



WORLD HEALTH ORGANIZATION

FIFTY-SIXTH WORLD HEALTH ASSEMBLY

(Draft) A56/65
28 May 2003

Fifth report of Committee B

(Draft)

Committee B held its seventh and eighth meetings on 27 May 2003 under the chairmanship of Mr L. Rokovada (Fiji) and Dr R. Constantiniu (Romania).

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

14. Technical and health matters

14.19 Joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission

One resolution

14.15 Implementing the recommendations of the *World report on violence and health*

One resolution

14.13 Strengthening health systems in developing countries

One resolution entitled:

- The role of contractual arrangements in improving health systems' performance

14.17 Elimination of avoidable blindness

One resolution

Agenda item 14.19

Joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission

The Fifty-sixth World Health Assembly,

Recalling resolution WHA40.20 on the Codex Alimentarius Commission and resolution WHA53.15 on food safety;

Having considered the report on the joint FAO/WHO evaluation of the Codex Alimentarius Commission and other FAO and WHO work on food standards;¹

Acknowledging with appreciation the statement of the Codex Alimentarius Commission on the outcome of the joint FAO/WHO evaluation annexed to the present resolution;

Welcoming the recommendation to give higher priority to setting science-based standards for food safety, nutrition-related issues and health;

Noting with satisfaction the excellent collaboration between WHO and FAO in the area of food safety and nutrition;

Aware that the rise in the global distribution of food is linked to an increased need for internationally agreed assessments and guidelines related to food safety and nutrition;

Recognizing that one of the prerequisites for economic development is a safe food production system for both domestic and export markets based on regulatory frameworks protecting consumers' health;

Conscious of the need for full participation of developing countries in setting globally relevant standards;

Emphasizing the lead responsibility of WHO, in collaboration with FAO, in providing sound scientific assessments of hazards in food and nutrition as a basis for managing risk at national and international levels;

Stressing the urgent need to reinforce the participation of the health sector in standard-setting activities related to food in order to promote and protect consumers' health,

1. ENDORSES WHO's increased direct involvement in the Codex Alimentarius Commission and an enhanced capacity within WHO for risk assessment;

2. URGES Member States:

(1) to participate actively in international standard-setting in the framework of the Codex Alimentarius Commission, especially in the area of food safety and nutrition;

¹ Document A56/34.

- (2) to make full use of Codex standards for the protection of human health throughout the food chain, including assistance with making healthy choices regarding nutrition and diet;
 - (3) to stimulate collaboration between all sectors involved at national level in setting standards based on the Codex Alimentarius related to food safety and nutrition, with particular focus on the health sector and fully involving all stakeholders;
 - (4) to facilitate the participation of national experts in international standard-setting activities;
- 3. INVITES the regional committees to review regional policies and strategies for strengthening capacity in the areas of standard-setting for food safety and of nutrition information, in collaboration with FAO;
- 4. CALLS ON donors to increase funding for WHO's activities related to the setting of standards for food, with special attention to least developed countries;
- 5. REQUESTS the Director-General:
 - (1) to support the development and implementation of an action plan to address the recommendations in the Codex Evaluation Report, and, in collaboration with FAO, to consider means to improve the efficiency of the Codex standard-setting process by meeting the unique governance needs of Codex within the overall structure of WHO and FAO;
 - (2) to strengthen WHO's role:
 - (a) in the management of the Codex Alimentarius Commission and to give a higher profile to the Commission and related work throughout the Organization;
 - (b) in complementing the work of the Codex Alimentarius Commission with other relevant WHO activities in the areas of food safety and nutrition, with special attention to issues mandated in World Health Assembly resolutions and to the International Health Regulations;
 - (c) in risk assessment, including through the system of joint FAO/WHO expert bodies and consultations and through a coordinating function in WHO;
 - (d) in supporting the capacity of food-safety systems to protect human health throughout the food chain;
 - (e) in supporting analysis of links between data on foodborne disease and foodborne contamination;
 - (f) in collaboration with FAO, in providing special support to developing countries for generating data for development of global Codex Alimentarius standards;
 - (3) to provide support to Member States, particularly developing and least developed countries, in strengthening capacity in the above areas;

- (4) to stimulate the establishment of networks between national and regional food-safety regulatory authorities and particularly at country level;
- (5) to continue to foster collaboration with FAO, including a more coordinated approach between WHO and FAO to capacity-building, especially within the framework of the Joint FAO/WHO Food Standards Programme;
- (6) to reallocate resources for WHO's activities related to the setting of food standards based on the Codex Alimentarius with special attention to least developed countries.

