



# WORLD HEALTH ORGANIZATION

FIFTY-FIFTH WORLD HEALTH ASSEMBLY

(Draft) A55/49  
17 May 2002

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## Second report of Committee A

(Draft)

Committee A held its sixth and seventh meetings on 17 May under the chairmanship of Dr J. Kiely (Ireland). During the sixth meeting Dr S.P. Agarwal (India) later took the chair *ad interim*.

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

13. Technical and health matters

13.3 World Summit on Sustainable Development

One resolution entitled:

- Health and sustainable development (as amended)

13.5 HIV/AIDS

One resolution entitled:

- Contribution of WHO to the follow-up of the United Nations General Assembly special session on HIV/AIDS (as amended)

13.2 WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration

One resolution entitled:

- Protection of medical missions during armed conflict (as amended)

13.8 WHO medicines strategy

One resolution entitled:

- Ensuring accessibility of essential medicines

13.16 Smallpox eradication: destruction of variola virus stocks

One resolution (as amended)

13.15 Natural and accidental release of biological, chemical or radionuclear agents affecting health or their deliberate use to cause harm

One resolution entitled:

- Global public health response to natural occurrence, accidental release or deliberate use of biological, chemical agents or radionuclear material that affect health (as amended)

### Agenda item 13.3

#### Health and sustainable development

The Fifty-fifth World Health Assembly,

Having considered the report on the World Summit on Sustainable Development,<sup>1</sup>

Recalling Principle 1 of the Rio Declaration on Environment and Development, namely, “Human beings are at the center of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature” and Chapter 6 on health of Agenda 21, adopted at the United Nations Conference on Environment and Development (Rio de Janeiro, Brazil, 1992);

Welcoming the report of the WHO Commission on Macroeconomics and Health<sup>2</sup> and noting the references to the resources needed to scale up the coverage of essential interventions to achieve desired health outcomes;

Recognizing that sustainable development aims at improving the quality of life of all the world’s present generation, without compromising that of future generations;

Further recognizing that achieving this objective requires integrated action towards economic growth; the assurance that no individual or nation is denied the opportunity to benefit from development; management and conservation of natural resources; protection of the environment; and social development;

Aware that these pillars are mutually supportive, creating synergy for sustainable development and good health;

Bearing in mind the contribution that poverty reduction makes to health, and health to sustainable poverty reduction; that sustainable global and local environments make to health; and that viable health services uniquely make to sustainable development;

Aware of the need for a comprehensive approach to health and of the intersectoral nature of health problems and solutions;

Noting with concern that, despite much social and economic progress, health continues to be severely compromised in many countries by inadequacies in the implementation of required measures in all areas of sustainable development,

1. URGES Member States:

(1) to address the link between health and sustainable development at the World Summit on Sustainable Development (Johannesburg, South Africa, 2002);

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<sup>1</sup> Document A55/7.

<sup>2</sup> *Macroeconomics and health: investing in health for economic development*. Geneva, World Health Organization, 2001.

- (2) to provide timely and effective support to the health programme as envisaged in the New Partnership for Africa's Development (NEPAD) as a means of achieving sustainable development in Africa, and to similar initiatives in other regions;
- (3) to reaffirm internationally agreed development goals, including those contained in the United Nations Millennium Declaration;
- (4) to implement the United Nations Declaration of Commitment on HIV/AIDS and internationally and regionally agreed targets for the reduction of the disease burden;
- (5) to encourage countries in development to prepare and implement sustainable strategies to reduce poverty and to include in such strategies plans to address the unacceptable burden of communicable and noncommunicable diseases;
- (6) to encourage developed countries that have not done so to make concrete efforts towards the target of allocating 0.7% of GNP as official development assistance to developing countries;
- (7) to apply the 20:20 principle whereby not less than 20% of official development assistance and not less than 20% of countries' own budgets are allocated to social sector spending;
- (8) to dedicate funds for health research, particularly for development of new drugs and vaccines for preventing and treating diseases of poverty;
- (9) to adopt policies that create healthy workplaces, protect workers' health and, consistent with national and international law, prevent transfer of hazardous equipment, processes and materials;

