- (1) to make adequate provisions for indigenous health needs in their national health systems;
- (2) to recognize and protect the right of indigenous people to enjoyment of the highest attainable standard of health within overall national development policies;
- (3) to respect, preserve and maintain traditional healing practices and remedies, and to seek to ensure that indigenous people retain this traditional knowledge and its benefits;

2. REQUESTS WHO's regional committees to consider adoption of regional action plans on indigenous health that take into account the conclusions and recommendations of the "International Consultation on the Health of Indigenous Peoples";



3. REQUESTS the Director-General:

- (1) to ensure that all WHO activities relevant to indigenous people are undertaken in close partnership with them;
- (2) to collaborate with partners in health and development for protection and promotion of the right of the world's indigenous people to enjoyment of the highest attainable standard of health;
- (3) to complete, in close consultation with national governments and organizations of indigenous people, development of a global plan of action to improve the health of indigenous people, with particular emphasis on the needs of those in developing countries, as WHO's contribution to the Decade and beyond.

(Eighth plenary meeting, 20 May 2000 –  
Committee B, second report)

**WHA53.11 Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine**

The Fifty-third 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 the United Nations Security Council resolutions 242 (1967), 338 (1973) and 425 (1978), as well as on the basis of the principle of "land for peace", and the subsequent agreements between the Palestinian and Israeli sides, the latest of which is the Sharm-El Sheikh agreement;

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, securing, in particular, the Palestinian right to self-determination including the option of a State;

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 urgent need to implement the Declaration of Principles and the subsequent Accords;

Expressing grave concern about the Israeli settlement policies in the Palestinian occupied territory, including occupied East Jerusalem, in violation of international law, the Fourth Geneva Convention and of relevant United Nations resolutions;

Stressing the need to preserve the territorial integrity of all the occupied Palestinian territory and to guarantee the freedom of movement of persons and goods within the Palestinian territory, including

the removal of restrictions of movement into and from East Jerusalem, and the freedom of movement to and from the outside world, having in mind the adverse consequences of the recurrent 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 taking note of the initiation of cooperation between the Israeli Ministry of Health and the Palestinian Ministry of Health which emphasizes that health development is best enhanced under conditions of peace and stability;

Reaffirming the right of Palestinian patients and medical staff to be able to benefit from the health facilities available in the Palestinian health institutions in 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 Syrian Golan;

Having considered the report of the Director-General,<sup>1</sup>

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 Ministry of Health in carrying out its full responsibility for the Palestinian people, including in occupied East Jerusalem, and to lift the partial and complete closures imposed on the Palestinian territory;
3. 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;
4. 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;
5. THANKS the Director-General for her report and efforts, and requests her:
  - (1) to take urgent steps in cooperation with Member States to support the Palestinian Ministry of Health in its efforts to overcome the current difficulties, and in particular so as to guarantee free circulation of those responsible for health, 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;

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<sup>1</sup> Document A53/25.

- (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;
  - (4) to continue her 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 report on implementation of this resolution to the Fifty-fourth World Health Assembly;
6. EXPRESSES gratitude to all Member States, intergovernmental organizations and nongovernmental organizations and calls upon them to provide the assistance needed to meet the health needs of the Palestinian people.

(Eighth plenary meeting, 20 May 2000 –  
Committee B, third report)

### **WHA53.12 Global Alliance for Vaccines and Immunization**

The Fifty-third World Health Assembly,

Noting with deep concern that about 6.8 million children under five years of age die each year from infectious and parasitic diseases, and that some two million children still die each year from diseases that can be prevented by currently available vaccines;

Noting that existing immunization programmes currently save about three million lives per year worldwide and prevent nearly 750 000 cases of blindness, paralysis and mental disability annually;

Recognizing that in some countries immunization rates are stagnating and even declining, and that great disparity exists between industrialized and developing countries in the availability of vaccines;

Recognizing that many developing countries cannot afford to pay all the costs associated with universal childhood immunization and the establishment of safe and efficient delivery systems to cover their child populations;

Acknowledging that immunization is one of the most cost-effective health interventions and that it contributes to reducing poverty,

1. ENDORSES the objectives of the Global Alliance for Vaccines and Immunization (GAVI) – a global network comprising governments, bilateral agencies, technical agencies, WHO, UNICEF, the World Bank, the pharmaceutical industry, the Bill and Melinda Gates Foundation and the Rockefeller Foundation – namely, improving access to sustainable immunization services; expanding the use of all existing safe and cost-effective vaccines; accelerating the development and introduction of new vaccines; accelerating research and development efforts for vaccines and related products specifically needed by developing countries, particularly vaccines against HIV/AIDS, malaria and tuberculosis;

and making immunization coverage a centrepiece in the design and assessment of international development efforts, including debt relief;<sup>1</sup>

2. URGES Member States:

- (1) to support the work of the Alliance by calling upon leaders at the highest levels to back vaccine and immunization initiatives in their countries, and to remove obstacles that reduce access to vaccines;
- (2) to formulate common strategies to enhance immunization delivery and to stimulate introduction of vaccines;
- (3) to increase national efforts devoted to childhood immunization;
- (4) to encourage public and private agencies to meet the objectives of the Alliance;
- (5) to support and further the objectives of the Alliance through the Global Fund for Children's Vaccines and other existing mechanisms among the partners;
- (6) to support new financing mechanisms for vaccine development and immunization;

3. REQUESTS the Director-General:

- (1) to promote the objectives of the Alliance through leadership in the field of vaccines and immunization;
- (2) to advocate increased private and public sector support for vaccine research and development and for the strengthening of immunization services in the poorest countries;
- (3) to promote and to monitor strictly the quality assurance of vaccines;
- (4) to report on progress and activities of the Alliance to the Executive Board at its 109th session in January 2002 and to the Fifty-fifth World Health Assembly in May 2002.

(Eighth plenary meeting, 20 May 2000 –  
Committee B, fourth report)

**WHA53.13      Aligning the participation of Palestine in the World Health Organization with its participation in the United Nations**

The Fifty-third World Health Assembly,

Bearing in mind United Nations General Assembly resolution 52/250 adopted on 7 July 1998 and entitled "Participation of Palestine in the work of the United Nations",

DECIDES to confer upon Palestine in the World Health Assembly and other meetings of the World Health Organization, in its capacity as an observer, the rights and privileges described in the Annex to the aforementioned resolution of the United Nations General Assembly, set out below.

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<sup>1</sup> See document EB105/2000/REC/1, Annex 1.

**RESOLUTION ADOPTED BY THE GENERAL ASSEMBLY****52/250. Participation of Palestine in the work of the United Nations**

*The General Assembly,*

*Recalling* its resolution 181 (II) of 29 November 1947, in which, *inter alia*, it recommended the partition of Palestine into a Jewish State and an Arab State, with Jerusalem as a *corpus separatum*,

*Recalling also* its resolution 3237 (XXIX) of 22 November 1974, by which it granted observer status to the Palestine Liberation Organization,

*Recalling further* its resolution 43/160 A of 9 December 1988, adopted under the item entitled "Observer status of national liberation movements recognized by the Organization of African Unity and/or by the League of Arab States", in which it decided that the Palestine Liberation Organization was entitled to have its communications issued and circulated as official documents of the United Nations,

*Recalling* its resolution 43/177 of 15 December 1988, in which it acknowledged the proclamation of the State of Palestine by the Palestine National Council on 15 November 1988 and decided that the designation "Palestine" should be used in place of the designation "Palestine Liberation Organization" in the United Nations system,

*Recalling also* its resolutions 49/12 A of 9 November 1994 and 49/12 B of 24 May 1995, through which, *inter alia*, arrangements for the special commemorative meeting of the General Assembly on the occasion of the fiftieth anniversary of the United Nations, in addition to applying to all Member and observer States, were also applied to Palestine, in its capacity as observer, including in the organizing process of the list of speakers for the commemorative meeting,

*Recalling further* that Palestine enjoys full membership in the Group of Asian States and the Economic and Social Commission for Western Asia,

*Aware* that Palestine is a full member of the League of Arab States, the Movement of Non-Aligned Countries, the Organization of the Islamic Conference, and the Group of 77 and China,

*Aware also* that general democratic Palestinian elections were held on 20 January 1996 and that the Palestinian Authority was established on part of the occupied Palestinian territory,

*Desirous* of contributing to the achievement of the inalienable rights of the Palestinian people, thus attaining a just and comprehensive peace in the Middle East,

1. *Decides* to confer upon Palestine, in its capacity as observer, and as contained in the annex to the present resolution, additional rights and privileges of participation in the sessions and work of the General Assembly and the international conferences convened under the auspices of the Assembly or other organs of the United Nations, as well as in United Nations conferences;

2. *Requests* the Secretary-General to inform the General Assembly, within the current session, about the implementation of the modalities annexed to the present resolution.