ANNEX

STATEMENT OF THE CODEX ALIMENTARIUS COMMISSION ON THE OUTCOME OF THE JOINT FAO/WHO EVALUATION OF THE CODEX ALIMENTARIUS AND OTHER FAO AND WHO WORK ON FOOD STANDARDS

1. The Codex Alimentarius Commission, having considered the report and recommendations of the *Joint FAO/WHO Evaluation of the Codex Alimentarius and Other FAO and WHO Work on Food Standards*, expressed its appreciation to the parent Organizations for having initiated the Evaluation and ensuring that it was carried out in a consultative, efficient and effective manner. It also expressed its appreciation to the Evaluation Team and Expert Panel for their excellent report, the depth of the analysis and the comprehensive proposals and recommendations contained therein.
2. The Commission noted with satisfaction the finding of the Evaluation that its food standards had a very high importance to Members as a vital component of food control systems designed to protect consumer health and to ensure fair practices in the food trade. It endorsed the view that standards were a fundamental prerequisite in consumer protection but had to be looked at in the context of the total system throughout the food chain, especially for food safety.
3. The Commission recalled that Codex standards were used as references for Member Nations in relation to their obligations under the WTO Agreement on Technical Barriers to Trade and the Agreement on the Application of Sanitary and Phytosanitary Measures. In this regard, it recognized that many Member Nations with less developed economies or with economies in transition were able to use Codex standards directly as a basis for domestic legislation and standards setting in conformity with these Agreements. It noted that this was particularly true when standards were based on global data including those derived from developing countries.
4. The Commission supported the overall thrust of the Evaluation report and expressed its commitment to the **implementation** of strategies that would meet the objectives of the recommendations contained therein. It strongly agreed that these recommendations should be reviewed expeditiously. The Commission noted that since the 1991 Joint FAO/WHO Conference on Food Standards, Chemicals in Food and Food Trade, significant changes had been made in the Commission's priorities and programmes with increased emphasis on food safety issues. This emphasis had resulted in an increased output of health-related standards and was now being extended to the whole food chain; this process would continue to be developed.
5. Noting the Evaluation's recommendations concerning the Commission's mandate, the Commission was of the opinion that its existing **mandate** to protect consumers' health and to ensure

fair practices in the food trade continued to be appropriate but might be discussed in the future. Within this mandate, the Commission emphasized that its first priority would be the development of standards having an impact on consumer health and safety.

6. In order to maintain the strong support from all Member Nations and stakeholders, the Commission **agreed** that in their response to the Evaluation, the Commission and its parent Organizations should work towards:

greater efficiency and effectiveness in the development of Codex standards, whilst maintaining transparency and inclusiveness and procedural consistency in the process of their development;

increased participation of developing Member Nations and Member Nations in economic transition in the work of the Codex Alimentarius Commission throughout the standards development process;

greater usefulness of Codex standards to Member Nations in terms of relevance to their needs and timeliness;

strengthening of the scientific base for risk analysis, including food safety risk assessment to improve the efficiency and effectiveness in providing expert scientific advice to the Commission and Member Nations and to improve risk communication; and

more effective capacity building for the development of national food control systems.

7. The Commission agreed that it should have greater independence, within the overall structure of FAO and WHO, for proposing and executing its **work programme and budget**, once approved by the two parent organizations.

