



REGIONAL COMMITTEE

Provisional Agenda item 10

Fifty-first Session

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**BRIEFING ON THE REGIONAL IMPLICATIONS OF THE DECISIONS AND
RESOLUTIONS OF THE FIFTY-FIRST WORLD HEALTH ASSEMBLY
AND THE ONE HUNDRED AND FIRST AND ONE HUNDRED AND
SECOND SESSIONS OF THE EXECUTIVE BOARD**

AND

**REVIEW OF THE DRAFT PROVISIONAL AGENDAS OF THE ONE
HUNDRED AND THIRD SESSION OF THE EXECUTIVE BOARD
AND THE FIFTY-SECOND WORLD HEALTH ASSEMBLY**

The twenty-eighth meeting of the Consultative Committee for Programme Development and Management (CCPDM) recommended that working papers relating to resolutions of regional interest passed by the previous sessions of the Executive Board and the World Health Assembly, and review of the draft provisional agendas of the future sessions of the Executive Board and the World Health Assembly should be combined and brought out as one document. This recommendation was endorsed by the forty-eighth session of the Regional Committee. In accordance with this decision, a combined working paper on the two items has been prepared and is submitted for the consideration of the Regional Committee.

Part 1 of the document relates to resolutions of regional interest while Part 2 relates to review of the draft provisional agendas of the Governing Bodies.

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PART 1

BRIEFING ON THE REGIONAL IMPLICATIONS OF THE DECISIONS AND RESOLUTIONS OF THE FIFTY-FIRST WORLD HEALTH ASSEMBLY AND THE ONE HUNDRED AND FIRST AND ONE HUNDRED AND SECOND SESSIONS OF THE EXECUTIVE BOARD

The working paper incorporates selected 21 resolutions/decisions of the Fifty-first World Health Assembly (WHA51) and 101st and 102nd sessions of the Executive Board (EB101 and EB102). These resolutions/decisions are significant in the context of the regional perspective. Salient contents as well as actions proposed for the Member States are presented in this paper.

Copies of resolutions/decisions included in this paper are placed at the end of part 1. (*A complete set of the resolutions of the Fifty-first World Health Assembly is available for reference*).

RESOLUTIONS**1. Cross-border advertising, promotion and sale of medical products using the Internet (WHA51.9 and EB101.R3)**

The Assembly, being aware of the increased use of electronic communications for promotion of medical products, was concerned with uncontrolled advertising, promotion and sale of medical products using the Internet. An *ad hoc* working group was set up by the Director-General to look into the matter.

On the basis of the report of the *ad hoc* working group, the Assembly adopted a resolution urging Member States, among others, to review existing legislation, regulations and guidelines to ensure their applicability and adequacy and develop and implement strategies for monitoring, surveillance and enforcement on advertising, promotion and sales of medical products.

The Assembly appealed to industry, health professionals and consumer organizations and interested parties to encourage their members, where appropriate, to promote the formulation and use of good information practices consistent with the principles embodied in the WHO Ethical Criteria for Medicinal Drug Promotion. They were also advised to monitor and report problem cases and aspects of cross-border advertising, promotion and sales of medical products using Internet.

2. Health Promotion (WHA51.12 and EB101.R8)

Recognizing the essential health promotion strategies contained in the Ottawa charter for health and confirming the priorities set out in the Jakarta Declaration for Health Promotion in the twenty-first century, the resolution, *inter alia*, urged the Member States to promote social responsibility for health; increase investments for health development; consolidate and

expand “partnerships for health”, increase community capacity and “empower” the individual in matters of health, and to strengthen consideration of health requirements and promotion in all policies. It also called upon organizations of the UN system, intergovernmental and nongovernmental organizations and foundations etc., to mobilize Member States and assist them to implement the strategies and to form global, regional and local health promotion networks.

3. Tuberculosis (WHA51.13 and EB101.R4)

Tuberculosis, a disease strongly associated with social and economic factors, is one of the most important causes of death in adults worldwide. The Assembly was concerned about the prevalence and large number of deaths due to tuberculosis annually and reviewed the present status towards achievement of the global target of 85% cure rate and 70% case detection by the year 2000. It urged the Member States, *inter alia*, to give high priority to intensifying tuberculosis control as an integral part of primary health care, to improve social and economic conditions of the vulnerable groups, to ensure effective introduction of the directly observed treatment, short course (DOTS) strategy before the year 2000, and to monitor its implementation and establish an effective disease surveillance system. It also urged, particularly the 17 countries with the highest burden of diseases (including India, Indonesia, Myanmar and Thailand) that are unable to achieve the global targets, to improve and sustain political commitment, to review constraints in meeting the targets and, if necessary, with support from WHO, donors and NGOs to develop detailed plans of action to implement DOTS strategy. It has also called upon the international community, UN agencies, donors, NGOs and foundations to mobilize and sustain external financial and operational support and to encourage cooperation from other organizations and programmes for health systems development and prevention and control of HIV/AIDS and sexually transmitted diseases and lung diseases.

