



# WORLD HEALTH ORGANIZATION

FIFTY-SIXTH WORLD HEALTH ASSEMBLY

(Draft) A56/66  
28 May 2003

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## Fourth report of Committee A

(Draft)

Committee A held its seventh and eighth meetings on 26 May 2003 under the chairmanship of Dr J. Larivière (Canada) and Dr J. Mahjour (Morocco). The ninth and tenth meetings were held on 27 May under the chairmanship of Dr Larivière.

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

14. Technical and health matters

14.9 Intellectual property rights, innovation and public health

One resolution

14.16 Revision of the International Health Regulations

Two resolutions entitled:

- Revision of the International Health Regulations
- Severe acute respiratory syndrome (SARS)

14.4 WHO's contribution to the follow-up of the United Nations General Assembly special session on HIV/AIDS

One resolution entitled:

- Global health-sector strategy for HIV/AIDS

14.10 Traditional medicine

One resolution

12. Programme budget

12.1 Proposed programme budget for 2004-2005

One resolution entitled:

- Appropriation resolution for the financial period 2004-2005

16. Financial matters

16.6 Assessments for 2004-2005

Two resolutions entitled:

- Scale of assessments for the financial period 2004-2005
- Adjustment mechanism

## Agenda item 14.9

### Intellectual property rights, innovation and public health

The Fifty-sixth World Health Assembly,

Having considered the report on intellectual property rights, innovation and public health;<sup>1</sup>

Considering that available data indicates that of some 1400 new products developed by the pharmaceutical industry between 1975 and 1999, only 13 were for tropical diseases and three were for tuberculosis;

Aware that the developed countries represent nearly 90% of global pharmaceutical sales, whereas of the 14 million global deaths due to infectious diseases, 90% occur in the developing countries;

Concerned about the insufficient research and development in so-called “neglected diseases” and “poverty-related diseases”, and noting that research and development in the pharmaceutical sector must address public health needs and not only potential market gains;

Mindful of concerns about the current patent protection system, especially as regards access to medicines in developing countries;

Recalling that, in accordance with the Declaration on the TRIPS Agreement and Public Health (Doha Declaration), the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) does not and should not prevent Members from taking measures to protect public health and, in particular, to promote access to medicines for all;

Noting that the TRIPS Agreement contains flexibilities and that in order to use them adequately, Member States need to adapt national patent legislation;

Reaffirming resolution WHA52.19 on the revised drug strategy, resolution WHA54.11 on WHO medicines strategy and resolution WHA55.14 on ensuring accessibility of essential medicines;

Considering that Member States should urge the pharmaceutical industry to reinvigorate its efforts to develop innovations that add real therapeutic advantage in treating the world’s major killer diseases, especially in developing countries;

Recognizing the importance of intellectual property rights in fostering research and development in innovative medicines and the important role played by intellectual property with regard to the development of essential medicines;

Taking into account that in order to tackle new public health problems with international impact, such as the emergence of severe acute respiratory syndrome (SARS), access to new medicines

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<sup>1</sup> Document A56/17.

with potential therapeutic effect, and health innovations and discoveries should be universally available without discrimination;

Further considering the continuing efforts of WTO Members to reach a solution for paragraph 6 of the Doha Declaration which recognizes that “WTO Members with insufficient or no manufacturing capacities in the pharmaceutical sector could face difficulties in making effective use of compulsory licensing under the TRIPS Agreement”;

Reasserting the need to accomplish target 7 of Millennium Development Goal 6 and target 17 of Millennium Development Goal 8;

Noting resolutions 2001/33 and 2003/29 of the Commission on Human Rights on access to medicines in the context of pandemics such as HIV/AIDS,

1. URGES Member States:

- (1) to reaffirm that public health interests are paramount in both pharmaceutical and health policies;
- (2) to consider, whenever necessary, adapting national legislation in order to use to the full the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS);
- (3) to maintain efforts aimed at reaching, within WTO and before the Fifth WTO Ministerial Conference, a consensus solution for paragraph 6 of the Doha Declaration, with a view to meeting the needs of the developing countries;
- (4) to seek to establish conditions conducive to research and development that spur the development of new medicines for diseases that affect developing countries;

2. REQUESTS the Director-General:

- (1) to continue to support Member States in the exchange and transfer of technology and research findings, according high priority to access to antiretroviral drugs to combat HIV/AIDS and medicines to control tuberculosis, malaria and other major health problems, in the context of paragraph 7 of the Doha Declaration which promotes and encourages technology transfer;
- (2) by the time of the 113th session of the Executive Board (January 2004), to establish the terms of reference for an appropriate time-limited body to collect data and proposals from the different actors involved and produce an analysis of intellectual property rights, innovation, and public health, including the question of appropriate funding and incentive mechanisms for the creation of new medicines and other products against diseases that disproportionately affect developing countries, and to submit a progress report to the Fifty-seventh World Health Assembly and a final report with concrete proposals to the Executive Board at its 115th session (January 2005);
- (3) 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;

(4) to encourage developed countries to make renewed commitments to investing in biomedical and behavioural research, including, where possible, appropriate research with developing country partners.