8. The Commission concurred with the views expressed in the Evaluation Report that the Codex **Secretariat** was hard working, efficient and member-oriented but overworked and with insufficient resources to support the present activities of Codex. It strongly supported the recommendation that the Secretariat be expanded and that the seniority and composition of its staff should match the Commission's increased requirements.

9. On the matter of **expert advice** to Codex, the Commission agreed fully with the view that this was a very important element to all Member Nations and to the Commission itself. It expressed the view that there needed to be sufficient capacity within the parent Organizations to ensure that scientific advice was provided on a timely basis. It also agreed that this work needed to have greater identity within the Organizations, stronger links to Codex priorities, and internal coordination as well as significantly increased resources. Its independence from external influences and its transparency need to be further reinforced within FAO/WHO. The Commission stated that there should also be greater distinction between the function of risk assessment undertaken by experts and that of risk management undertaken by Codex committees, while noting the linkages that needed to exist between these functions. The Commission emphasized that the provision of expert scientific advice was a joint responsibility of FAO and WHO and should continue to be so. It strongly recommended that WHO markedly increase its contribution to health risk assessment carried out by FAO/WHO expert committees and FAO/WHO expert consultations. It also recommended that FAO strengthen its input in areas reflecting its responsibility and expertise. The Commission welcomed the statement by Dr Brundtland in her opening remarks to the present session that FAO and WHO would prepare for and convene as an immediate priority, the consultation requested by the Codex Alimentarius Commission at its 24th Session¹ on strengthening scientific support for Codex decision-making.

¹ ALINORM 01/41, paragraph 61.

10. In the area of **capacity building**, the Commission welcomed the valuable initiatives described in the report including the Standards and Trade Development Facility (STDF) operated by the WTO in collaboration with the World Bank, FAO, WHO, OIE, and in particular the new FAO/WHO Trust Fund to enable effective participation in Codex. It called upon FAO and WHO to undertake a major effort to mobilize extrabudgetary funds and foster coordinated bilateral assistance in capacity building. It also called for a more coordinated approach for capacity building between FAO and WHO and requested the parent bodies to urgently analyse their existing means of providing capacity building and inform the Codex Alimentarius Commission on how they will improve coordination and distribution of work drawing on their mutual strengths and synergies.

11. The Commission called upon **FAO and WHO** to provide additional Regular Programme resources, supplemented with extrabudgetary resources where necessary, to strengthen Codex and Codex-related work throughout the two Organizations.

12. The Commission called upon **Member Governments** to support the follow-up to the Evaluation process including through their statements made and positions taken in the World Health Assembly and the Council and Conference of FAO.

13. The Commission reiterated its **commitment** to pursue with all speed full consideration of the recommendations addressed to it in the Evaluation report and in this regard:

- Invited **Member Nations** and interested international organizations to submit written comments to the Secretariat;
- Requested the Secretariat to analyse the comments dealing with the **Codex Committee structures and their mandates** and to provide options for consideration by the Commission at its next Regular Session;
- Requested the Secretariat to analyse the comments dealing with the functions of the **Executive Committee**, and to provide options for consideration by the Commission at its next Regular Session;
- Requested the Secretariat to analyse comments dealing with **standards management** and the procedures for **standards development**, including the establishment of priorities recommended by developing Member Nations, and recommend strategies for the early implementation of more efficient and effective processes, providing options for consideration by the Commission at its next Regular Session;
- Requested the Secretariat to identify a strategy for consideration by the Commission at its next Regular Session on the implementation of the recommendations dealing with the revision of the **Rules of Procedure** and other internal procedures; and
- Requested the Secretariat to analyse the comments on those recommendations in the Evaluation Report not covered by the above and to provide options on how to proceed.