4. Elimination of leprosy as a public health problem (WHA51.15 and EB101.R7)

The World Health Assembly noted with satisfaction the progress of elimination of leprosy. It recognized the need to intensify anti-leprosy activities to reach the goal of elimination of leprosy as a public health problem by the year 2000. The Assembly urged the Member States to intensify their efforts through accelerated plans, including national leprosy elimination campaigns and special initiatives to detect and treat patients in the underserved communities, and by making multidrug therapy available in all peripheral health facilities.

5. Promotion of horizontal technical cooperation in health sector reform in developing countries (WHA51.16)

The World Health Assembly, being concerned that poverty was the main cause of ill-health and recognizing that progressive globalization of economies had resulted in the adoption of unregulated market approaches to the delivery of health services which, in certain circumstances, has been to the detriment of public health, reaffirmed its commitment to continue its efforts towards the achievement of equitable, affordable, accessible and sustainable health care systems in all Member States.

It urged the Member States to continue the development of health systems in accordance with the principles of self-reliance, self-determination and the sovereign right of each country to adopt appropriate national health policies in response to the specific needs

of their people. The Assembly called upon developed countries to continue to facilitate transfer of technology and resources to developing countries in the health sector and to provide WHO with necessary financial resources to enhance implementation of health programmes in developing countries.

6. Emerging and other communicable diseases: antimicrobial resistance (WHA51.17 and EB101.R26)

The Assembly was concerned about the rapid emergence and spread of human pathogens resistant to available antibiotics. It was aware that antimicrobial resistance was increasingly hampering treatment of infectious diseases as a result of totally ineffective antibiotics or of the high cost of 'new generation' agents. It was also concerned about the extensive use of antibiotics in food production which may further accelerate the development of such resistance. The Assembly therefore urged the Member States, *inter alia*, to encourage the development of sustainable systems to detect resistance pathogens and to monitor use of antibiotics and the impact of control measures. It had also advised to develop educational programmes for professional staff and public to encourage appropriate and cost-effective use of antibiotics. It also urged Member States to develop and institute measures to prohibit the dispensing of antimicrobials without the prescription of a qualified health care professional and to strengthen legislation to prevent the manufacture, sale and distribution of counterfeit antimicrobial agents on the informal market.

7. Noncommunicable diseases prevention and control (WHA51.18 and EB101.R9)

Being informed of the high rates of mortality, morbidity and disability from major noncommunicable diseases, the Assembly endorsed the proposed framework for the integrated prevention and control of noncommunicable diseases. The resolution, *inter alia*, urged the Member States to collaborate with WHO in developing a global strategy for the prevention and control of noncommunicable diseases based on best practices and operational research, as part of their health sector reforms, in order: (a) to promote health and reduce major common risk factors for chronic noncommunicable diseases through essential public health action and the integration of preventive measures within the functions of health services, and particularly in primary health care; (b) to collate information and set standards in order to ensure appropriate case detection and management; (c) to monitor scientific data and support research in a broad spectrum of related areas, including human genetics, nutrition and diet, matters of particular concern to women, and development of human resources for health; and (d) to exert a concerted effort against the use of tobacco, throughout the world and especially in order to protect the world's young people.

8. Scale of assessments for the financial period 1998-1999 (WHA51.21)

The Assembly adopted a new scale of assessment for the year 1999. This scale is, for the first time, based upon a 3-digit percentage (rather than 2-digit) and a new minimum level of 0.001% of total WHO Regular Budget. While increased rates are reflected for Indonesia, Sri Lanka and Thailand, the rates have been reduced for Bhutan, DPR Korea, India, Maldives, Myanmar and Nepal compared to the 1998 assessment scale. Scales of assessment for the ten countries of the Region are as below (extracted from WHA51 document A51/16 dated 8 April 1999).

