



WORLD HEALTH ORGANIZATION

FIFTY-FOURTH WORLD HEALTH ASSEMBLY

(Draft) A54/51
21 May 2001

Fifth report of Committee A

(Draft)

Committee A held its ninth and tenth meetings on 21 May 2001. The ninth meeting was under the chairmanship of Dr C. Otto (Palau), Dr M. Fikri (United Arab Emirates) and Professor S.K. Ongeru (Kenya) and the tenth meeting was under the chairmanship of Professor S.K. Ongeru (Kenya).

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

13. Technical and health matters

13.3 Communicable diseases

One resolution entitled:

- Schistosomiasis and soil-transmitted helminth infections

12. Programme budget

12.2 Proposed programme budget for 2002-2003

One resolution entitled:

- Proposed appropriation resolution for the financial period 2002-2003

13. Technical and health matters

13.9 International Classification of Functioning, Disability and Health

One resolution

Agenda item 13.3

Schistosomiasis and soil-transmitted helminth infections

The Fifty-fourth World Health Assembly,

Recalling resolutions EB5.R5, WHA3.26, EB55.R22, WHA28.53 and WHA29.58 on schistosomiasis;

Noting the report on the control of schistosomiasis and soil-transmitted helminth infections;

Recognizing that where control measures have been implemented in a sustainable way, as demonstrated in several countries, mortality, morbidity and transmission have decreased dramatically, leading to elimination in a number of countries;

Expressing concern that 2000 million people are infected by schistosomes and soil-transmitted helminths worldwide, of whom 300 million have associated severe morbidity, and that schistosomiasis and soil-transmitted helminth infections are invariably more prevalent in the poorest sections of the populations residing in the least-developed countries;

Further recognizing that sanitation and safe water are essential, and that repeated chemotherapy with safe, single-dose, affordable drugs at regular intervals ensures that levels of infection are kept below those associated with morbidity, and improves health and development, especially of children,

1. ENDORSES as the best means of reducing mortality and morbidity and improving health and development in infected communities, the regular treatment of high-risk groups, particularly school-age children, and ensured access to single-dose drugs against schistosomiasis and soil-transmitted helminth infections in primary health care services, completed by the simultaneous implementation of plans for basic sanitation and adequate safe water supplies.

2. URGES Member States:

(1) to sustain successful control activities in low-transmission areas in order to eliminate schistosomiasis and soil-transmitted helminth infections as a public health problem, and to give high priority to implementing or intensifying control of schistosomiasis and soil-transmitted helminth infections in areas of high transmission while monitoring drug quality and efficacy;

(2) to ensure access to essential drugs against schistosomiasis and soil-transmitted helminth infections in all health services in endemic areas for the treatment of clinical cases and groups at high risk of morbidity such as women and children, with the goal of attaining a minimum target of regular administration of chemotherapy to at least 75% and up to 100% of all school-age children at risk of morbidity by 2010;

(3) to promote access to safe water, sanitation and health education through intersectoral collaboration;

(4) to ensure that any development activity likely to favour the emergence or spread of parasite diseases is accompanied by preventive measures to limit their impact;

(5) to mobilize resources in order to sustain activities for control of schistosomiasis and soil-transmitted helminth infections;

3. ENCOURAGES organizations of the United Nations system, bilateral agencies, and nongovernmental organizations:

(1) to intensify support for control of helminth infections, and to take advantage of the synergy that can be created with existing initiatives for the prevention, control and elimination of other communicable diseases;

(2) to intensify support to sanitation and safe water programmes as well as taking into account the health aspects of agricultural development programmes and programmes to develop water resources with respect to the possible re-emergence of diseases;

4. REQUESTS the Director-General:

(1) to combat schistosomiasis and soil-transmitted helminth infections by advocating new partnerships with organizations of the United Nations system, bilateral agencies, nongovernmental organizations and the private sector, and by continuing to provide international direction and coordination;

(2) to continue to seek the resources required to support advocacy, coordination, programmes and research activities;

(3) to continue to promote the strengthening of health systems and services as an important component of successful disease control programmes;

(4) to keep the Executive Board and Health Assembly informed of the progress made in controlling or eliminating schistosomiasis and soil-transmitted helminth infections in high- and low-transmission countries, respectively.