## **Agenda item 14.16**

### **Revision of the International Health Regulations**

The Fifty-sixth World Health Assembly,

Recalling resolutions WHA48.7, WHA48.13, WHA54.14, and WHA55.16, which respond to the need to ensure global health security at a time when the threat of infectious diseases is resurging;

Taking into account also the existence of new risks and threats to health arising from the potential deliberate use of agents for terrorism purposes;

Recognizing the part played by animals in the transmission and pathogenesis of some diseases which occur in humans;

Affirming the additional threat posed by the substantial growth in international travel and trade, which provide greater opportunities for infectious diseases to evolve and spread;

Underscoring the continued importance of the International Health Regulations as an instrument for ensuring the maximum possible protection against the international spread of disease with minimum interference in international traffic;

Acknowledging the close links between the Regulations and WHO's outbreak alert and response activities, which have identified the principal challenges to be met in revising the Regulations;

Concerned that experiences following the emergence and rapid international spread of severe acute respiratory syndrome (SARS) have given concrete expression to the magnitude of these challenges, the inadequacy of the current Regulations, and the urgent need for WHO and its international partners to undertake specific actions not addressed by the Regulations,

1. EXPRESSES its satisfaction with the procedures and activities planned for finalizing the draft revised Regulations for adoption by the Fifty-eighth World Health Assembly in 2005;

2. DECIDES:

(1) in accordance with Rule 42 of its Rules of Procedure, to establish an intergovernmental working group open to all Member States to review and recommend a draft revision of the International Health Regulations for consideration by the Health Assembly under Article 21 of the WHO Constitution;

(2) that regional economic integration organizations constituted by sovereign States, Members of WHO, to which their Member States have transferred competence over matters governed by this resolution, including the competence to enter into international legally binding regulations, may participate, in accordance with Rule 55 of the Rules of Procedure of the World Health Assembly, in the work of the intergovernmental working group referred to under paragraph (1);

3. URGES Member States:

- (1) to give high priority to the work on the revision of the International Health Regulations and to provide resources and cooperation necessary to facilitate the progress of such work;
- (2) to establish immediately a national standing task force or equivalent group and, within it, to designate an official or officials having operational responsibilities and accessible at all times by telephone or electronic communication, to ensure the speed, particularly during emergencies, of both reporting to WHO and consultation with national authorities when urgent decisions must be made;
- (3) to ensure collaboration, when appropriate, with veterinary, agricultural and other relevant agencies involved in animal care in research on, and planning and implementation of, preventive and control measures;

4. REQUESTS the Director-General:

- (1) to take into account reports from sources other than official notifications, to validate these reports according to established epidemiological principles;
- (2) to alert, when necessary and after informing the government concerned, the international community to the presence of a public health threat that may constitute a serious threat to neighbouring countries or to international health on the basis of criteria and procedures jointly developed with Member States;
- (3) to collaborate with national authorities in assessing the severity of the threat and the adequacy of control measures and, when necessary, in conducting on-the-spot studies by a WHO team, with the purpose of ensuring that appropriate control measures are being employed;

5. FURTHER REQUESTS the Director-General:

- (1) to complete the technical work required to facilitate reaching agreement on the revised International Health Regulations, having included technical input from relevant disciplines and agencies, including those involved in veterinary work, animal care and relevant agricultural professions;
- (2) to fully utilize technical consultations and electronic communications already in place to bring a text that has as much consensus as possible to the intergovernmental working group;
- (3) to keep Member States informed about the technical work on the revision of the Regulations through the regional committees and other mechanisms;
- (4) to convene the intergovernmental working group on revision of the International Health Regulations at the appropriate time and on the agreement of the Executive Board at its 113th session in January 2004, having regard to the progress achieved on the technical work and the other commitments of the Organization;
- (5) to facilitate the participation of the least developed countries in the work of any intergovernmental working group and in intergovernmental technical consultations;

(6) to invite, as observers at the sessions of the intergovernmental working group on the revision of the International Health Regulations in accordance with Rule 48 of the Rules of Procedure of the World Health Assembly, representatives of non-Member States, of liberation movements referred to in resolution WHA27.37, of organizations of the United Nations system, of intergovernmental organizations with which WHO has established effective relations, and of nongovernmental organizations in official relations with WHO, who will attend the sessions of that body in accordance with the relevant Rules of Procedure and resolutions of the Health Assembly.