*89th plenary meeting  
7 July 1998*

**ANNEX**

The additional rights and privileges of participation of Palestine shall be effected through the following modalities, without prejudice to the existing rights and privileges:

1. The right to participate in the general debate of the General Assembly.
2. Without prejudice to the priority of Member States, Palestine shall have the right of inscription on the list of speakers under agenda items other than Palestinian and Middle East issues at any plenary meeting of the General Assembly, after the last Member State inscribed on the list of that meeting.
3. The right of reply.
4. The right to raise points of order related to the proceedings on Palestinian and Middle East issues, provided that the right to raise such a point of order shall not include the right to challenge the decision of the presiding officer.
5. The right to co-sponsor draft resolutions and decisions on Palestinian and Middle East issues. Such draft resolutions and decisions shall be put to a vote only upon request from a Member State.
6. The right to make interventions, with a precursory explanation or the recall of relevant General Assembly resolutions being made only once by the President of the General Assembly at the start of each session of the Assembly.
7. Seating for Palestine shall be arranged immediately after non-member States and before the other observers; and with the allocation of six seats in the General Assembly Hall.
8. Palestine shall not have the right to vote or to put forward candidates.

(Eighth plenary meeting, 20 May 2000 –  
Committee B, fourth report)

**WHA53.14 HIV/AIDS: confronting the epidemic**

The Fifty-third World Health Assembly,

Having considered the report by the Director-General on HIV/AIDS;<sup>1</sup>

Noting with deep concern that nearly 34 million people worldwide are currently living with HIV/AIDS, and 95% are in developing countries; and that the development gains of the past 50 years, including the increase in child survival and in life expectancy, are being reversed by the HIV/AIDS epidemic;

Further noting that in sub-Saharan Africa, where over 23 million people are infected and where more women are now infected than men, HIV/AIDS is the leading cause of death; and that HIV infection is increasing rapidly in Asia, particularly in south and south-east Asia, where 6 million people are infected;

Recalling resolution WHA52.19 which *inter alia* requests the Director-General:

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<sup>1</sup> Document A53/6.

*to cooperate with Member States, at their request, and with international organizations in monitoring and analysing the pharmaceutical and public health implications of relevant international agreements, including trade agreements, so that Member States can effectively assess and subsequently develop pharmaceutical and health policies and regulatory measures that address their concerns and priorities, and are able to maximize the positive and mitigate the negative impact of those agreements;*

Recognizing that poverty and inequality between men and women are driving the epidemic; and that denial, discrimination and stigmatization remain major obstacles to an effective response to the epidemic;

Underlining the need to advocate respect for human rights in the implementation of all measures to respond to the epidemic;

Acknowledging that political commitment is essential to deal with a problem of this magnitude;

Recognizing that resources devoted to combating the epidemic both at national and international levels are not commensurate with the magnitude of the problem;

Recalling United Nations Economic and Social Council resolution 1999/36 on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), which stresses, *inter alia*, governments' responsibility to intensify all efforts in combating AIDS through multisectoral action;

Recalling the recent session of the United Nations Security Council devoted to the HIV/AIDS crisis in Africa, in which the Security Council recognized that HIV/AIDS is a unique, modern-day plague that threatens the political, economic and social stability of sub-Saharan Africa and Asia,

1. URGES Member States:

(1) to match their political commitment, as demonstrated in several recent initiatives of political leaders of Member States, to the magnitude of the problem by allocating an appropriate national and donor budget for HIV/AIDS prevention as well as for care and support of the infected and affected;

(2) to establish programmes to combat poverty with the support of donors, implement them in a rigorous and transparent manner, and to advocate:

- cancellation of debt in order to free resources for, *inter alia*, HIV/AIDS prevention and care, as proposed by the G8 Summit at Cologne in 1999,
- improvement of the living conditions of populations,
- reduction of unemployment,
- improvement of the standard of public health;

(3) to provide increased support for UNAIDS, and for WHO as one of its cosponsors, in their efforts against AIDS, including in the context of the International Partnership against AIDS in Africa;

- (4) to strengthen public education on HIV/AIDS and to pay particular attention to national strategic plans directed at reducing the vulnerability of women, children and adolescents, bearing in mind that public education and national campaigns should place emphasis on prevention, on reducing discrimination and stigmatization, and on promoting healthy environments to prevent and alleviate AIDS problems;
- (5) to take all necessary measures to protect children infected or affected by HIV/AIDS from all forms of discrimination, stigmatization, abuse and neglect, in particular protecting their access to health, education and social services;
- (6) to apply experiences and lessons learned and the growing body of scientific knowledge regarding proven effective interventions for prevention and care in order to reduce the spread of HIV/AIDS and to increase the quality and length of life of those infected;
- (7) to ensure that blood-transfusion services do not constitute an HIV risk factor by assuring that all individuals have access to safe blood and blood products that are accessible and adequate to meet their needs, are obtained from voluntary, unremunerated blood donors, are transfused only when necessary, and are provided as part of a sustainable blood-transfusion programme within the existing health care system;
- (8) to build and strengthen partnerships between health providers and the community, including nongovernmental organizations, in order to direct community resources towards proven effective interventions;
- (9) to implement key strategies for HIV/AIDS prevention, in particular management of sexually transmitted infections and promotion of safer sex, including by ensuring availability of male and female condoms;
- (10) to strengthen health systems that ensure adequate and skilled human resources, supply systems and financing schemes in order to address the needs for HIV/AIDS care and prevention;
- (11) to take steps to reduce use of illicit substances and to protect injecting drug users and their sexual partners against HIV infection;
- (12) to increase access to, and quality of, care in order to improve quality of life, assure the dignity of the individual, and meet the medical and psychosocial needs of people living with HIV/AIDS, including treatment and prevention of HIV-related illnesses and provision of a continuum of care, with efficient referral mechanisms between home, clinic, hospital and institution;
- (13) to reaffirm their commitment to previous resolutions on the revised drug strategy and to ensure the necessary actions within their national drug policies to guarantee public health interests and equitable access to care, including medicines;
- (14) to make use of indicators developed by WHO to monitor progress;
- (15) to collaborate with WHO and other international bodies regularly to update existing databases in order to provide Member States with information on prices of essential drugs, including HIV-related drugs;



(16) to increase access to treatment and prophylaxis of HIV-related illnesses through measures such as ensuring the provision and affordability of drugs, including a reliable distribution and delivery system; implementation of a strong generic drug policy; bulk purchasing; negotiation with pharmaceutical companies; appropriate financing systems; and encouragement of local manufacturing and import practices consistent with national laws and international agreements acceded to;

(17) to define and affirm their role and, where appropriate, engage in partnerships and solidarity initiatives to make prophylactic and therapeutic drugs accessible, affordable, and safely and effectively used, whether intended for prevention of mother-to-child transmission, prevention and treatment of opportunistic diseases, or antiretroviral treatment for patients;

(18) to establish or to expand counselling services and voluntary confidential HIV-testing in order to encourage health-seeking behaviour and to act as an entry point for prevention and care;

(19) to continue research on prevention of mother-to-child transmission of HIV and to integrate interventions for it into primary health care, including reproductive health services, as part of comprehensive care for HIV-infected pregnant women and postnatal follow-up for them and for their families, ensuring that such research is free from interests that might bias the findings and that commercial involvement should be clearly disclosed;

