



FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.29

Agenda item 14.16

28 May 2003

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;¹

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;

¹ Document A56/48.

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;

Seeking to apply the spirit of several regional and international efforts in fighting the SARS epidemic, including the ASEAN +3¹ 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;²
- (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;

¹ China, Japan, and the Republic of Korea.

² 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.

(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;¹

(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;

¹ 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.

(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.

Tenth plenary meeting, 28 May 2003
A56/VR/10

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