## Agenda item 14.16

### Severe acute respiratory syndrome (SARS)

The Fifty-sixth World Health Assembly,

Having considered the report on the emergence of severe acute respiratory syndrome (SARS) and the international response;<sup>1</sup>

Recalling resolutions WHA48.13 on new, emerging and re-emerging infectious diseases, WHA54.14 on global health security – epidemic alert and responses, EB111.R13 on revision of the International Health Regulations, and EB111.R6 on the prevention and control of influenza pandemics and annual epidemics;

Deeply concerned that SARS, as the first severe infectious disease to emerge in the twenty-first century, poses a serious threat to global health security, the livelihood of populations, the functioning of health systems, and the stability and growth of economies;

Deeply appreciative of the dedication in responding to SARS of health care workers in all countries, including WHO staff member, Dr Carlo Urbani, who in late February 2003 first brought SARS to the attention of the international community, and died of SARS on 29 March 2003;

Recognizing the need for Member States to take individual and collective actions to implement effective measures to contain the spread of SARS;

Acknowledging that the control of SARS requires intensive regional and global collaboration, effective strategies and additional resources at local, national, regional and international levels;

Appreciating the crucial role of WHO in a worldwide campaign to control and contain the spread of SARS;

Acknowledging the great effort made by affected countries, including those with limited resources, and other Member States in containing SARS;

Acknowledging the willingness of the scientific community, facilitated by WHO, to collaborate urgently, which led to the exceptionally rapid progress in the understanding of a new disease;

Noting, however, that much about the causative agent and the clinical and epidemiological features of SARS remains to be elucidated, and that the future course of the outbreak cannot as yet be predicted;

Noting that national and international experiences with SARS contribute lessons that can improve preparedness for responding to, and mitigating the public health, economic, and social consequences of the next emerging infectious disease, the next influenza pandemic, and the possible use of a biological agent to cause harm;

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<sup>1</sup> Document A56/48.

Seeking to apply the spirit of several regional and international efforts in fighting the SARS epidemic, including the ASEAN +3<sup>1</sup> Ministers of Health Special Meeting on Severe Acute Respiratory Syndrome (SARS) (Kuala Lumpur, 26 April 2003), the Special ASEAN-China Leaders Meeting on the Severe Acute Respiratory Syndrome (SARS) (Bangkok, 29 April 2003), Emergency Meeting of SAARC Health Ministers on the SARS Epidemic (Malé, 29 April 2003), ASEAN +3 Aviation Forum on the Prevention and Containment of SARS (Manila, 15-16 May 2003), and the Extraordinary Council of European Union Health Ministers Meeting (Brussels, 6 May 2003),

1. URGES Members States:

- (1) to commit fully to controlling SARS and other emerging and re-emerging infectious diseases, through political leadership, the provision of adequate resources, including through international cooperation, intensified multisectoral collaboration and public information;
- (2) to apply WHO recommended guidelines on surveillance, including case definitions, case management and international travel;<sup>2</sup>
- (3) to report cases promptly and transparently and to provide requested information to WHO;
- (4) to enhance collaboration with WHO and other international and regional organizations in order to support epidemiological and laboratory surveillance systems, and to foster effective and rapid responses to contain the disease;
- (5) to strengthen, to the extent possible, capacity for SARS surveillance and control by developing or enhancing existing national programmes for communicable disease control;
- (6) to ensure that those with operational responsibilities can be contacted by telephone or through electronic communications at all times;
- (7) to continue to collaborate with and, when appropriate, provide assistance to WHO's Global Outbreak Alert and Response Network as the operational arm of the global response;
- (8) to request the support of WHO when appropriate, and particularly when control measures employed are ineffective in halting the spread of disease;
- (9) to use their experience with SARS preparedness and response to strengthen epidemiological and laboratory capacity as part of preparedness plans for responding to the next emerging infection, the next influenza pandemic, and the possible deliberate use of a biological agent to cause harm;
- (10) to exchange information and experience on epidemics and the prevention and control of emerging and re-emerging infectious diseases in a timely manner, including among countries sharing land borders;<sup>3</sup>

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<sup>1</sup> China, Japan, and the Republic of Korea.