(20) to promote research on behavioural change and cultural factors that influence sexual behaviour;

(21) to establish and strengthen monitoring and evaluation systems, including epidemiological and behavioural surveillance and assessment of the response of health systems to the epidemics of HIV/AIDS and sexually transmitted infections, with the promotion of intercountry subregional collaboration;

2. REQUESTS the Director-General:

(1) to continue strengthening the involvement of WHO, as a cosponsor of UNAIDS, in the United Nations system-wide response to HIV/AIDS, including at country level;

(2) to develop a global health-sector strategy for responding to the epidemics of HIV/AIDS and sexually transmitted infections as part of the United Nations system's strategic plan for HIV/AIDS for 2001-2005, and to report on progress in development of the strategy to the Executive Board at its 107th session;

(3) to give priority in WHO's regular budget to the prevention and control of HIV/AIDS, and to engage the Organization as an active partner in implementation of a transparent and joint resource mobilization strategy in support of the unified budget and work plan of UNAIDS and its cosponsors, and to actively encourage the donor community to increase support for regional- and country-level interventions;

(4) further to mobilize funds in support of national HIV/AIDS prevention and control programmes and for care and support given through home- and community-level programmes;

(5) further to support implementation of drug price monitoring systems in Member States, at their request, with a view to promotion of equitable access to care, including essential drugs;

- (6) to strengthen capacity of Member States for implementation of drug monitoring systems in order better to identify adverse reactions and misuse of drugs within health systems, thus promoting a rational use of drugs;
- (7) to continue the development of methods and support for monitoring the pharmaceutical and public health implications of trade agreements;
- (8) to involve WHO fully in the International Partnership against AIDS in Africa, as well as other programmes against HIV/AIDS in Member States elsewhere, particularly at country level, within the context of national strategic plans;
- (9) to cooperate with Member States in organizing nationally coordinated blood-transfusion services;
- (10) to collaborate with Member States in strengthening the capacity of health systems both to respond to the epidemics through integrated prevention of HIV/AIDS and sexually transmitted infections and care for infected people, and to promote health systems research in order to frame policy on health systems' response to HIV/AIDS and sexually transmitted infections;
- (11) to advocate respect for human rights in the implementation of all measures responding to the epidemics;
- (12) to intensify support of national efforts against HIV/AIDS, aimed at providing assistance to children infected or affected by the epidemic, focusing particularly on the worst-hit regions of the world and those where the epidemic is severely setting back national development gains;
- (13) to appeal to the international community, relevant United Nations organizations, donor agencies and programmes, and intergovernmental and nongovernmental organizations to give importance to the treatment and rehabilitation of children infected with HIV/AIDS, and to invite such bodies to consider involving further the private sector;
- (14) to ensure that WHO, together with UNAIDS and other interested UNAIDS cosponsors, pursues proactively and effectively its dialogue with the pharmaceutical industry, in conjunction with Member States and associations of persons living with HIV/AIDS, in order to make HIV/AIDS-related drugs increasingly accessible to developing countries through drug development, cost reduction, and strengthening of reliable distribution systems;
- (15) to reinforce, promote, and explore partnerships both to make HIV/AIDS-related drugs accessible through affordable prices, appropriate financing systems, and effective health care systems and to ensure that drugs are safely and effectively used;
- (16) to cooperate with governments, at their request, and other international organizations on possible options under relevant international agreements, including trade agreements, to improve access to HIV/AIDS-related drugs;
- (17) to promote, encourage and support research and development on vaccines appropriate for strains of HIV found in both developed and developing countries, diagnostic tools and antimicrobial drugs for other sexually transmitted infections, and treatment for HIV/AIDS, including traditional medicine;

(18) to intensify efforts to prevent HIV and sexually transmitted infections in women, including promotion of research on and development of microbicides and affordable female condoms to provide women and girls with female-initiated protection methods;

(19) to continue, in the context of efforts under way with UNICEF, UNFPA and UNAIDS, to provide technical support to Member States for implementation of strategies and programmes to prevent mother-to-child transmission of HIV, and to improve capacity for intersectoral collaboration;

(20) to provide support to Member States for collecting and analysing information on the epidemics of HIV/AIDS and sexually transmitted infections, developing methodologies for behavioural surveillance, and producing periodic updates;

(21) to provide increased support to Member States for prevention of HIV transmission in injecting drug users in order to avoid an explosive spread of HIV/AIDS in that vulnerable population;

(22) to advocate for research on nutrition in relation to HIV/AIDS;

(23) to advise Member States on the appropriate treatment regimen for HIV/AIDS and to advise, in collaboration with other relevant international organizations, on management, legal and regulatory issues intended to improve affordability and accessibility;

(24) to appeal to bilateral and multilateral partners to simplify procedures for the allocation of resources.

(Eighth plenary meeting, 20 May 2000 –  
Committee A, second report)

### **WHA53.15 Food safety**

The Fifty-third World Health Assembly,

Deeply concerned that foodborne illnesses associated with microbial pathogens, biotoxins and chemical contaminants in food represent a serious threat to the health of millions of people in the world;

Recognizing that foodborne diseases significantly affect people's health and well-being and have economic consequences for individuals, families, communities, businesses, and countries;

Acknowledging the importance of all services – including public health services – responsible for food safety, in ensuring the safety of food and in harmonizing the efforts of all stakeholders throughout the food chain;

Aware of the increased concern of consumers about the safety of food, particularly after recent foodborne-disease outbreaks of international and global scope and the emergence of new food products derived from biotechnology;

Recognizing the importance of the standards, guidelines and other recommendations of the Codex Alimentarius Commission for protecting the health of consumers and assuring fair trading practices;

Noting the need for surveillance systems for assessment of the burden of foodborne disease and development of evidence-based national and international control strategies;

Mindful that food-safety systems must take account of the trend towards integration of agriculture and the food industry and of ensuing changes in farming, production and marketing practices and consumer habits in both developed and developing countries;

Mindful of the growing importance of microbiological agents in foodborne-disease outbreaks at international level and of the increasing resistance of some foodborne bacteria to common therapies, particularly because of the widespread use of antimicrobials in agriculture and in clinical practice;

Aware of the improvements in public health protection and in development of sustainable food and agricultural sectors that could result from enhancement of WHO's food-safety activities;

Recognizing that developing countries rely for their food supply primarily on traditional agriculture and small- and medium-sized food industry, and that in most developing countries, the food-safety systems remain weak,

1. URGES Member States:

(1) to integrate food safety as one of their essential public health and public nutrition functions, and to provide adequate resources to establish and strengthen their food safety programmes in close collaboration with their applied nutrition and epidemiological surveillance programmes;

(2) to design and implement systematic and sustainable preventive measures aimed at reducing significantly the occurrence of foodborne illnesses;

(3) to develop and maintain national and, where appropriate, regional, means for surveillance of foodborne diseases and for monitoring and control of relevant microorganisms and chemicals in food; to reinforce the principal responsibility of producers, manufacturers and traders for food safety; and to increase the capacity of laboratories, especially in developing countries;

(4) to integrate measures into their food safety policies aimed at preventing development of microbial agents that are resistant to antibiotics;

(5) to support the development of science in the assessment of risks related to food, including analysis of risk factors relevant to foodborne disease;

(6) to integrate food safety matters into health and nutrition education and information programmes for consumers, particularly within primary and secondary school curricula, and to initiate culture-specific health and nutrition education programmes for food handlers, consumers, farmers, producers and agro-food industry personnel;

(7) to develop outreach programmes for the private sector that can improve food safety at consumer level, with emphasis on hazard prevention and orientation for good manufacturing practices, especially in urban food markets, taking into account the specific needs and characteristics of micro- and small-food industries, and to explore opportunities for cooperation with the food industry and consumer associations in order to raise awareness of the use of good and ecologically safe farming practices and of good hygienic and manufacturing practices;

(8) to coordinate the food safety activities of all relevant national sectors concerned with food safety matters, particularly those related to risk assessment of foodborne hazards, including the influence of packaging, storage and handling;