*Percentage of WHO scale of assessment for the year 1998 and
WHO (revised) scale for the year 1999*

Members	1998 scale	1999 (revised) scale
Bangladesh	0.01	0.010
Bhutan	0.01	0.001
Democratic People's Republic of Korea	0.05	0.019
India	0.30	0.294
Indonesia	0.14	0.181
Maldives	0.01	0.001
Myanmar	0.01	0.008
Nepal	0.01	0.004
Sri Lanka	0.01	0.012
Thailand	0.13	0.164

9. Collaboration within the United Nations system and with other intergovernmental organizations –Health of children and adolescents (WHA51.22)

Recognizing that the health of children and adolescents constitutes a critical element for the health of future generations and for health and human development in general, the Assembly called upon Member States to undertake all appropriate measures to pursue the full implementation of the child's and adolescent's right to the highest attainable standard of health and access to health services. It also appealed to States Parties to the Convention on the Rights of the Child to include information on health and health services in their reports to the Committee on the Rights of the Child and to take into account the recommendations made by the Committee in the implementation of the relevant provisions of the Convention.

10. Review of the Constitution and regional arrangements of the World Health Organization – Status of members of the Executive Board – Clarification of the interpretation of Article 24 of the WHO Constitution (WHA51.26)

Recalling the role of WHO as the directing and coordinating authority on international health work, the Assembly reaffirmed that members of the Executive Board should be technically qualified in the field of health. Keeping in mind the provisions of relevant Articles of the Constitution, the Assembly decided that Member States entitled to designate a representative to the Executive Board should designate them as government representatives, technically qualified in the field of health.

11. Amendments to Articles 24 and 25 of the Constitution (WHA51.23)

The Assembly, at its fifty-first session, considered that the membership of the Executive Board be increased from 32 to 34 so that the number of members in the European Region and the Western Pacific Region entitled to designate a person to serve on the Board be increased to eight and five respectively. It adopted amendments to Articles 24 and 25 of the

Constitution. Among other things, the amended Article 24 states that the Board shall consist of 34 persons designated by as many Members. Each of these Members should appoint to the Board a person technically qualified in the field of health, who may be accompanied by alternates and advisers.

12. International Decade of the World's Indigenous People (WHA51.24)

The World Health Assembly recalled UN General Assembly resolution on the activities for the International Decade on world's indigenous people and recommending that its specialized agencies and others devote special attention to development activities of benefit to indigenous communities. It urged the Member States to develop and implement national plans of action or programmes on indigenous people's health, in close cooperation with indigenous people, which focus on: ensuring access of indigenous people to health care; supporting the participation of indigenous representatives in WHO meetings; ensuring health services are culturally sensitive to indigenous people; respecting, preserving and maintaining the knowledge of traditional healing and medicine in close cooperation with indigenous people; ensuring the active participation of indigenous people in identifying their health needs and appropriate research for developing strategies to improve their health status and the future direction of their health.

13. Environmental Matters - Strategy on sanitation for high risk communities (WHA51.28 and EB101.R14)

The World Health Assembly, being aware of the plight of urban and rural communities living on highly insanitary conditions and the importance of sanitation for health in general, recognized that while full coverage by water supply and sanitation services is the ultimate goal, higher priority should be given to high-risk communities. Noting the strategies approved by the UNICEF and WHO Joint Committee on Health Policy, the Assembly endorsed the strategy for sanitation in high-risk communities.

The Assembly urged the Member States, *inter alia*, to reorient and strengthen their sanitation programmes to ensure that priority is given to communities at high risk and to give higher priority to sanitation in national planning for health and investment. It called upon the United Nations and other international organizations to give high-risk communities priority for sanitation, and invited donors to provide adequate funding.

14. The protection of human health from threats related to climate change and stratospheric ozone depletion (WHA51.29 and EB101.R15)

The Assembly recalled its earlier resolutions on the endorsement of the WHO global strategy for health and environment in full compliance with "Agenda 21" adopted by the United Nations Conference on Environment and Development in 1992, and on WHO's efforts to combat emerging and re-emerging infectious diseases associated with greater human mobility, global environmental changes and spreading drug resistance. The Assembly, being aware of the serious threat to the environment and health due to the depletion of ozone from the earth's stratosphere, leading to possible increase in incidence of diseases such as melanomas, non-melanomous skin cancer, immune defects and nutritional deficiencies as well as other global environmental changes, acknowledged the leading role of WHO in collaboration with WMO and UNEP, in bringing serious human health threats to the attention of the international community.