<sup>2</sup> Travel to and from areas affected by SARS, in-flight management of suspected SARS cases who develop symptoms while on board, including aircraft disinfection techniques.

<sup>3</sup> WHO regards any country with an international airport, or sharing a border with an area having recent local transmission of SARS, as being at risk of imported cases.

(11) to mitigate the adverse impact of the SARS epidemic on the health of the population, health systems and socioeconomic development;

2. REQUESTS the Director-General:

- (1) to further mobilize and sustain global efforts to control the SARS epidemic;
- (2) to update and standardize guidelines on international travel, in particular those related to aviation, through enhanced collaboration with other international and regional organizations;
- (3) to update guidelines on surveillance, including case definitions, clinical and laboratory diagnosis, and management, and on effective preventive measures;
- (4) to review and update, on the basis of epidemiological data and information provided by Member States, the classification of “areas with recent local transmission”, through close interactive consultation with the Member States concerned, and in a manner that safeguards the health of populations while minimizing public misunderstanding and negative socioeconomic impact;
- (5) to mobilize global scientific research to improve understanding of the disease and to develop control tools such as diagnostic tests, drugs and vaccines that are accessible to and affordable by Member States, especially developing countries and countries with economies in transition;
- (6) to collaborate with Member States in their efforts to mobilize financial and human resources and technical support in order to develop or enhance national, regional and global systems for epidemiological surveillance and to ensure effective responses to emerging and re-emerging diseases, including SARS;
- (7) to respond appropriately to all requests for WHO’s support for surveillance, prevention, and control of SARS in conformity with the WHO Constitution;
- (8) to strengthen the functions of WHO’s Global Outbreak Alert and Response Network;
- (9) to strengthen the global network of WHO collaborating centres in order to carry out research and training on the management of emerging and re-emerging diseases, including SARS;
- (10) to take into account evidence, experiences, knowledge and lessons acquired during the SARS response when revising the International Health Regulations;
- (11) to report to the Fifty-seventh World Health Assembly through the Executive Board at its 113th session on progress made in the implementation of this resolution.

## Agenda item 14.4

### Global health-sector strategy for HIV/AIDS

The Fifty-sixth World Health Assembly,

Having considered the draft global health-sector strategy for HIV/AIDS;<sup>1</sup>

Mindful of WHO's role, as a cosponsor of UNAIDS, in ensuring that the Declaration of Commitment on HIV/AIDS of the United Nations General Assembly special session on HIV/AIDS (June 2001) is followed up;

Deeply concerned about the unprecedented burden the HIV/AIDS epidemic is placing on the health sector, and acknowledging the central role of that sector in providing an expanded, multisectoral response;

Conscious of the opportunities and challenges presented by the availability of new resources to Member States through mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and from the World Bank, bilateral agencies, foundations and other donors;

Acutely aware of the need to strengthen health-sector capacity in order: (a) to absorb and manage resources; (b) to improve planning, prioritization, development of human resources, programme management, integration and implementation of key interventions, mobilization of nongovernmental organizations, and assurance of service quality and sustainability; and (c) to support research as part of national responses;

Equally conscious of the need simultaneously to expand activities in prevention, treatment, care, support, surveillance, monitoring and evaluation, as essential and mutually supportive elements of a strengthened overall response to the HIV/AIDS epidemic;

Aware of the corresponding increase in demand by Member States for technical support, normative guidance and strategic information in order to make optimal use of resources and to maximize the impact of interventions;

Recalling that resolution WHA53.14 requested the Director-General, *inter alia*, to develop a global health-sector strategy for HIV/AIDS and sexually transmitted infections,

1. TAKES NOTE of the global health-sector strategy for HIV/AIDS;
2. EXHORTS Member States, as a matter of urgency:
  - (1) to adopt and implement the strategy as appropriate to national circumstances as part of national, multisectoral responses to the HIV/AIDS epidemic;

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<sup>1</sup> Document A56/12, Annex.