(9) to participate actively in the work of the Codex Alimentarius Commission and its committees, including activities in the emerging area of food-safety risk analysis;

(10) to ensure appropriate, full and accurate disclosure in labelling of food products, including warnings and "best before" dates where relevant;

(11) to legislate for control of the reuse of containers for food products and for the prohibition of false claims;

2. REQUESTS the Director-General:

(1) to give greater emphasis to food safety, in view of WHO's global leadership in public health and in collaboration and coordination with other international organizations, notably the Food and Agriculture Organization of the United Nations (FAO), and within the Codex Alimentarius Commission, and to work towards integrating food safety as one of WHO's essential public health functions, with the goal of developing sustainable, integrated food-safety systems for the reduction of health risk along the entire food chain, from the primary producer to the consumer;

(2) to provide support to Member States in identification of food-related diseases, assessment of foodborne hazards, and storage, packaging and handling issues;

(3) to provide support to developing countries for the training of their staff, taking into account the technological context of production in these countries;

(4) to focus on emerging problems related to development of antimicrobial-resistant microorganisms stemming from the use of antimicrobials in food production and clinical practice;

(5) to put in place a global strategy for surveillance of foodborne diseases and for efficient gathering and exchange of information in and between countries and regions, taking into account the current revision of the International Health Regulations;

(6) to convene, as soon as practicable, an initial strategic-planning meeting of food safety experts from Member States, international organizations, and nongovernmental organizations with an interest in food safety issues;

(7) to provide, in close collaboration with other international organizations active in this area, particularly FAO and the International Office of Epizootics (OIE), technical support to developing countries in assessing the burden on health of foodborne diseases, in prioritizing disease-control strategies through the development of laboratory-based surveillance systems for major foodborne pathogens including antimicrobial-resistant bacteria, and in monitoring contaminants in food;

(8) in collaboration with FAO and other bodies as appropriate, to strengthen the application of science in assessment of acute and long-term health risks related to food and, specifically, to support the establishment of an expert advisory body on microbiological risk assessment, to strengthen the expert advisory bodies that provide scientific guidance on food safety issues

related to chemicals, and to maintain an updated databank of this scientific evidence to support Member States in making health-related decisions in these matters;

(9) to ensure that the procedures for designating experts and preparing scientific opinions are such that they guarantee the transparency, excellence and independence of the opinions delivered;

(10) to encourage research to support evidence-based strategies for the control of foodborne diseases, particularly research on risk factors related to the emergence and increase of foodborne diseases and on simple methods for management and control of health risks related to food;

(11) to examine the current working relationship between WHO and FAO, with a view to increasing the involvement and support of WHO in work of the Codex Alimentarius Commission and its committees;

(12) to provide support to Member States by assuring the scientific basis for health-related decisions on genetically modified foods;

(13) to support the inclusion of health considerations in international trade in food and food donations;

(14) to make the largest possible use of information from developing countries in risk assessment for international standard-setting, and to strengthen technical training in developing countries by providing them with a comprehensive document in WHO working languages, to the extent possible;

(15) proactively to pursue action on behalf of developing countries, so that the level of technological development in developing countries is taken into account in the adoption and application of international standards for food safety;

(16) to respond immediately to international and national food-safety emergencies and to cooperate with countries in crisis management;

(17) to call upon all stakeholders – especially the private sector – to take their responsibility for the quality and safety of food production, including awareness of environmental protection throughout the food chain;

(18) to provide support for capacity building in Member States, especially those from the developing world, and to facilitate their full participation in the work of the Codex Alimentarius Commission and its different committees, including activities in food-safety risk-analysis processes.

(Eighth plenary meeting, 20 May 2000 –  
Committee A, second report)

## **WHA53.16 Framework convention on tobacco control**

The Fifty-third World Health Assembly,

Recalling and reaffirming resolution WHA52.18 which established both an intergovernmental negotiating body to draft and negotiate the proposed WHO framework convention on tobacco control

and possible related protocols and a working group to prepare proposed draft elements of the framework convention and report on progress;

Having considered the report to the Health Assembly on the framework convention on tobacco control,<sup>1</sup>

1. TAKES NOTE of the significant progress made, and expresses its appreciation for the work of the working group, its bureau and the Secretariat;
2. RECOGNIZES that the report, including the proposed draft elements for a framework convention, establishes a sound basis for initiating negotiations by the Intergovernmental Negotiating Body;
3. RECOGNIZES that success of the framework convention depends on broad participation by WHO Member States and organizations referred to in resolution WHA52.18, paragraph 1(3);
4. CALLS ON the Intergovernmental Negotiating Body:
  - (1) to elect at its first session a chairman, three vice-chairmen and two rapporteurs, and to consider the applicability of an extended bureau;
  - (2) to commence its negotiations with an initial focus on the draft framework convention, without prejudice to future discussions on possible related protocols;
  - (3) to report on the progress of its work to the Fifty-fourth World Health Assembly;
  - (4) to examine the question of extended participation, as observers, of nongovernmental organizations, according to criteria to be established by the Negotiating Body;
5. REQUESTS the Director-General:
  - (1) to convene the first session of the Intergovernmental Negotiating Body in October 2000;
  - (2) to draw up, for consideration by the Negotiating Body at its first session, a draft timetable for the process, with information on costs related to the sessions of the Negotiating Body and the availability of funds to cover them, giving special consideration to securing the participation of delegates from developing countries.

(Eighth plenary meeting, 20 May 2000 –  
Committee A, second report)

### **WHA53.17      Prevention and control of noncommunicable diseases**

The Fifty-third World Health Assembly,

Recalling resolution WHA51.18 on noncommunicable disease prevention and control requesting the Director-General to formulate a global strategy for the prevention and control of

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<sup>1</sup> Documents A53/12 and A53/12 Corr.1.

noncommunicable diseases and to submit the proposed global strategy and a plan for implementation to the Executive Board and Health Assembly;

Recognizing the enormous human suffering caused by noncommunicable diseases such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, and the threat they pose to the economies of many Member States, leading to increasing health inequalities between countries and populations;

Noting that the conditions in which people live and their lifestyles influence their health and quality of life, and that the most prominent noncommunicable diseases are linked to common risk factors, namely, tobacco use, alcohol abuse, unhealthy diet, physical inactivity, environmental carcinogens, and being aware that these risk factors have economic, social, gender, political, behavioural and environmental determinants;

Reaffirming that the global strategy for prevention and control of noncommunicable diseases and the ensuing implementation plan are directed at reducing premature mortality and improving quality of life;

Recognizing the leadership role that WHO should play in promoting global action against noncommunicable diseases, and WHO's contribution to global health based on its advantages compared to other organizations,

1. URGES Member States:

- (1) to develop a national policy framework taking into account several instruments such as healthy public policies creating an environment conducive to healthy lifestyles, fiscal and taxation policies regarding healthy and unhealthy goods and services, and public media policies empowering the community;
- (2) to establish programmes, at national or any other appropriate level, in the framework of the global strategy for prevention and control of major noncommunicable diseases, and specifically:
  - (a) to develop a mechanism to provide evidence-based information for policy-making, advocacy, programme monitoring and evaluation;
  - (b) to assess and monitor mortality and morbidity attributable to noncommunicable disease and the level of exposure to risk factors and their determinants in the population, by strengthening the health information system;
  - (c) to continue pursuit of intersectoral and cross-cutting health goals required for prevention and control of noncommunicable diseases by according noncommunicable diseases priority on the public health agenda;
  - (d) to emphasize the key role of governmental functions – including regulatory functions – when combating noncommunicable diseases, such as development of nutrition policy, control of tobacco products, prevention of alcohol abuse and policies to encourage physical activity;
  - (e) to promote community-based initiatives for prevention of noncommunicable diseases, based on a comprehensive risk-factor approach;



(f) based on available evidence, to support development of clinical guidelines for cost-effective screening, diagnosis and treatment of common noncommunicable diseases;