Agenda item 12.2

**Proposed appropriation resolution for
the financial period 2002-2003**

The Fifty-fourth World Health Assembly,

1. COMMENDS the Director-General on the further progress in budget reform with the integrated presentation of the proposed programme budget for 2002-2003;
2. NOTES with satisfaction that the proposed programme budget for 2002-2003 has been developed on the basis of a strategic approach to results-based budgeting, and thus complies with earlier resolutions by the Executive Board and the World Health Assembly in this regard;
3. NOTES FURTHER that significant improvements have also been made in the transparency, accountability and effectiveness of the Organization's financial systems in accordance with best management practice, as requested by resolution WHA52.20;
4. RESOLVES to appropriate for the financial period 2002-2003 an amount of US\$ 935 654 000 under the regular budget as follows:

A.

Appropriation section	Amount US\$
1. Communicable diseases	50 892 000
2. Noncommunicable diseases and mental health	40 170 000
3. Family and community health	33 372 000
4. Sustainable development and healthy environments	47 368 000
5. Health technology and pharmaceuticals	34 982 000
6. Evidence and information for policy	94 132 000
7. External relations and governing bodies	44 746 000
8. General management	139 459 000
9. Director-General, Regional Directors and independent functions	21 528 000
10. Country programmes	336 005 000
Subtotal	842 654 000
11. From miscellaneous income:	
11.1 Exchange rate hedging (in lieu of the facility under financial regulation 4.4)	10 000 000
11.2 Real Estate Fund.....	3 000 000
Subtotal	13 000 000
Effective working budget	855 654 000
12. Transfer to Tax Equalization Fund.....	80 000 000
Total	935 654 000

B. Amounts not exceeding the appropriations approved under paragraph A shall be available for the payment of obligations incurred during the financial period 1 January 2002 to 31 December 2003 in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial period 2002-2003 to sections 1 to 11.

C. Notwithstanding the provisions of Financial Regulation 4.3, the Director-General is authorized to make transfers between appropriation sections 1 to 10 of the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made. All such transfers shall be reported in the financial report for the financial period 2002-2003. Any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.3.

D. The amount required to meet payments under the financial incentive scheme in accordance with Financial Regulation 6.5, estimated at US\$ 3 000 000, shall be financed from miscellaneous income.

E. The appropriations approved under paragraph A shall be financed by assessments on Members and miscellaneous income in accordance with the provisions of resolution WHA 54.xx (**reference scale of assessments**). In establishing the amounts payable by individual Members in respect of their contributions, there shall be a reduction for the amount estimated in respect of the programme support costs payable by UNDP estimated at US\$ 500 000; the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that require staff members of WHO to pay taxes on their emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization, and amounts earned under the financial incentive scheme.

5. WELCOMES efforts under way to effect efficiency savings in pursuance of resolution WHA52.20, and requests that such efforts should continue also in 2002-2003, to be applied towards the required adjustments for cost increases and currency fluctuations of US\$ 16 172 000;

6. WELCOMES further the assurance by the Director-General to provide budget information on staffing and categories of expenditure resulting from the operational planning for 2002-2003 to the Executive Board, at its 109th session;

7. REQUESTS that the Executive Board and the Health Assembly should also be regularly informed of other aspects of reform under way, notably in the area of programme monitoring and evaluation;

8. NOTES the estimated expenditure in the programme budget for 2002-2003 to be financed from sources other than the regular budget in an amount of US\$ 1 380 000 000, leading to a total budget under all sources of funds of US\$ 2 235 654 000.

Agenda item 13.9

International classification of functioning, disability and health

The Fifty-fourth World Health Assembly,

1. ENDORSES the second edition of the International Classification of Impairments, Disabilities and Handicaps (ICIDH-2), with the title International Classification of Functioning, Disability and Health, henceforth referred to in short as ICF;
2. URGES Member States to use the ICF in their research, surveillance and reporting as appropriate, taking into account specific situations in Member States and, in particular, in view of possible future revisions;
3. REQUESTS the Director General to provide support to Member States, at their request, in making use of ICF.

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