(2) to strengthen existing, or to establish new, structures, and to mobilize and engage all concerned parties, within and beyond the health sector, in order to implement the strategy through the health and other concerned sectors and to monitor and evaluate its effectiveness;

(3) to take all necessary steps, including the mobilization of resources, to fulfil their obligations under the Declaration of Commitment on HIV/AIDS of the United Nations General Assembly special session on HIV/AIDS, including those related to access to care and treatment; and efforts to prevent HIV infection;

(4) to strengthen measures of cooperation and support, both bilaterally and multilaterally, to fight the HIV/AIDS epidemic whether directly among themselves, or through WHO or other competent international and regional institutions;

(5) to reaffirm that public health interests are paramount in both pharmaceutical and health policies, to recognize the difficulties faced by developing countries in effective use of compulsory licensing in accordance with the Declaration on the TRIPS Agreement and Public Health (Doha Declaration), and, when necessary, to use the flexibilities in the TRIPS Agreement in order to meet the needs of developing countries for drugs against HIV/AIDS;

3. REQUESTS the Director-General:

(1) to provide support to Member States, on request, in implementing the strategy and evaluating its impact and effectiveness;

(2) to cooperate with those Member States that request technical support in the preparation of their submissions to the Global Fund to Fight AIDS, Tuberculosis and Malaria;

(3) to take the necessary steps to assure that offers of bilateral and multilateral collaboration and support submitted by one or more Member States with regard to fighting the HIV/AIDS epidemic are widely disseminated and promoted among the rest of the Member States, and periodically to assess the impact of this proceeding at the Health Assembly;

(4) to support, mobilize, and facilitate efforts of Member States and all other concerned parties to achieve the goal of providing in a poverty-focused manner, equitably and to those most vulnerable, effective antiretroviral treatment within the context of strengthening national health systems, while maintaining a proper balance of investment between prevention, care, and treatment, and bearing in mind WHO's target of reaching at least three million people with HIV in developing countries by 2005;<sup>1</sup>

(5) further to mobilize Member States and all parties in support of actions taken by countries with an AIDS epidemic, especially developing countries, to obtain affordable and accessible drugs to combat HIV/AIDS;

(6) report to the Fifty-seventh World Health Assembly through the Executive Board at its 113th session on progress made in the implementation of this resolution.

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<sup>1</sup> Document A56/12.

## **Agenda item 14.10**

### **Traditional medicine**

The Fifty-sixth World Health Assembly,

Recalling resolutions WHA22.54, WHA29.72, WHA30.49, WHA31.33, WHA40.33, WHA41.19, WHA42.43 and WHA54.11;

Noting that the terms “complementary”, “alternative”, “nonconventional” or “folk” medicine are used to cover many types of nonconventional health care which involve varying levels of training and efficacy;

Noting that the term “traditional medicine” covers a wide variety of therapies and practices which vary greatly from country to country and from region to region;

Being aware that traditional, complementary, or alternative medicine has many positive features, and that traditional medicine and its practitioners play an important role in treating chronic illnesses, and improving the quality of life of those suffering from minor illness or from certain incurable diseases;

Recognizing that traditional medicinal knowledge is the property of communities and nations where that knowledge originated, and should be fully respected;

Noting that the major challenges to the use of traditional medicine include the lack of organized networks of traditional practitioners, and of sound evidence of the safety, efficacy and quality of traditional medicine; and the need for measures to ensure proper use of traditional medicine and to protect and preserve the traditional knowledge and natural resources necessary for its sustainable application, and for training and licensing of traditional practitioners;

Noting further that many Member States have taken action to support the proper use of traditional medicine in their health systems,

1. TAKES NOTE of WHO’s strategy for traditional medicine, and its four main objectives of framing policy, enhancing safety, efficacy and quality, ensuring access, and promoting rational use;
2. URGES Member States, in accordance with established national legislation and mechanisms:
  - (1) to adapt, adopt and implement, where appropriate, WHO’s traditional medicine strategy as a basis for national traditional medicine programmes or work plans;
  - (2) where appropriate, to formulate and implement national policies and regulations on traditional and complementary and alternative medicine in support of the proper use of traditional medicine, and its integration into national health-care systems, depending on the circumstances in their countries;