(g) to include appropriate health promotion strategies in school health programmes and in programmes geared to youth;

(3) to promote the effectiveness of secondary and tertiary prevention, including rehabilitation and long-term care, and to ensure that health care systems are responsive to chronic noncommunicable diseases and that their management is based on cost-effective health care interventions and equitable access;

(4) to share their national experiences and to build capacity at regional, national and community levels for the development, implementation and evaluation of programmes for prevention and control of noncommunicable diseases;

2. REQUESTS the Director-General:

(1) to continue giving priority to prevention and control of noncommunicable diseases, with special emphasis on developing countries and other deprived populations;

(2) to ensure that the leadership provided by WHO in combating noncommunicable diseases and their risk factors is based on the best available evidence, and thus to facilitate, with international partners, capacity building and establishment of a global network of information systems;

(3) to provide technical support and appropriate guidance to Member States in assessing their needs, developing effective health promotion programmes, adapting their health care systems, and addressing gender issues related to the growing epidemic of noncommunicable diseases;

(4) to strengthen existing partnerships and develop new ones, notably with specialized national and international nongovernmental organizations, with a view to sharing responsibilities for implementation of the global strategy based on each partner's expertise;

(5) to coordinate, in collaboration with the international community, global partnerships and alliances for resource mobilization, advocacy, capacity building and collaborative research;

(6) to promote the adoption of international intersectoral policies, regulations and other appropriate measures that minimize the effect of the major risk factors of noncommunicable diseases;

(7) to promote and initiate collaborative research on noncommunicable diseases, including research on behavioural determinants, and to strengthen the role of WHO collaborating centres in supporting implementation of the global prevention and control strategy;

(8) to pursue dialogue with the pharmaceutical industry, with a view to improving accessibility to drugs in order collectively to treat major noncommunicable diseases and their determinants.

## DECISIONS

### **WHA53(1)      Composition of the Committee on Credentials**

The Fifty-third World Health Assembly appointed a Committee on Credentials consisting of delegates of the following 12 Member States: Barbados, Burundi, Chile, Gabon, Indonesia, Ireland, Poland, Republic of Korea, San Marino, Syrian Arab Republic, Tunisia, United Republic of Tanzania.

(First plenary meeting, 15 May 2000)

### **WHA53(2)      Composition of the Committee on Nominations**

The Fifty-third World Health Assembly elected a Committee on Nominations consisting of delegates of the following Member States: Angola, Argentina, Bahamas, Bahrain, Benin, Bhutan, Botswana, Brunei Darussalam, Bulgaria, Cameroon, China, Colombia, Costa Rica, Cyprus, France, Mauritius, Mexico, Morocco, Portugal, Russian Federation, Slovakia, Sri Lanka, United Kingdom of Great Britain and Northern Ireland, Zambia, and Mr M. Telefoni Retzlaff, Samoa (Vice-President, Fifty-second World Health Assembly, *ex officio*).

(First plenary meeting, 15 May 2000)

### **WHA53(3)      Election of officers of the Fifty-third World Health Assembly**

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

<b>President:</b>	Dr L. Amathila (Namibia)
<b>Vice-Presidents:</b>	Professor F. Nazirov (Uzbekistan) Mr N.T. Shanmugam (India) Professor R. Smallwood (Australia) Dr M.A. Al-Jarallah (Kuwait) Dr M. Amédée-Gédéon (Haiti)

(First plenary meeting, 15 May 2000)

### **WHA53(4)      Election of officers of the main committees**

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

**Committee A: Chairman** Professor S.M. Ali (Bangladesh)

**Committee B: Chairman** Dr K. Karam (Lebanon)

(First plenary meeting, 15 May 2000)

The main committees subsequently elected the following officers:

**Committee A: Vice-Chairmen** Mrs M. McCoy Sánchez (Nicaragua)  
Dr R. Busuttil (Malta)

**Rapporteur** Dr J. Rasamizanaka (Madagascar)

**Committee B: Vice-Chairmen** Miss F.-Z. Chaïeb (Algeria)  
Mr L. Rokovada (Fiji)

**Rapporteur** Dr Suwit Wibulpolprasert (Thailand)

(First meetings of Committees A and B, 16 and 17 May 2000)

### **WHA53(5) Establishment of the General Committee**

The Fifty-third 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: Bosnia and Herzegovina, Burkina Faso, Canada, Cape Verde, China, Cuba, France, Germany, Ghana, Lesotho, Oman, Palau, Russian Federation, South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay.

(First plenary meeting, 15 May 2000)

### **WHA53(6) Adoption of the agenda**

The Fifty-third World Health Assembly adopted the provisional agenda prepared by the Executive Board at its 105th session with the deletion of two items.

(Second plenary meeting, 15 May 2000)

### **WHA53(7) Verification of credentials**

The Fifty-third World Health Assembly recognized the validity of the credentials of the following delegations and representative: Afghanistan;<sup>1</sup> Albania, Algeria; Andorra; Angola; Antigua and Barbuda;<sup>1</sup> Argentina; Armenia;<sup>1</sup> Australia; Austria; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belarus; Belgium; Belize; Benin; Bhutan; Bolivia; Bosnia and Herzegovina;<sup>1</sup> 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

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

Korea; Democratic Republic of the Congo; Denmark; Djibouti;<sup>1</sup> Dominica; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Ethiopia; Fiji; Finland; France; Gabon; Gambia; Georgia; Germany; Ghana; Greece; Guatemala; Guinea; Guinea-Bissau; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran (Islamic Republic of); Iraq; Ireland; Israel; Italy; Jamaica; Japan; Jordan; Kazakhstan; Kenya; Kiribati; Kuwait; Kyrgyzstan; Lao People's Democratic Republic; Latvia; 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; Nauru;<sup>1</sup> Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; Niue;<sup>1</sup> Norway; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Poland; Portugal; Puerto Rico;<sup>2</sup> Qatar; Republic of Korea; Republic of Moldova; Romania; Russian Federation; Rwanda; Saint Kitts and Nevis; Saint Vincent and the Grenadines; Samoa; San Marino; Sao Tome and Principe; Saudi Arabia; Senegal; Seychelles; Sierra Leone; Singapore; Slovakia; Slovenia; Solomon Islands; South Africa; Spain; Sri Lanka; Sudan; Suriname; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Tajikistan; Thailand; The former Yugoslav Republic of Macedonia; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; 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; Zambia; Zimbabwe.

(Fifth and seventh plenary meetings, 17 and 19 May 2000)

**WHA53(8) Election of Members entitled to designate a person to serve on the Executive Board**

The Fifty-third World Health Assembly, after considering the recommendations of the General Committee,<sup>3</sup> elected the following as Members entitled to designate a person to serve on the Executive Board: Brazil, Democratic People's Republic of Korea, Equatorial Guinea, Iran (Islamic Republic of), Italy, Japan, Jordan, Lithuania, Sweden, Venezuela.

(Seventh plenary meeting, 19 May 2000)

**WHA53(9) United Nations Joint Staff Pension Fund: appointment of representatives to the WHO Staff Pension Committee**

The Fifty-third World Health Assembly appointed Dr A.J.M. Sulaiman, delegate of Oman, as member of the WHO Staff Pension Committee, and Dr E. Krag, delegate of Denmark, as alternate member of the Committee, the appointments being for a period of three years.

(Seventh plenary meeting, 19 May 2000)

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

<sup>2</sup> Associate Member.

<sup>3</sup> Document A53/34.

**WHA53(10) Infant and young child nutrition**

The Fifty-third World Health Assembly, having reaffirmed the importance attributed by Member States to WHO activities related to infant and young child nutrition and welcomed the draft resolution proposed by the delegation of Brazil, together with the amendments presented by delegations during their wide-ranging debate,<sup>1</sup> decided (1) to request the Director-General to place on the agenda for the 107th session of the Executive Board an item on infant and young child nutrition and to include the draft resolution and amendments in the background documents made available to the Board; and (2) to request the Executive Board to establish during its session a drafting group on infant and young child nutrition, open to participation by all Member States, which would prepare a resolution for consideration by the Executive Board on the basis of the aforementioned draft and amendments with a view to its adoption by the Fifty-fourth World Health Assembly in 2001. The Health Assembly encouraged discussion at regional level, including at the forthcoming regional committees, on the draft and amendments, in order to gather the broadest possible input for consideration of this important item by the Fifty-fourth World Health Assembly.