The Assembly urged the Member states, *inter alia*, to consider the potential threats to human health and take these into account in the formulation of national plans for sustainable development, through greater use of weather and climate forecasts in disease prevention and control, to improve preventive health measures including increased public awareness and action and to encourage applied research and capacity building in these areas.

15. Method of Work of the Health Assembly (WHA51.30)

Through resolution WHA50.32, the Director-General was requested, *inter alia*, to ensure that documents related to the agendas of the Health Assembly and the Executive Board were distributed simultaneously and in good time in the six official languages to the Member States. Accordingly, the Director-General reported, as a first experience, that in almost all cases the different services involved in the preparation of documentations for the governing bodies managed to produce the required documents for distribution in six official languages (Arabic, Chinese, French, English, Russian and Spanish). He also reported that governing body documents in forthcoming sessions would be available in all six languages in the Internet.

The Health Assembly stressed the importance of multi-lingualism and equality among official languages of the World Health Organization. It also recognized that those countries whose national languages are not one of the official languages of the Organization require more time to translate and study the documents in their own languages. The Assembly requested the Director-General to ensure that documents for the forthcoming sessions of the governing bodies are dispatched and made available on the Internet in the six official languages not less than 30 days before the date fixed for the opening of the respective sessions.

16. Review of the Constitution and regional arrangements of the World Health Organization - Regular budget allocations to regions (WHA51.31 and EB101.R10)

The Health Assembly recommended, among other things, that globally, the regional, intercountry and country allocation in future programme budgets approved by the Health Assembly should, for the most part, be guided by a model that: (a) draws upon UNDP's Human Development Index, possibly adjusted for immunization coverage. It, however, resolved that the reduction for any region would not exceed 3% per year and that all least developed countries (LDC) would be guaranteed during the 2000-2001 biennium that their allocation from the regular budget will not be less than that of the 1998-1999 budget by use of a 2% transfer from global and interregional activities and use of casual income, if necessary. The resolution also requested the Director-General to monitor and evaluate closely the working and impact of this new process and to report annually to the Executive Board and Health Assembly for any further refinement, development or modification to ensure response to health needs and equitable allocation of WHO resources.

17. Programme Budget Evaluation (EB101.R1)

The Assembly took note of resolutions WHA48.25 and EB99.R13 on continued development of a strategic approach to programme budgeting and evaluation mechanisms. It recognized the constraints inherent in making available before the year 2000 audited accounts for the 1998-1999 biennium and noted the need for timely information on trends in expenditure

towards making recommendations on approval of the 2000-2001 programme budget. The Board requested the Director-General, *inter alia*, to present to the 103rd session of the Executive Board an interim report on the results of the evaluation to complement the proposed programme budget for 2000-2001 providing, to the extent possible, details of actual expenditure in the first year of implementation of the programme budget for 1998-1999, together with the amounts committed to specific programmes, sub-programmes and activities. The Director-General was also requested to provide comparisons with previous bienniums, and trends; and details of adjustments or significant changes in programmes, made as a result of evaluation and the lessons learned.

18. Revised drug strategy (EB101.R24, WHA51(10) and EB102(14))

The Executive Board, at its 101st session, urged the Member States, *inter alia*, to reaffirm their commitment to develop, implement and monitor national drug policies to ensure equitable access to essential drugs and to ensure public health rather than commercial interests. Member States were also urged to establish and enforce regulations on good uniform quality assurance standards, to develop or maintain national guidelines governing drug donations and the promotion of rational use of drugs.

The World Health Assembly, at its 51st session, reviewed the EB resolution through a drafting group. They observed that the revised drug strategy was being implemented in the Member States and that WHO had provided strong leadership in promoting the essential drugs concept and national drug policies towards the improvement of health care of the people. However, there were some conflicting issues, like the integration of national policies and harmonization with international trade policies – public health goals versus commercial interests, which require further decisions. It was recommended that resolution EB101.R24 should be referred back to the Executive Board and be considered at its 103rd session.

The Executive Board, at its 102nd session, after reviewing the discussions in the Assembly, decided to establish an open-ended *ad hoc* group to explore the complex issues raised by EB resolution EB101.R24. This group will take note of the outcome of contacts pursued by WHO with other partners, including WTO, the World Intellectual Property Organization (WIPO), industry and nongovernmental organizations. Participation in the *ad hoc* working group will be open to all Member States; a sub-group will be created with two members from each Region of which one will be the Executive Board Member from the Region; the regional committees will nominate their representatives to the sub-group.