- (3) to recognize the role of certain traditional practitioners as one of the important resources of primary health care services, particularly in low-income countries, and in accordance with national circumstances;
  - (4) to set up or expand and strengthen existing national drug-safety monitoring systems to monitor herbal medicines and other traditional practices;
  - (5) to provide adequate support for research on traditional remedies;
  - (6) to take measures to protect, preserve and to improve if necessary traditional medical knowledge and medicinal plant resources for sustainable development of traditional medicine, depending on the circumstances in each country; such measures might include, where appropriate, the intellectual property rights of traditional practitioners over traditional medicine formulas and texts, as provided for under national legislation consistent with international obligations, and the engagement of WIPO in development of national *sui generis* protection systems;
  - (7) to promote and support, if necessary and in accordance with national circumstances, provision of training and, if necessary, retraining of traditional medicine practitioners, and of a system for the qualification, accreditation or licensing of traditional medicine practitioners;
  - (8) to provide reliable information on traditional medicine and complementary and alternative medicine to consumers and providers in order to promote their sound use;
  - (9) where appropriate, to ensure safety, efficacy and quality of herbal medicines by determining national standards for, or issuing monographs on, herbal raw materials and traditional medicine formulas;
  - (10) to encourage where appropriate the inclusion of herbal medicines in national essential drug lists, with a focus on a country's demonstrated public health needs and on verified safety, quality and efficacy of herbal medicines;
  - (11) to promote where appropriate traditional medicine education in medical schools;
3. REQUESTS the Director-General:
- (1) to facilitate the efforts of interested Member States to formulate national policies and regulations on traditional and complementary and alternative medicine, and to promote exchange of information and collaboration on national policy and regulation of traditional medicine among Member States;
  - (2) to provide technical support for development of methodology to monitor or ensure product quality, efficacy and safety, preparation of guidelines, and promotion of exchange of information;
  - (3) to provide technical support to Member States in defining indications for treatment of diseases and conditions by means of traditional medicine;
  - (4) to seek, together with WHO collaborating centres, evidence-based information on the quality, safety, efficacy and cost-effectiveness of traditional therapies so as to provide guidance

to Member States on the definition of products to be included in national directives and proposals on traditional-medicine policy as used in national health systems;

(5) to organize regional training courses where appropriate on quality control of traditional medicines;

(6) to collaborate with other organizations of the United Nations system and nongovernmental organizations in various areas related to traditional medicine, including research, protection of traditional medical knowledge and conservation of medicinal plants resources;

(7) to promote the important role of WHO collaborating centres on traditional medicine in implementing WHO's traditional medicine strategy, particularly in strengthening research and training of human resources;

(8) to allocate sufficient resources to traditional medicine at global, regional and country levels of the Organization;

(9) to report to the Fifty-eighth World Health Assembly, through the Executive Board, on progress made in implementing this resolution.



**Agenda item 12.1**

**Appropriation resolution for the financial period 2004-2005**

The Fifty-sixth World Health Assembly,

1. RESOLVES to appropriate for the financial period 2004-2005 an amount of US\$ 960 111 000 under the regular budget as follows:

<b>Appropriation Section</b>	<b>Purpose of appropriation</b>	<b>Amount US\$</b>
1.	Communicable diseases	93 025 000
2.	Noncommunicable diseases and mental health	69 616 000
3.	Family and community health	60 340 000
4.	Sustainable development and healthy environments	81 802 000
5.	Health technology and pharmaceuticals	49 728 000
6.	Evidence and information for health	175 451 000
7.	External relations and governing bodies	44 055 000
8.	General management	139 294 000
9.	Director-General, Regional Directors and independent functions	21 670 000
10.	WHO's presence in countries	111 130 000
11.	Miscellaneous	34 000 000
	Effective working budget	880 111 000
12.	Transfer to Tax Equalization Fund	80 000 000
	<b>Total</b>	<b>960 111 000</b>

2. RESOLVES to finance the regular budget for the financial period 2004-2005 as follows:

<b>Source of financing</b>	<b>Amount</b>
	US\$
Miscellaneous Income	21 636 000
Regular budget net assessments on Members (see also paragraph 3(3) below)	863 100 890
Net transfer to the Tax Equalization Fund	75 374 110
<b>Total</b>	<u>960 111 000</u>

3. FURTHER RESOLVES that:

(1) notwithstanding the provisions of Financial Regulation 4.3, the Director-General is authorized to make transfers between the appropriation sections 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 2004-2005; any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.3;

(2) amounts not exceeding the appropriations approved under paragraph 3 shall be available for the payment of obligations incurred during the financial period 1 January 2004 to 31 December 2005 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 2004-2005 to sections 1 to 11;

(3) in establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by 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; the total amount of such tax reimbursements is estimated at US\$ 4 625 890;

4. DECIDES:

(1) that notwithstanding the provisions of Financial Regulation 5.1, an amount of US\$ 12 364 000 shall be financed directly by the Miscellaneous Income account to provide an adjustment scheme for the benefit of those Member States that will experience an increase in the rate of assessment between that applicable for the financial period 2000-2001 and for the financial period 2004-2005 and notify the Organization that they wish to benefit from the adjustment scheme;<sup>1</sup>

(2) that the amount required to meet payments under the financial incentive scheme for 2004 and for 2005 in accordance with Financial Regulation 6.5, estimated at US\$ 1 000 000, shall be financed directly by the Miscellaneous Income account;

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<sup>1</sup> See resolution WHA56.xx.