(Eighth plenary meeting, 20 May 2000)

**WHA53(11) Reports of the Executive Board on its 104th and 105th sessions**

The Fifty-third World Health Assembly, after reviewing the Executive Board's reports on its 104th<sup>2</sup> and 105th<sup>3</sup> sessions, approved the reports, commended the work the Board 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 closure of the Health Assembly.

(Eighth plenary meeting, 20 May 2000)

**WHA53(12) Selection of the country in which the Fifty-fourth World Health Assembly will be held**

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

(Eighth plenary meeting, 20 May 2000)

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<sup>1</sup> See summary records of Committee A, seventh meeting.

<sup>2</sup> Document EB104/1999/REC/1.

<sup>3</sup> Documents EB105/2000/REC/1 and EB105/2000/REC/2.

## **ANNEX**



## ANNEX

# Revised Financial Regulations of the World Health Organization<sup>1</sup>

[A53/22, Annex 2 – 6 April 2000]

### Regulation I – Applicability and Delegation of Authority

- 1.1 These Regulations shall govern the financial administration of the World Health Organization.
- 1.2 The Director-General is responsible for ensuring effective financial administration of the Organization in accordance with these Regulations.
- 1.3 Without prejudice to regulation 1.2 the Director-General may delegate in writing to other officers of the Organization such authority as he or she considers necessary for the effective implementation of these Regulations.
- 1.4 The Director-General shall establish Financial Rules, including relevant guidelines and limits for the implementation of these Regulations, in order to ensure effective financial administration, the exercise of economy, and safeguard of the assets of the Organization.

### Regulation II – The Financial Period

- 2.1 The financial period shall be two consecutive calendar years beginning with an even-numbered year.

### Regulation III – The Budget

- 3.1 The budget estimates for the financial period, as referred to in Article 55 of the Constitution (hereinafter referred to as “budget proposals”), shall be prepared by the Director-General.
- 3.2 The budget proposals shall cover gross income and gross expenditure for the financial period to which they relate, and shall be presented in United States dollars.
- 3.3 The budget proposals shall be divided into parts, sections and chapters, and shall include such information, annexes and explanatory statements as may be requested by, or on behalf of, the Health Assembly and such further annexes or statements as the Director-General may deem necessary and useful.

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<sup>1</sup> See resolution WHA53.6.



3.4 The Director-General shall submit the budget proposals at least twelve weeks before the opening of the regular session of the Health Assembly, and before the opening of the appropriate session of the Executive Board, at which they are to be considered. At the same time, the Director-General shall transmit these proposals to all Members (including Associate Members).

3.5 The Executive Board shall submit these proposals, and any recommendations it may have thereon, to the Health Assembly.

3.6 The budget for the following financial period shall be approved by the Health Assembly in the year preceding the biennium to which the budget proposals relate, after consideration and report on the proposals by the appropriate main committee of the Health Assembly.

3.7 Should the Director-General, at the time of the session of the Executive Board that submits the budget proposals and its recommendations thereon to the Health Assembly, have information which indicates that there may, before the time of the Health Assembly, be a need to alter the proposals in the light of developments, he or she shall report thereon to the Executive Board, which shall consider including in its recommendations to the Health Assembly an appropriate provision therefor.

3.8 Should developments subsequent to the session of the Executive Board that considers the budget proposals, or any of the recommendations made by it, necessitate or render desirable in the opinion of the Director-General an alteration in the budget proposals, the Director-General shall report thereon to the Health Assembly.

3.9 Supplementary proposals may be submitted to the Board by the Director-General whenever necessary to increase the appropriations previously approved by the Health Assembly. Such proposals shall be submitted in a form and manner consistent with the budget proposals for the financial period.

#### **Regulation IV – Regular Budget Appropriations**

4.1 The appropriations approved by the Health Assembly shall constitute an authorization to the Director-General to incur contractual obligations and make payments for the purposes for which the appropriations were approved and up to the amounts so approved.

4.2 Appropriations shall be available for obligation for the financial period to which they relate. The Director-General is authorized to charge, as an obligation against the appropriations during the current financial period, the cost of goods or services which were contracted during the current financial period, and which are to be supplied or rendered during that period or within the year following the end of the period.

4.3 The Director-General is authorized, with the prior concurrence of the Executive Board or of any committee to which it may delegate appropriate authority, to transfer credits between sections. When the Executive Board or any committee to which it may have delegated appropriate authority is not in session, the Director-General is authorized, with the prior written concurrence of the majority of the members of the Board or such committee, to transfer credits between sections. The Director-General shall report such transfers to the Executive Board at its next session.

4.4 At the same time as budget proposals are approved an exchange rate facility shall be established by the Health Assembly, which shall set the maximum level that may be available to cover losses on foreign exchange. The purpose of the facility shall be to make it possible to maintain the level of the budget so that the activities that are represented by the budget approved by the Health Assembly may

be carried out irrespective of the effect of any fluctuation of currencies against the United States dollar at the official United Nations exchange rate. Any net gains or losses arising during the biennium shall be credited or debited to Miscellaneous Income.

4.5 Appropriations in respect of the regular budget for the current financial period may remain available for the following financial period to make it possible to carry forward unliquidated obligations in order to:

- (a) complete activities for which the obligation was originally raised, provided that the implementation of these activities has commenced during the current financial period, by the end of the first year of the following financial period;
- (b) pay for all goods and services rendered, under the unliquidated obligations referred to in regulation 4.5(a), by the end of the second year following that financial period.

4.6 At the end of the financial period, any unobligated balance of the appropriations shall be credited to Miscellaneous Income.

4.7 At the end of the financial period, any unliquidated obligations from the prior financial period shall be cancelled and credited to Miscellaneous Income.

4.8 Any claims that continue to exist against the Organization under unliquidated obligations cancelled in accordance with regulation 4.7 shall be transferred to new obligations against appropriations established for the current financial period.

### **Regulation V – Provision of Regular Budget Funds**

5.1 Appropriations shall be financed by assessed contributions from Members, according to the scale of assessments determined by the Health Assembly, and by Miscellaneous Income.

5.2 The amount to be financed by contributions from Members shall be calculated after adjusting the total amount appropriated by the Health Assembly to reflect that proportion of the regular budget to be financed by Miscellaneous Income.

5.3 In the event that the amount realized as Miscellaneous Income is greater than the amount approved by the Health Assembly under the regular budget proposals, any such surplus shall be credited to Miscellaneous Income for the following financial period, and shall be applied in accordance with the budget approved for that financial period.

5.4 In the event that the amount realized as Miscellaneous Income is less than the amount approved by the Health Assembly under the regular budget proposals, the Director-General shall review implementation plans for the regular budget in order to make any adjustments that may be necessary.

### **Regulation VI – Assessed Contributions**

6.1 The assessed contributions of Members based on the scale of assessments shall be divided into two equal annual instalments. In the first year of the financial period, the Health Assembly may decide to amend the scale of assessments to be applied to the second year of the financial period.

6.2 After the Health Assembly has adopted the budget, the Director-General shall inform Members of their commitments in respect of contributions for the financial period and request them to pay the first and second instalments of their contributions.

6.3 If the Health Assembly decides to amend the scale of assessments, or to adjust the amount of the appropriations to be financed by contributions from Members for the second year of a biennium, the Director-General shall inform Members of their revised commitments and shall request Members to pay the revised second instalment of their contributions.

6.4 Instalments of contributions shall be due and payable as of 1 January of the year to which they relate.

6.5 There shall be a financial incentive scheme which shall reward Member States that pay in full within the grace period set out in the Financial Rules. This financial incentive shall be calculated as a discount equivalent to interest calculated at the London Inter-bank Bid Rate for the period from the date of payment to the end of the grace period.