DECISIONS

(1) Health Systems Development – EB101(4)

In response to the World Health Assembly resolution on strengthening health system development in developing countries of the Non-aligned Movement, the Director-General submitted a progress report to the Executive Board at its 101st session. He stated that the Organization was establishing a network of institutions in developing countries on approaches to health sector reform. In this effort UNDP was closely involved and other agencies like the World Bank were also taking steps to intensify cooperation. At the same time, health system development was identified as a key element in the renewal of health-for-all strategy. The Executive Board, after thorough discussion, suggested that a progress report should be submitted to its 102nd session. Accordingly, the Director-General submitted a progress report incorporating an outline of the objectives and operational strategies of the

plan of action. The objectives were: to refocus WHO towards reconciling health for all policy and primary health care strategy with the agenda of health system development; to develop national capacity to establish sustainable, effective and equitable health system; to create awareness across sectors for the development of integrated health systems; to mobilize support of donors, multilateral financial institutions, NGOs and other agencies; and to commission and support research on health system development. The operational strategies, among others, outlined for capacity building to promote and support improved and overall system framework and establish technical exchange networks across countries and regions, create resource institutions and WHO collaborating centres in developing countries. It suggested that 'The World Health Report, 1999' be used as a strategic document for WHO to coordinate and initiate a global advocacy campaign. It was also proposed to form a steering committee of WHO staff including regional offices and other technical programmes to draft a detailed plan of action based on consultations in particular with health policy makers and major bilateral and multilateral partners. The plan of action will be submitted to the 103rd session of the Board in January 1999.

The 102nd session of the Executive Board took note of the progress report.

(2) WHO/UNICEF/UNFPA Coordinating Committee on Health EB101(12) and EB102(7)

The Executive Board, at its twenty-fifth session in January 1960, established the UNICEF/WHO Joint Committee on Health Policy (JCHP) to foster health development in a *spirit of coordination and collaboration within the UN system*. The JCHP, at its *Thirty-first* session, discussed the progress in relation to district health system development and the implementation of a UNICEF/WHO joint strategy for water supply and sanitation. The Committee also reviewed WHO resolutions and UNICEF decisions that had been adopted since the special session of JCHP in May 1996, and which were relevant to the improvement of the health status of women and children. This session also brought the long and successful history of the UNICEF/WHO Joint Committee to a close. It also marked the beginning of work with a broader constituency, responding to new challenges, with UNFPA joining an expanded Committee to be called the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH).

The Director-General submitted a progress report on the establishment of CCH to the 101st Executive Board wherein it was informed that the designated persons of the three organizations had drafted the *terms of reference of the Committee*. This was transmitted to the Executive Boards of UNICEF and UNFPA. The UNICEF Executive Board proposed some changes to the terms of reference, while the UNFPA Executive Board proposed some amendments and recommended that a meeting of CCH should be held to discuss its functioning, proposed amendments and substantive issues common to the mandates of WHO, UNICEF and UNFPA.

The Board noted the progress report and approved a preliminary meeting of CCH in 1998. In its decision during the 102nd session in May 1998, the Board appointed, among others, Mr N.S. de Silva of Sri Lanka as a member of CCH.

(3) WHO Country Offices – EB101 (6) and EB 102 (1)

In January 1998, a report on WHO country offices, focusing on the development of criteria for establishing a WHO country office was presented to the Executive Board by the Director-General. The report proposed *appropriate mechanisms for WHO representation and*

coordination at country level according to the economic development and health status of the Member States. It also considered how the functions could be improved using more of WHO's scarce resources in countries in greatest need.

The Executive Board, through its decision EB101(6), *inter alia*, requested the Director-General to develop further the criteria for classifying countries on the basis of need, in conformity with those provided in resolution EB101.R10 on regular budget allocations to regions, and to report on the result to the Executive Board at its 102nd session.

Accordingly, the Board at its 102nd session, reviewed the report on the criteria for classifying countries. The report, in the context of technical cooperation, provided criteria mainly on the basis of the Human Development Index (HDI) and immunization coverage. However, this was very strongly debated by the Board, particularly the immunization coverage criteria. Finally, the Board recommended that the Director-General, in consultation with the Regional Directors and the Member States, should determine the type of representation in each country by taking into account HDI and immunization coverage as indicators and retaining the possibility of modifying representation in some countries. It advised the Regional Directors to reassess and redefine WHO representation according to the specific needs and situation in countries. The Board also called for developing guidelines for Member States, enabling them to assume, in accordance with their national capacity, greater responsibility for coordination with the Organization.