2. REQUESTS the Director-General:

- (1) to provide support to countries to implement strategies and interventions to achieve the internationally agreed development goals, including those contained in the United Nations Millennium Declaration, and scale up their efforts in health to the level required;
- (2) to provide technical support to countries to frame policies and to implement national commitments and action plans that promote consumption patterns at individual and national levels that are sustainable and health promoting;
- (3) to accelerate development of an action plan to address the ethical recruitment and distribution of skilled health-care personnel, and the need for sound national policies and strategies for the training and management of human resources for health;
- (4) to provide support to countries further to develop effective disease surveillance and health information systems;
- (5) to provide support to countries to establish and strengthen on the basis of a multisectoral approach existing programmes of action, to empower people to protect and promote their health and well-being;
- (6) to report to the Fifty-sixth World Health Assembly on the World Summit on Sustainable Development and on progress made in implementing this resolution.

## Agenda item 13.5

### **Contribution of WHO to the follow-up of the United Nations General Assembly special session on HIV/AIDS**

The Fifty-fifth World Health Assembly,

Deeply concerned that the global HIV/AIDS pandemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable challenges both to human life and dignity and to the effective enjoyment of human rights, and undermines social and economic development throughout the world which affects all levels of society: national, community, family and individual;

Noting with profound concern that HIV continues to spread unabated around the world and that in many countries, in particular in Eastern Europe and Asia, infection rates have risen dramatically during 2001, so that by the end of 2001, 40 million people worldwide were living with HIV/AIDS, 90% of them in developing countries, and 75% in Africa;

Recalling and reaffirming the previous commitments on HIV/AIDS made through the Declaration of Commitment on HIV/AIDS adopted at the special session of the United Nations General Assembly on HIV/AIDS (27 June 2001), the United Nations Millennium Declaration (8 September 2000), and the United Nations Secretary-General's road map towards its implementation<sup>1</sup> as well as resolution WHA54.10 on scaling up the response to HIV/AIDS;

Acknowledging WHO's special role within the United Nations system to combat and mitigate the effects of HIV/AIDS, and its responsibility in the follow-up of the Declaration of Commitment on HIV/AIDS and as a cosponsor of UNAIDS;

Recognizing the essential role of the health sector in the response to HIV/AIDS and the need to strengthen health systems and make them more effective so that countries and communities may contribute maximally to the fulfilment of the global targets set out in the Declaration of Commitment on HIV/AIDS;

Recognizing that the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic that includes prevention, care, support and treatment, reducing vulnerability to HIV/AIDS, and preventing stigmatization and related discrimination against people living with, or at risk of, HIV/AIDS;

Commending the efforts of the Director-General to enhance and strengthen WHO's response to the HIV/AIDS pandemic and further to develop and extend the role of WHO as a key cosponsor of UNAIDS,

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<sup>1</sup> General Assembly document A/56/326.

1. URGES Member States:

- (1) to act upon the political commitment expressed at the United Nations General Assembly special session on HIV/AIDS, by operationalizing the Declaration of Commitment on HIV/AIDS and by allocating significantly increased resources to the health sector so that it may play an effective role in prevention, care, support and treatment of HIV/AIDS;
- (2) to foster mechanisms to increase global resources for the response to HIV/AIDS;
- (3) 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, to enhance programming of interventions by learning from success and failure and to optimize the allocation of resources;
- (4) to establish or 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;
- (5) to increase access to care, including by making prophylactic and therapeutic drugs affordable according to the availability of resources and assuring that they are safely and effectively used in the proper context of existing systems;
- (6) to build and strengthen partnerships between health-care providers, both public and private, and communities, including nongovernmental organizations, in order to mobilize and empower communities in the response to HIV/AIDS;
- (7) to scale up significantly programmes to increase coverage of interventions intended to reduce the spread of HIV and increase the quality and length of life of those living with HIV/AIDS, on the basis of scientific evidence and lessons learned;
- (8) to advocate the reduction of stigmatization and discrimination against people living with or at risk of HIV/AIDS and to mitigate the impact of HIV/AIDS on vulnerable groups, especially women and children;