6.6 As of 1 January of the following year, the unpaid balance of such contributions shall be considered to be one year in arrears.

6.7 Contributions shall be assessed in United States dollars, and shall be paid in either United States dollars, euros or Swiss francs, or such other currency or currencies as the Director-General shall determine.

6.8 The acceptance by the Director-General of any currency that is not fully convertible shall be subject to a specific, annual approval on a case-by-case basis by the Director-General. Such approvals will include any terms and conditions that the Director-General considers necessary to protect the World Health Organization.

6.9 Payments made by a Member and/or credits from Miscellaneous Income shall be credited to the Member's account and applied first against the oldest amount outstanding.

6.10 Payments in currencies other than United States dollars shall be credited to Members' accounts at the United Nations rate of exchange ruling on the date of receipt by the World Health Organization.

6.11 The Director-General shall submit to the regular session of the Health Assembly a report on the collection of contributions.

6.12 New Members shall be required to make a contribution for the financial period in which they become Members at rates to be determined by the Health Assembly. When received, such unbudgeted assessments shall be credited to Miscellaneous Income.

### **Regulation VII – Working Capital Fund and Internal Borrowing**

7.1 Pending the receipt of assessed contributions, implementation of the regular budget may be financed from the Working Capital Fund, which shall be established as part of the regular budget approved by the Health Assembly, and thereafter by internal borrowing against available cash reserves of the Organization, excluding Trust Funds.

7.2 The level of the Working Capital Fund shall be based on a projection of financing requirements taking into consideration projected income and expenditure. Any proposals that the Director-General may make to the Health Assembly for varying the level of the Working Capital Fund from that previously approved shall be accompanied by an explanation demonstrating the need for the change.

7.3 Any repayments of borrowing under regulation 7.1 shall be made from the collection of arrears of assessed contributions and shall be credited first against any internal borrowing outstanding and secondly against any borrowing outstanding from the Working Capital Fund.

### **Regulation VIII – Miscellaneous and other Income**

8.1 Miscellaneous Income shall be applied in accordance with Regulation V and shall include the following:

- (a) any unobligated balances within appropriations in accordance with regulation 4.6;
- (b) any unliquidated obligations in accordance with regulation 4.7;
- (c) any interest earnings or investment income on surplus liquidity in the regular budget;
- (d) any refunds or rebates of expenditure received after the end of the financial period to which the original expenditure related;
- (e) any proceeds of insurance claims that are not required to replace the insured item, or otherwise compensate for the loss;
- (f) the net proceeds generated on the sale of a capital asset after allowing for all costs of acquisition, or improvement, of any asset concerned;
- (g) any net gains or losses that may have arisen under operation of the exchange rate facility, or application of the official United Nations rates of exchange, or in revaluation for accounting purposes of the Organization's assets and liabilities;
- (h) any payments of arrears of contributions due from Member States that are not required to repay borrowings from the Working Capital Fund or internal borrowing in accordance with regulation 7.3;
- (i) any income not otherwise specifically referred to in these Regulations.

8.2 Any credits due to Members in accordance with regulation 6.5 shall be applied to offset Members' assessed contributions and shall be funded from Miscellaneous Income.

8.3 The Director-General is authorized to levy a charge on extrabudgetary contributions in accordance with any applicable resolution of the Health Assembly. This charge shall be used, together with any interest earnings or earnings from investments of extrabudgetary contributions, in accordance with regulation 11.3(b), to reimburse all, or part of, the indirect costs incurred by the Organization in respect of the generation and administration of extrabudgetary resources. All direct costs of the implementation of programmes that are financed by extrabudgetary resources shall be charged against the relevant extrabudgetary contribution.

8.4 Any refund of expenditure, or reimbursement for services and facilities provided, received from third parties during the biennium in which the original expenditure was incurred or services and facilities were provided shall be credited against that expenditure.

8.5 Any payments received from insurance policies held by the Organization shall be credited towards mitigating the loss that the insurance covered.

8.6 The Director-General is delegated the authority, under Article 57 of the Constitution, to accept gifts and bequests, either in cash or in kind, provided that he or she has determined that such contributions can be used by the Organization, and that any conditions which may be attached to them are consistent with the objective and policies of the Organization.

### **Regulation IX – Funds**

9.1 Funds shall be established to enable the Organization to record income and expenditure. These funds shall cover all sources of income: regular budget, extrabudgetary resources, Trust Funds, and any other source of income as may be appropriate.

9.2 Accounts shall be established for amounts received from donors of extrabudgetary contributions and for any Trust Funds so that relevant income and expenditures may be recorded and reported upon.

9.3 Other accounts shall be established as necessary as reserves or to meet the requirements of the administration of the Organization, including capital expenditure.

9.4 The Director-General may establish revolving funds so that activities may be operated on a self-financing basis. The purpose of such accounts shall be reported to the Health Assembly, including details of sources of income and expenditures charged against such funds, and the disposition of any surplus balance at the end of a financial period.

9.5 The purpose of any account established under regulations 9.3 and 9.4 shall be specified and shall be subject to these Financial Regulations and such Financial Rules as are established by the Director-General under regulation 12.1, prudent financial management, and any specific conditions agreed with the appropriate authority.

### **Regulation X – Custody of Funds**

10.1 The Director-General shall designate the bank or banks or financial institutions in which funds in the custody of the Organization shall be kept.

10.2 The Director-General may designate any investment (or asset) managers and/or custodians that the Organization may wish to appoint for the management of the funds in its custody.

### **Regulation XI – Investment of Funds**

11.1 Any funds not required for immediate payment may be invested and may be pooled in so far as this benefits the return that may be generated.

11.2 Income from investments shall be credited to the fund or account from which invested moneys derive unless otherwise provided in the regulations, rules or resolutions relating to that fund or account.

11.3(a) Income generated from regular budget resources shall be credited to Miscellaneous Income in accordance with regulation 8.1(c).

(b) Income generated from extrabudgetary resources may be used to reimburse indirect costs related to extrabudgetary resources.

11.4 Investment policies and guidelines shall be drawn up in accordance with best industry practice, having due regard for the preservation of capital and the return requirements of the Organization.

### **Regulation XII – Internal Control**

12.1 The Director-General shall:

(a) establish operating policies and procedures in order to ensure effective financial administration, the exercise of economy, and safeguard of the assets of the Organization;

(b) designate the officers who may receive funds, incur financial commitments and make payments on behalf of the Organization;

(c) maintain an effective internal control structure to ensure the accomplishment of established objectives and goals for operations; the economical and efficient use of resources; the reliability and integrity of information; compliance with policies, plans, procedures, rules and regulations; and the safeguarding of assets;

(d) maintain an internal audit function which is responsible for the review, evaluation and monitoring of the adequacy and effectiveness of the Organization's overall systems of internal control. For this purpose, all systems, processes, operations, functions and activities within the Organization shall be subject to such review, evaluation and monitoring.

### **Regulation XIII – Accounts and Financial Reports**

13.1 The Director-General shall establish such accounts as are necessary and shall, in so far as is not otherwise provided for in these Regulations and any Financial Rules established by the Director-General, maintain them in a manner consistent with the United Nations System Accounting Standards.

13.2 Final financial reports shall be prepared for each financial period, and interim financial reports shall be prepared at the end of the first year of each such period. Such financial reports shall be presented in conformity with – and in the formats established under – the Standards referred to in regulation 13.1, together with such other information as may be necessary to indicate the current financial position of the Organization.

13.3 The financial reports shall be presented in United States dollars. The accounting records may, however, be kept in such currency or currencies as the Director-General may deem necessary.

13.4 The financial reports shall be submitted to the External Auditor(s) not later than 31 March following the end of the financial period to which they relate.

13.5 The Director-General may make such *ex gratia* payments as deemed to be necessary in the interest of the Organization. A statement of such payments shall be included with the final accounts.

13.6 The Director-General may authorize, after full investigation, the writing-off of the loss of any asset, other than arrears of contributions. A statement of such losses written off shall be included with the final accounts.

