



Fifth report of Committee B

(Draft)

Committee B held its fifth meeting on 15 May 1998 under the chairmanship of Dr M. Nguema Ntutumu (Equatorial Guinea), and later Mr N.S. de Silva (Sri Lanka).

It was decided to recommend to the Fifty-first World Health Assembly the adoption of the attached resolutions:

27. WHO reform

27.2 Review of the Constitution and regional arrangements of the World Health Organization (resolution WHA48.14)

One resolution entitled:

- Status of members of the Executive Board: Clarification of the interpretation of Article 24 of the WHO Constitution

30. Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine

One resolution

29. Collaboration within the United Nations system and with other intergovernmental organizations

29.2 Environmental matters

Two resolutions entitled:

- Strategy on sanitation for high-risk communities
- The protection of human health from threats related to climate change and stratospheric ozone depletion

33. Method of work of the Health Assembly

One resolution

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

The Fifty-first World Health Assembly,

Recalling the role of WHO as the directing and coordinating authority on international health work;

Reaffirming that the members of the Executive Board should be technically qualified in the field of health;

Recognizing that the strength of WHO comes from the commitment of its Member States working together to pursue common health goals;

Noting the significant role played by governments in the governing bodies of other specialized agencies of the United Nations system;

Noting the ambiguity which results from the difference in the authentic languages of the Constitution concerning the status in which persons serve as members of the Executive Board;

Considering it important to clarify the provisions of Article 24 of the Constitution;

Bearing in mind the provision in Article 75 of the Constitution which allows for the Health Assembly to settle questions of interpretation of the Constitution,

DECIDES 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.

Agenda item 30

Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine

The Fifty-first World Health Assembly,

Mindful of the basic principle established in the WHO Constitution, which affirms that the health of all peoples is fundamental to the attainment of peace and security;

Recalling the convening of the International Peace Conference on the Middle East (Madrid, 30 October 1991), on the basis of United Nations Security Council resolutions 242 (1967) of 22 November 1967 and 338 (1973) of 22 October 1973, as well as on the basis of the principle of “land for peace”, and the subsequent bilateral negotiations;

Expressing the hope that the peace talks between the parties concerned in the Middle East will lead to a just and comprehensive peace in the area;

Noting the signing in Washington, D.C. on 13 September 1993 of the Declaration of Principles on Interim Self-Government Arrangements between the Government of Israel and the Palestine Liberation Organization (PLO), the commencement of the implementation of the Declaration of Principles following the signing of the Cairo Accord on 4 May 1994, the interim agreement signed in Washington, D.C. on 28 September 1995, the transfer of health services to the Palestinian Authority, and the launching of the final stage of negotiations between Israel and PLO on 5 May 1996;

Emphasizing the urgent need to implement the Declaration of Principles and the subsequent Accord;

Expressing grave concern about the decision of the Government of Israel to resume settlement activities, including the construction of the settlement in Jabal Abou Ghoneim, in violation of international law, and relevant United Nations resolutions;

Stressing the need to preserve the territorial integrity of all the occupied Palestinian territory and to guarantee the freedom of movement of persons and goods within the Palestinian territory, including the removal of restrictions of movement into and from East Jerusalem, and the freedom of movement to and from the outside world having in mind the adverse consequences of the recurrent closure of the Palestinian territory on its socioeconomic development, including the health sector;

Recognizing the need for increased support and health assistance to the Palestinian population in the areas under the responsibility of the Palestinian Authority and to the Arab populations in the occupied Arab territories, including the Palestinians as well as the Syrian Arab population;

Recognizing that the Palestinian people will have to make strenuous efforts to improve their health infrastructure, and taking note of the initiation of cooperation between the Israeli Ministry of Health and the Ministry of Health of the Palestinian Authority, which emphasizes that health development is best enhanced under conditions of peace and stability;

Reaffirming the right of the Palestinian patients to be able to benefit from health facilities available in the Palestinian health institutions of occupied East Jerusalem;