2. REQUESTS the Director-General:

- (1) to continue to ensure that WHO plays a key role in providing technical leadership, direction and support to the health system's response to HIV, within the United Nations system-wide response, as a cosponsor of UNAIDS;
- (2) to provide support to countries in order to maximize opportunities for the delivery of all relevant interventions for prevention, care, support and treatment of HIV/AIDS;
- (3) to provide support to countries in order to strengthen the health sector so that it may play a more effective and catalytic role in relation to other relevant sectors with a view to achieving a well-coordinated, multisectoral and sustainable response to the epidemic;
- (4) within the framework of strengthening the health system's response to HIV/AIDS, to provide support to countries, as part of their national strategies, in the areas of prevention, care,

support and treatment in order to meet the commitments and goals agreed at the United Nations General Assembly special session on HIV/AIDS, in particular as they:

- (a) take effective measures, within a supportive environment, to ensure that people everywhere, particularly young people, have access to the information and services necessary to enable them to protect themselves from HIV;
  - (b) intensify and expand action to achieve the goal of the special session of lowering the proportion of infants infected with HIV through reduction of HIV transmission in women of reproductive age, access to family-planning information and services for HIV-infected women, and provision of interventions that reduce transmission from mother to child;
  - (c) develop national strategies and actions on care and support for people living with HIV/AIDS, including prevention and treatment of opportunistic infections and provision of palliative care and psychosocial support;
- (5) to continue broad-based consultations with countries and partners on the global health-sector strategy, which will comprise tools and approaches for scaling up effective, feasible and sustainable interventions;
- (6) to provide support for research on new technologies and approaches to prevent and treat HIV/AIDS, such as vaccines, microbicides, standard and simplified regimens for antiretroviral treatment and monitoring, and for operational research on service delivery;
- (7) to submit a report on WHO's work on HIV/AIDS, including the global health-sector strategy to the Executive Board at its 111th session and the Fifty-sixth World Health Assembly.

## Agenda item 13.2

### Protection of medical missions during armed conflict

The Fifty-fifth World Health Assembly,

Recalling and reiterating resolution WHA46.39 entitled “Health and medical services in times of armed conflict”;

Reaffirming the need to promote and ensure respect for the principles and rules of international humanitarian law, and guided in this respect by the relevant provisions of the Geneva Conventions of 1949 and their Additional Protocols of 1977, as applicable;

Aware that, over the years, considerations based on international humanitarian and human-rights law have resulted in improved protection for medical personnel and for their recognized emblems during armed conflict;

Deeply disturbed by recent reports of increasing attacks on medical personnel, establishments and units during armed conflicts;

Alarmed by the extent to which civilian populations are being affected by the lack of medical care as a consequence of attacks directed at health and other humanitarian personnel, and health establishments, during armed conflicts;

Aware of the adverse effects of such conflicts on high-priority public health programmes, such as the Expanded Programme on Immunization and control of malaria and tuberculosis;

Recognizing the benefits of ceasefires brokered for national immunization days as appropriate;

Convinced, in accordance with international law, that it is indispensable to protect against attacks directed at health personnel, hospitals, health facilities and infrastructures, ambulances and other medical vehicles and communication systems used for humanitarian purposes,

1. CALLS on all parties to armed conflicts fully to adhere to and implement the applicable rules of international humanitarian law protecting civilians and combatants who are *hors de combat* as well as medical, nursing and other health and humanitarian personnel, and to respect provisions that regulate the use of Red Cross and Red Crescent emblems and the protective status they have under international humanitarian law;
2. URGES Member States to condemn all attacks directed at health personnel, especially those that impede ability of such personnel to carry out their humanitarian function during armed conflicts;
3. ALSO URGES Member States, organizations of the United Nations system, other intergovernmental and nongovernmental bodies active in the humanitarian or health fields to promote actions that ensure the safety of health personnel;



4. ALSO URGES parties to conflict and humanitarian relief organizations to assure that ambulances, other medical vehicles, health facilities or other structures which facilitate the work of health personnel are utilized for humanitarian purposes only;

5. REQUESTS the Director-General:

(1) to promote the protection of and respect for health personnel and establishments;

(2) to liaise closely with the competent organizations of the United Nations system, including UNICEF, the Office for the Coordination of Humanitarian Affairs, the Office of the High Commissioner for Refugees, and the Office of the High Commissioner for Human Rights, together with the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies and other relevant intergovernmental and nongovernmental bodies in order to promote implementation of this resolution;

(3) to disseminate this resolution widely.