Agenda item 14.15

Implementing the recommendations of the *World report on violence and health*

The Fifty-sixth World Health Assembly,

Recalling resolution WHA49.25, which declared violence a leading worldwide public health problem, and resolution WHA50.19, which endorsed and requested continued development of the WHO plan of action for a science-based public health approach to violence prevention and health;

Noting that a meeting of bodies of the United Nations system on collaboration for the prevention of interpersonal violence (Geneva, 15-16 November 2001) invited WHO to facilitate a better coordinated response to interpersonal violence, as a result of which WHO published the *Guide to United Nations resources and activities for the prevention of interpersonal violence*;¹

Recalling that WHO is a core partner, with UNICEF and the Office of the United Nations High Commissioner for Human Rights, of a working group to support the United Nations Study on Violence against Children, and that WHO is active in the prevention of violence against young people, women, the disabled and the elderly;

Recognizing that the prevention of violence is a prerequisite of human security and dignity and that urgent action by governments is needed to prevent all forms of violence and reduce their consequences for health and for socioeconomic development;

Noting that the *World report on violence and health*² provides an up-to-date description of the impact of violence on public health, reviews its determinants and effective interventions, and makes recommendations for public health policy and programmes,

1. TAKES NOTE of the nine recommendations for prevention of violence contained in the *World report on violence and health* and set out in the Annex to this resolution, and encourages Member States to consider adopting them;
2. URGES Member States to promote the *World report on violence and health* and actively to make use of the conclusions and recommendations of the report to improve activities to prevent and expose instances of violence, and to provide medical, psychological, social and legal assistance and rehabilitation for persons suffering as a result of violence;
3. ENCOURAGES all Member States that have not already done so to appoint within the ministry of health a focal point for the prevention of violence;
4. ENCOURAGES Member States to prepare in due time a report on violence and violence prevention that describes the magnitude of the problem, the risk factors, current efforts to prevent violence, and future action to encourage a multisectoral response;

¹ *Guide to United Nations resources and activities for the prevention of interpersonal violence*, Geneva, World Health Organization, 2002.

² *World report on violence and health*, Geneva, World Health Organization, 2002.

5. REQUESTS the Director-General:

- (1) to cooperate with Member States in establishing science-based public health policies and programmes for the implementation of measures to prevent violence and to mitigate its consequences at individual and societal levels;
- (2) to encourage urgent research to support evidence-based approaches for prevention of violence and mitigation of its consequences at individual, family and societal levels, particularly research on multilevel risk factors for violence, and evaluation of model prevention programmes;
- (3) in collaboration with other organizations of the United Nations system and other international agencies, to continue work on integrating a science-based public health approach to violence prevention into other major global prevention initiatives;
- (4) using the resources available and benefiting from opportunities for cooperation:
 - (a) to support and coordinate efforts to draw up or revise normative documents and guidelines for prevention policy and programmes, as appropriate;
 - (b) to provide technical support for strengthening of trauma and care services to survivors or victims of violence;
 - (c) to continue advocating the adoption and expansion of a public health response to all forms of violence;
 - (d) to establish networks to promote the integrated prevention of violence and injuries;

6. FURTHER REQUESTS the Director-General to report to the Fifty-eighth World Health Assembly, through the Executive Board, on progress towards implementing the *World report on violence and health*.

ANNEX

RECOMMENDATIONS FOR THE PREVENTION OF VIOLENCE

1. Create, implement and monitor a national action plan for violence prevention.
2. Enhance capacity for collecting data on violence.
3. Define priorities for, and support research on, the causes, consequences, costs and prevention of violence.
4. Promote primary prevention responses.
5. Strengthen responses for victims of violence.

6. Integrate violence prevention into social and educational policies, and thereby promote gender and social equality.
7. Increase collaboration and exchange of information on violence prevention.
8. Promote and monitor adherence to international treaties, laws and other mechanisms to protect human rights.
9. Seek practical, internationally agreed responses to the global drugs trade and the global arms trade.