- (3) that the level of the Working Capital Fund shall remain at US\$ 31 000 000 as decided previously under resolution WHA52.20;
5. REQUESTS the Director-General to provide budget information on staffing and categories of expenditure resulting from the operational planning for 2004-2005 to the Executive Board at its 113th session;
6. NOTES that the expenditure in the programme budget for 2004-2005 to be financed from sources other than the regular budget is estimated at US\$ 1 824 500 000, leading to a total effective budget under all sources of funds of US\$ 2 704 611 000.

## Agenda item 16.6

### Scale of assessments for the financial period 2004-2005

The Fifty-sixth World Health Assembly,

1. DECIDES to accept henceforth the latest available United Nations scale of assessment for assessed contributions of Member States, with a maximum assessment rate of 22% and a minimum assessment rate of 0.001%, taking into account differences in membership between WHO and the United Nations;
2. DECIDES that the scale of assessments for the years 2004 and 2005 shall be as follows:

(1)	(2)
Members and Associate Members	WHO scale 2004-2005
	%
Afghanistan	0.00890
Albania	0.00300
Algeria	0.06890
Andorra	0.00390
Angola	0.00200
Antigua and Barbuda	0.00200
Argentina	1.13050
Armenia	0.00200
Australia	1.60090
Austria	0.93180
Azerbaijan	0.00390
Bahamas	0.01180
Bahrain	0.01770
Bangladesh	0.00980
Barbados	0.00890
Belarus	0.01870
Belgium	1.11090
Belize	0.00100
Benin	0.00200
Bhutan	0.00100
Bolivia	0.00790
Bosnia and Herzegovina	0.00390
Botswana	0.00980
Brazil	2.35160
Brunei Darussalam	0.03250
Bulgaria	0.01280
Burkina Faso	0.00200
Burundi	0.00100

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(1)	(2)
Members and Associate Members	WHO scale 2004-2005
	%
Cambodia	0.00200
Cameroon	0.00890
Canada	2.51690
Cape Verde	0.00100
Central African Republic	0.00100
Chad	0.00100
Chile	0.20860
China	1.50740
Colombia	0.19780
Comoros	0.00100
Congo	0.00100
Cook Islands <sup>a</sup>	0.00100
Costa Rica	0.01970
Côte d'Ivoire	0.00890
Croatia	0.03840
Cuba	0.02950
Cyprus	0.03740
Czech Republic	0.19970
Democratic People's Republic of Korea	0.00890
Democratic Republic of the Congo	0.00390
Denmark	0.73700
Djibouti	0.00100
Dominica	0.00100
Dominican Republic	0.02260
Ecuador	0.02460
Egypt	0.07970
El Salvador	0.01770
Equatorial Guinea	0.00100
Eritrea	0.00100
Estonia	0.00980
Ethiopia	0.00390
Fiji	0.00390
Finland	0.51360
France	6.36210
Gabon	0.01380
Gambia	0.00100
Georgia	0.00490
Germany	9.61200
Ghana	0.00490
Greece	0.53030
Grenada	0.00100

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<sup>a</sup> Not a Member of the United Nations.

(1)	(2)
Members and Associate Members	WHO scale 2004-2005
	%
Guatemala	0.02660
Guinea	0.00300
Guinea-Bissau	0.00100
Guyana	0.00100
Haiti	0.00200
Honduras	0.00490
Hungary	0.11810
Iceland	0.03250
India	0.33550
Indonesia	0.19680
Iran (Islamic Republic of)	0.26760
Iraq	0.13380
Ireland	0.28930
Israel	0.40830
Italy	4.98340
Jamaica	0.00390
Japan	19.20220
Jordan	0.00790
Kazakhstan	0.02750
Kenya	0.00790
Kiribati	0.00100
Kuwait	0.14460
Kyrgyzstan	0.00100
Lao People's Democratic Republic	0.00100
Latvia	0.00980
Lebanon	0.01180
Lesotho	0.00100
Liberia	0.00100
Libyan Arab Jamahiriya	0.06590
Lithuania	0.01670
Luxembourg	0.07870
Madagascar	0.00300
Malawi	0.00200
Malaysia	0.23120
Maldives	0.00100
Mali	0.00200
Malta	0.01480
Marshall Islands	0.00100
Mauritania	0.00100
Mauritius	0.01080
Mexico	1.06850
Micronesia (Federated States of)	0.00100
Monaco	0.00390
Mongolia	0.00100