## **Agenda item 13.8**

### **Ensuring accessibility of essential medicines**

The Fifty-fifth World Health Assembly,

Welcoming adoption of the “Declaration on the TRIPS agreement and public health” at the Fourth WTO Ministerial Conference (Doha, 14 November 2001), supportive of the rights of countries to protect public health and, in particular, to promote access to medicines for all;

Recalling discussions and proposals reported by Member States in their regional meetings before the Fifty-fifth World Health Assembly, mainly at the 53rd session of the Regional Committee for the Americas (September 2001)<sup>1</sup> and the Forty-eighth session of the Regional Committee for the Eastern Mediterranean (October 2001)<sup>2</sup> and, additionally, the thorough discussion of the Executive Board at its 109th session;

Reaffirming resolution WHA54.11, emphasizing WHO’s medicines strategy and its requests to Member States and the Director-General of WHO;

Aware of the need to assure the continuity of updating WHO’s Model List of Essential Drugs in light of evidence-based, scientific information;

Underlining the feasibility of addressing comprehensively the impact of international trade agreements on equitable access to all drugs, particularly essential drugs;

Conscious of the responsibility of Member States to support solid scientific evidence, excluding any biased information or external pressures that may be detrimental to public health;

1. URGES Member States:

(1) to reaffirm their commitment to increasing access to medicines, and to translate such commitment into specific regulation within countries, especially enactment of national drug policies and establishment of lists of essential medicines based on evidence and with reference to WHO’s Model List, and into actions designed to promote policy for, access to, and quality and rational use of, medicines within national health systems;

(2) to establish the necessary mechanisms for essential medicines lists that are science-based, independent of external pressures, and subject to regular reviews;

(3) in addition to health policies and actions, to implement complementary measures to ensure that national lists of essential medicines are supported by standard clinical guidelines, preferably national therapeutic formularies, with the aim of promoting rational prescription;

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<sup>1</sup> See document CD53/5.

<sup>2</sup> See resolution EM/RC48/R.2.

(4) to reaffirm, within the national drug policies, WHO's concept of essential medicines as those medicines that satisfy the priority health care needs of the population, reflecting also availability, quality, price and feasibility of delivery, and reemphasizing the evidence base for overall national discussions;

(5) to continue monitoring the implications on access to medicines of recent patent-protection laws and compliance with WTO's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS);

2. REQUESTS the Director-General:

(1) to strengthen the Expert Committee on the Use of Essential Drugs, ensuring its independence from external pressures at all times, the use of science-based criteria for revision and updating, and receipt, when appropriate and as required, of the necessary inputs from all relevant stakeholders;

(2) to ensure that WHO's medicines strategy addresses the important issue of the impact of international trade agreements on access to medicines and to reflect, in the relevant reports to WHO's governing bodies, progress in its comprehensive endeavour;

(3) to advocate the necessary action worldwide to promote market-based differential pricing for essential medicines between high-, middle-, and low-income countries, and to provide technical support, especially to developing countries, to establish drug-pricing policies;

(4) to advocate the concept and policies of essential medicines as a tool for implementing rational prescription of medicines;

(5) to continue to work on the methodology for computerized databases on reference prices of essential medicines worldwide;

(6) to pursue all diplomatic and political opportunities aimed at overcoming barriers to access to essential medicines, collaborating with Member States in order to make these medicines accessible and affordable to the people who need them;

(7) to join with and support nongovernmental organizations in the process of implementing initiatives that are compatible with public health priorities.