Agenda item 14.13

The role of contractual arrangements in improving health systems' performance

The Fifty-sixth World Health Assembly,

Having considered the report on the role of contractual arrangements in improving health systems' performance,¹

Noting that the performance of health systems must be strengthened in order further to improve the health of populations, ensure equitable financing of health, and meet the legitimate expectations of the population;

Considering that the reform of health systems has generally involved institutional restructuring, with a diversification of the agents involved in the field of health, in the public and private sectors, and among associations;

Noting that cultural change within health services, such as greater focus on patient needs, a broader population-health approach, and emphasis on addressing health inequalities, is often required to improve performance, and that health-system culture may be unaffected by structural change;

Recognizing the important role of government stewardship in regulation of contractual arrangements in the health sector,

1. URGES Member States:

- (1) to ensure that contractual arrangements in the field of health adopt rules and principles that are in harmony with national health policy;
- (2) to frame contractual policies that maximize impact on the performance of health systems and harmonize the practices of all parties in a transparent way, to avoid adverse effects;
- (3) to share their experiences on contractual arrangements involving the public and private sectors and nongovernmental organizations in the provision of health services;

2. REQUESTS the Director-General:

- (1) to create an evidence base so as to permit evaluation of the impact of differing types of contractual arrangements on the performance of health systems and identification of best practices, taking account of sociocultural differences;
- (2) to provide, in response to requests from Member States, technical support in strengthening capacities and expertise in the development of contractual arrangements;

¹ Document A56/22.

- (3) to develop, in response to requests from Member States, methods and tools tailored to country realities to provide support to Member States in establishing a system of supervision to ensure the provision of high-quality health services, for example by accreditation, licensing and registration of public and private-sector and nongovernmental organizations in the health sector;
- (4) to facilitate the exchange of experience among Member States;
- (5) to report to the Executive Board at its 117th session and the Fifty-ninth World Health Assembly on the ways in which contractual arrangements and other strategies to strengthen health systems improve the performance of health systems in Member States.

Agenda item 14.17

Elimination of avoidable blindness

The Fifty-sixth World Health Assembly,

Having considered the report on elimination of avoidable blindness;¹

Recalling resolutions WHA22.29, WHA25.55 and WHA28.54 on prevention of blindness, WHA45.10 on disability prevention and rehabilitation, and WHA51.11 on the global elimination of blinding trachoma;

Recognizing that 45 million people in the world today are blind and that a further 135 million people are visually impaired;

Acknowledging that 90% of the world's blind and visually impaired people live in the poorest countries of the world;

Noting the significant economic impact of this situation on both communities and countries;

Aware that most of the causes of blindness are avoidable and that the treatments available are among the most successful and cost-effective of all health interventions;

Recalling that, in order to tackle avoidable blindness and avoid further increase in numbers of blind and visually impaired people, the Global Initiative for the Elimination of Avoidable Blindness, known as Vision 2020 – the Right to Sight, was launched in 1999 to eliminate avoidable blindness;

Appreciating the efforts made by Member States in recent years to prevent avoidable blindness, but mindful of the need for further action,

1. URGES Member States:

- (1) to commit themselves to supporting the Global Initiative for the Elimination of Avoidable Blindness by setting up, not later than 2005, a national Vision 2020 plan, in partnership with WHO and in collaboration with nongovernmental organizations and the private sector;
- (2) to establish a national coordinating committee for Vision 2020, or a national blindness prevention committee, which may include representative(s) from consumer or patient groups, to help develop and implement the plan;
- (3) to commence implementation of such plans by 2007 at the latest;
- (4) to include in such plans effective information systems with standardized indicators and periodic monitoring and evaluation, with the aim of showing a reduction in the magnitude of avoidable blindness by 2010;

¹ Document A56/26.

(5) to support the mobilization of resources for eliminating avoidable blindness;

2. REQUESTS the Director-General:

(1) to maintain and strengthen WHO's collaboration with Member States and the partners of the Global Initiative for the Elimination of Avoidable Blindness;

(2) to ensure coordination of the implementation of the Global Initiative, in particular by setting up a monitoring committee grouping all those involved, including representatives of Member States;

(3) to provide support for strengthening national capability, especially through development of human resources, to coordinate, assess and prevent avoidable blindness;

(4) to document, from countries with successful blindness prevention programmes, good practices and blindness prevention systems or models that could be modified or applied in other developing countries;

(5) to report to the Fifty-ninth World Health Assembly on the progress of the Global Initiative.

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