(1)	(2)
Members and Associate Members	WHO scale 2004-2005
	%
Morocco	0.04330
Mozambique	0.00100
Myanmar	0.00980
Namibia	0.00690
Nauru	0.00100
Nepal	0.00390
Netherlands	1.71010
New Zealand	0.23710
Nicaragua	0.00100
Niger	0.00100
Nigeria	0.06690
Niue <sup>a</sup>	0.00100
Norway	0.63560
Oman	0.06000
Pakistan	0.06000
Palau	0.00100
Panama	0.01770
Papua New Guinea	0.00590
Paraguay	0.01570
Peru	0.11610
Philippines	0.09840
Poland	0.37190
Portugal	0.45460
Puerto Rico <sup>a,b</sup>	0.00100
Qatar	0.03340
Republic of Korea	1.82130
Republic of Moldova	0.00200
Romania	0.05710
Russian Federation	1.18070
Rwanda	0.00100
Saint Kitts and Nevis	0.00100
Saint Lucia	0.00200
Saint Vincent and the Grenadines	0.00100
Samoa	0.00100
San Marino	0.00200
Sao Tome and Principe	0.00100
Saudi Arabia	0.54510
Senegal	0.00490
Serbia and Montenegro	0.01970
Seychelles	0.00200

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<sup>a</sup> Not a Member of the United Nations.

<sup>b</sup> Associate Member of WHO.

(1)	(2)
Members and Associate Members	WHO scale 2004-2005
	%
Sierra Leone	0.00100
Singapore	0.38670
Slovakia	0.04230
Slovenia	0.07970
Solomon Islands	0.00100
Somalia	0.00100
South Africa	0.40140
Spain	2.47830
Sri Lanka	0.01570
Sudan	0.00590
Suriname	0.00200
Swaziland	0.00200
Sweden	1.01030
Switzerland	1.25350
Syrian Arab Republic	0.07870
Tajikistan	0.00100
Thailand	0.28930
The former Yugoslav Republic of Macedonia	0.00590
Timor-Leste	0.00100
Togo	0.00100
Tokelau <sup>a,b</sup>	0.00100
Tonga	0.00100
Trinidad and Tobago	0.01570
Tunisia	0.02950
Turkey	0.43290
Turkmenistan	0.00300
Tuvalu	0.00100
Uganda	0.00490
Ukraine	0.05210
United Arab Emirates	0.19870
United Kingdom of Great Britain and Northern Ireland	5.44700
United Republic of Tanzania	0.00390
United States of America	22.00000
Uruguay	0.07870
Uzbekistan	0.01080
Vanuatu	0.00100
Venezuela	0.20470

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<sup>a</sup> Not a Member of the United Nations.

<sup>b</sup> Associate Member of WHO.



(1) Members and Associate Members	(2) WHO scale 2004-2005
	%
Viet Nam	0.01570
Yemen	0.00590
Zambia	0.00200
Zimbabwe	0.00790

## **Agenda item 16.6**

### **Adjustment mechanism**

The Fifty-sixth World Health Assembly,

DECIDES:

- (1) to establish an adjustment mechanism that shall be available to compensate those Member States that will experience an increase in their rate of assessment due to the change in the WHO scale of assessments for 2004-2005 and for 2006-2007 as compared with the WHO scale of assessment for 2000-2001;
- (2) that the compensation shall be available to Member States that notify the Director-General before the beginning of the year concerned that they wish to benefit from this mechanism;
- (3) that the maximum available to each Member State referred to in paragraph 1 shall be limited to the amount corresponding to the increase resulting from a change in the WHO scale of assessment between 2000-2001 and 2004-2005 and between 2000-2001 and 2006-2007 applied to the sum of US\$ 858 475 000;
- (4) that the amount calculated in accordance with paragraph 3 shall be limited to a maximum of 60% of the increase in 2004, a maximum of 40% of the increase in 2005, a maximum of 40% of the increase in 2006, and a maximum of 30% of the increase in 2007;
- (5) that the amounts calculated in accordance with paragraphs 3 and 4 shall be applied as a credit to Member States' accounts on 1 January of the year to which the credit relates;
- (6) that a further transfer to the adjustment mechanism from Miscellaneous Income of US\$ 8 655 000 shall be incorporated in the appropriation resolution for the biennium 2006-2007.

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