#### **Regulation XIV – External Audit**

14.1 External Auditor(s), each of whom shall be the Auditor-General (or officer holding equivalent title or status) of a Member government, shall be appointed by the Health Assembly, in the manner decided by the Assembly. External Auditor(s) appointed may be removed only by the Assembly.

14.2 Subject to any special direction of the Health Assembly, each audit which the External Auditor(s) performs/perform shall be conducted in conformity with generally accepted common auditing standards and in accordance with the Additional Terms of Reference set out in the Appendix to these Regulations.

14.3 The External Auditor(s) may make observations with respect to the efficiency of the financial procedures, the accounting system, the internal financial controls and, in general, the administration and management of the Organization.

14.4 The External Auditor(s) shall be completely independent and solely responsible for the conduct of the audit.

14.5 The Health Assembly may request the External Auditor(s) to perform certain specific examinations and issue separate reports on the results.

14.6 The Director-General shall provide the External Auditor(s) with the facilities required for the performance of the audit.

14.7 For the purpose of making a local or special examination or for effecting economies of audit cost, the External Auditor(s) may engage the services of any national Auditor-General (or equivalent title) or commercial public auditors of known repute or any other person or firm that, in the opinion of the External Auditor(s), is technically qualified.

14.8 The External Auditor(s) shall issue a report on the audit of the biennium financial report prepared by the Director-General pursuant to Regulation XIII. The report shall include such information as he/she/they deem(s) necessary in regard to regulation 14.3 and the Additional Terms of Reference.

14.9 The report(s) of the External Auditor(s) shall be transmitted through the Executive Board, together with the audited financial report, to the Health Assembly not later than 1 May following the end of the financial period to which the final accounts relate. The Executive Board shall examine the interim and biennium financial reports and the audit report(s) and shall forward them to the Health Assembly with such comments as it deems necessary.

### **Regulation XV – Resolutions involving Expenditures**

15.1 Neither the Health Assembly nor the Executive Board shall take a decision involving expenditures unless it has before it a report from the Director-General on the administrative and financial implications of the proposal.

15.2 Where, in the opinion of the Director-General, the proposed expenditure cannot be made from the existing appropriations, it shall not be incurred until the Health Assembly has made the necessary appropriations.

### **Regulation XVI – General Provisions**

16.1 These Regulations shall be effective as of the date of their approval by the Health Assembly, unless otherwise specified by the Health Assembly. They may be amended only by the Health Assembly.

16.2 In case of doubt as to the interpretation and application of any of the foregoing regulations, the Director-General is authorized to rule thereon, subject to confirmation by the Executive Board at its next session.

16.3 The Financial Rules established by the Director-General as referred to in regulation 1.4 above, and the amendments made by the Director-General to such rules, shall enter into force after confirmation by the Executive Board. They shall be reported upon to the Health Assembly for its information.

## **Appendix**

### **ADDITIONAL TERMS OF REFERENCE GOVERNING THE EXTERNAL AUDIT OF THE WORLD HEALTH ORGANIZATION**

1. The External Auditor(s) shall perform such audit of the accounts of the World Health Organization, including all Trust Funds and special accounts, as deemed necessary in order to satisfy himself/herself/themselves:

- (a) that the financial statements are in accord with the books and records of the Organization;
- (b) that the financial transactions reflected in the statements have been in accordance with the rules and regulations, the budgetary provisions, and other applicable directives;
- (c) that the securities and moneys on deposit and on hand have been verified by the certificates received direct from the Organization's depositaries or by actual count;
- (d) that the internal controls, including the internal audit, are adequate in the light of the extent of reliance placed thereon;



- (e) that procedures satisfactory to the External Auditor(s) have been applied to the recording of all assets, liabilities, surpluses and deficits.
2. The External Auditor(s) shall be the sole judge as to the acceptance in whole or in part of certifications and representations by the Secretariat and may proceed to such detailed examination and verification as he/she/they choose(s) of all financial records including those relating to supplies and equipment.
3. The External Auditor(s) and staff shall have free access at all convenient times to all books, records and other documentation which are, in the opinion of the External Auditor(s), necessary for the performance of the audit. Information classified as privileged and which the Secretariat agrees is required by the External Auditor(s) for the purposes of the audit, and information classified as confidential, shall be made available on application. The External Auditor(s) and staff shall respect the privileged and confidential nature of any information so classified which has been made available and shall not make use of it except in direct connection with the performance of the audit. The External Auditor(s) may draw the attention of the Health Assembly to any denial of information classified as privileged which, in his/her/their opinion, was required for the purpose of the audit.
4. The External Auditor(s) shall have no power to disallow items in the accounts but shall draw to the attention of the Director-General for appropriate action any transaction that creates doubt as to legality or propriety. Audit objections, to these or any other transactions, arising during the examination of the accounts shall be immediately communicated to the Director-General.
5. The External Auditor(s) shall express and sign an opinion on the financial statements of the Organization. The opinion shall include the following basic elements:
- (a) identification of the financial statements audited;
  - (b) a reference to the responsibility of the entity's management and responsibility of the External Auditor(s);
  - (c) a reference to the audit standards followed;
  - (d) a description of the work performed;
  - (e) an expression of opinion on the financial statements as to whether:
    - (i) the financial statements present fairly the financial position as at the end of the period and the results of the operations for the period;
    - (ii) the financial statements were prepared in accordance with the stated accounting policies;
    - (iii) the accounting policies were applied on a basis consistent with that of the preceding financial period;
  - (f) an expression of opinion on the compliance of transactions with the Financial Regulations and legislative authority;
  - (g) the date of the opinion;
  - (h) the External Auditor's(s') name and position;

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- (i) the place where the report has been signed;
  - (j) should it be necessary, a reference to the report of the External Auditor(s) on the financial statements.
6. The report of the External Auditor(s) to the Health Assembly on the financial operations of the period should mention:
- (a) the type and scope of examination;
  - (b) matters affecting the completeness or accuracy of the accounts, including where appropriate:
    - (i) information necessary to the correct interpretation of the accounts;
    - (ii) any amounts that ought to have been received but which have not been brought to account;
    - (iii) any amounts for which a legal or contingent obligation exists and which have not been recorded or reflected in the financial statements;
    - (iv) expenditures not properly substantiated;
    - (v) whether proper books of accounts have been kept; where in the presentation of statements there are deviations of a material nature from a consistent application of generally accepted accounting principles, these should be disclosed;
  - (c) other matters that should be brought to the notice of the Health Assembly such as:
    - (i) cases of fraud or presumptive fraud;
    - (ii) wasteful or improper expenditure of the Organization's money or other assets (notwithstanding that the accounting for the transaction may be correct);
    - (iii) expenditure likely to commit the Organization to further outlay on a large scale;
    - (iv) any defect in the general system or detailed regulations governing the control of receipts and disbursements, or of supplies and equipment;
    - (v) expenditure not in accordance with the intention of the Health Assembly, after making allowance for duly authorized transfers within the budget;
    - (vi) expenditure in excess of appropriations as amended by duly authorized transfers within the budget;
    - (vii) expenditure not in conformity with the authority that governs it;
  - (d) the accuracy or otherwise of the supplies and equipment records as determined by stocktaking and examination of the records.

In addition, the report may contain reference to:

(e) transactions accounted for in a previous financial period, concerning which further information has been obtained, or transactions in a later financial period concerning which it seems desirable that the Health Assembly should have early knowledge.

7. The External Auditor(s) may make such observations with respect to his/her/their findings resulting from the audit and such comments on the financial report as he/she/they deem(s) appropriate to the Health Assembly or to the Director-General.

8. Whenever the External Auditor's(s') scope of audit is restricted, or insufficient evidence is available, the External Auditor's(s') opinion shall refer to this matter, making clear in the report the reasons for the comments and the effect on the financial position and the financial transactions as recorded.

9. In no case shall the External Auditor(s) include criticism in any report without first affording the Director-General an adequate opportunity of explanation on the matter under observation.

The External Auditor(s) is/are not required to mention any matter referred to in the foregoing which is considered immaterial.

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