## Agenda item 13.16

The Fifty-fifth World Health Assembly,

Recalling resolution WHA52.10 on smallpox eradication;

Having considered the report on Smallpox eradication: destruction of variola virus stocks;<sup>1</sup>

Noting that the research programme will not be completed by the end of 2002,

1. DECIDES to authorize the further, temporary, retention of the existing stocks of live *Variola virus* at the current locations specified in resolution WHA52.10, for the purpose of enabling further international research, on the understanding that steps should be taken to ensure that all approved research would remain outcome-oriented and time-limited and periodically reviewed and a proposed new date for destruction should be set when the research accomplishments and outcomes allow consensus to be reached on the timing of destruction of *Variola virus* stocks;
2. REQUESTS the Director-General:
  - (1) to continue the work of the Advisory Committee on Variola Virus Research with respect to the research involving *Variola virus* stocks and to ensure that the research programme is conducted in an open and transparent manner;
  - (2) to ensure that regular biosafety inspection of the storage and research facilities is continued in order to confirm the strict containment of existing stocks and to ensure a safe research environment for work with *Variola virus*;
  - (3) to ensure that research results and the benefits of this research are made available to all Member States;
  - (4) to report annually the progress in the research programme and relevant issues to the World Health Assembly, through the Executive Board.

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<sup>1</sup> Document A55/21.

## Agenda item 13.15

### **Global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health**

The Fifty-fifth World Health Assembly,

Underlining that the World Health Organization focuses on the possible public health consequences of an incident involving biological and technical agents and radionuclear material, regardless of whether it is characterized as a natural occurrence, accidental release or a deliberate act;

Having reviewed the report on the deliberate use of biological and chemical agents to cause harm: public health response;<sup>1</sup>

Seriously concerned about threats against civilian populations, including those caused by natural occurrence or accidental release of biological or chemical agents or radionuclear material as well as their deliberate use to cause illness and death in target populations;

Noting that such agents can be disseminated through a range of mechanisms, including the food- and water-supply chains, thereby threatening the integrity of public health systems;

Acknowledging that natural occurrence or accidental release of biological, chemical agents and radionuclear material could have serious global public health implications and jeopardise the public health achievements of the past decades;

Acknowledging also that the local release of biological, chemical and radionuclear material designed to cause harm could have serious global public health implications and jeopardize the public health achievements of the past decades;

Recalling resolution WHA54.14 on global health security: epidemic alert and response, which stresses the need for all Member States to work together, with WHO and with other technical partners, in addressing health emergencies of international concern, and resolution WHA45.32 on the International Programme on Chemical Safety, which emphasized the need to establish or strengthen national and local capacities to respond to chemical incidents;

Recognizing that one of the most effective methods of preparing for deliberately caused disease is to strengthen public health surveillance and response activities for naturally or accidentally occurring diseases,

1. URGES Member States:

- (1) to ensure they have in place national disease-surveillance plans which are complementary to regional and global disease-surveillance mechanisms, and to collaborate in the rapid analysis and sharing of surveillance data of international humanitarian concern;

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<sup>1</sup> Document A55/20.

(2) to collaborate and provide mutual support in order to enhance national capacity in field epidemiology, laboratory diagnoses, toxicology and case management;

(3) to treat any deliberate use, including local, of biological and chemical agents and radionuclear attack to cause harm also as a global public health threat, and to respond to such a threat in other countries by sharing expertise, supplies and resources in order rapidly to contain the event and mitigate its effects;

2. REQUESTS the Director-General:

(1) to continue, in consultation with relevant intergovernmental agencies and other international organizations, to strengthen global surveillance of infectious diseases, water quality, and food safety, and related activities such as revision of the International Health Regulations and development of WHO's food safety strategy, by coordinating information gathering on potential health risks and disease outbreaks, data verification, analysis and dissemination, by providing support to laboratory networks, and by making a strong contribution to any international humanitarian response, as required;

(2) to provide tools and support for Member States, particularly developing countries, in strengthening their national health systems, notably with regard to emergency preparedness and response plans, including disease surveillance and toxicology, risk communication, and psychosocial consequences of emergencies;

(3) to continue to issue international guidance and technical information on recommended public health measures to deal with the deliberate use of biological and chemical agents to cause harm, and to make this information available on WHO's web site;

(4) to examine the possible development of new tools, within the mandate of WHO, including modelling of possible scenarios of natural occurrence, accidental release or deliberate use of biological, chemical agents and radionuclear material that affect health, and collective mechanisms concerning the global public health response to contain or mitigate the effects of natural occurrence, accidental release or deliberate use of biological, chemical agents and radionuclear material that affect health.

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