Recognizing the need for support and health assistance to the Arab populations in the areas under the responsibility of the Palestinian Authority and in the occupied territories, including the occupied Golan;

Bearing in mind United Nations General Assembly resolutions 52/52 and 52/53 of 9 December 1997;

Having considered the report of the Director-General,

1. EXPRESSES the hope that the peace talks will lead to the establishment of a just, lasting and comprehensive peace in the Middle East;
2. CALLS UPON Israel not to hamper the Palestinian health authorities in carrying out their full responsibility for the Palestinian people, including in occupied East Jerusalem, and to lift the closure imposed on the Palestinian territory;
3. EXPRESSES the hope that the Palestinian people, having assumed responsibility for their health services, will be able themselves to carry out health plans and projects in order to participate with the peoples of the world in achievement of WHO's objectives of health for all by the year 2000;
4. AFFIRMS the need to support the efforts of the Palestinian Authority in the field of health in order to enable it to develop its own health system so as to meet the needs of the Palestinian people in administering their own affairs and supervising their own health services;
5. URGES Member States, intergovernmental organizations, nongovernmental organizations and regional organizations to provide speedy and generous assistance in the achievement of health development for the Palestinian people;
6. THANKS the Director-General for his report and efforts, and requests him:
 - (1) to take urgent steps in cooperation with Member States to support the Ministry of Health of the Palestinian Authority in its efforts to overcome the current difficulties, and in particular so as to guarantee free circulation of those responsible for health, of patients, of health workers and of emergency services, and the normal provision of medical goods to the Palestinian medical premises, including those in Jerusalem;
 - (2) to continue to provide the necessary technical assistance to support health programmes and projects for the Palestinian people in the transitional period;
 - (3) to take the necessary steps and make the contacts needed to obtain funding from various sources including extrabudgetary sources, to meet the urgent health needs of the Palestinian people during the transitional period;
 - (4) to continue his efforts to implement the special health assistance programme and adapt it to the health needs of the Palestinian people, taking into account the health plan of the Palestinian people;
 - (5) to activate the organizational unit at WHO headquarters concerned with the health of the Palestinian people, and continue to provide health assistance so as to improve the health conditions of the Palestinian people;
 - (6) to report on implementation of this resolution to the Fifty-second World Health Assembly;
7. EXPRESSES gratitude to all Member States, intergovernmental organizations and nongovernmental organizations and calls upon them to provide assistance needed to meet the health needs of the Palestinian people.

Agenda item 29.2

Environmental matters

Strategy on sanitation for high-risk communities

The Fifty-first World Health Assembly,

Having considered the report of the Director-General on strategy for sanitation in high-risk communities;

Aware of the plight of rural and urban communities with highly insanitary conditions, the importance of sanitation for health in general and in reducing the incidence and spread of infectious diseases, and the responsibility that WHO has to provide appropriate leadership;

Concerned about the vast and increasing number of people in the world who lack sanitation, living in communities that should receive the highest priority for sanitation because of the particularly high risk of disease related to insanitary conditions;

Recognizing that while full coverage by water supply and sanitation services as proclaimed by the 1990 World Summit for Children and in other forums remains the ultimate goal, higher priority should be given to these high-risk communities without delay;

Recalling resolutions WHA39.20, WHA42.25, WHA44.27, WHA44.28, WHA45.31 and WHA46.20 which *inter alia* have guided WHO's programme on community water supply and sanitation;

Recalling that the Executive Board established environmental health, particularly water supply and sanitation, as one of the priority areas for WHO;

Noting that a joint water supply and environmental sanitation strategy was approved by the UNICEF/WHO Joint Committee on Health Policy in May 1997;

Noting that the topic of water, including community water supply and sanitation, is to be considered by the United Nations Commission on Sustainable Development in 1998, which will determine future priorities, action and roles in this area;

Exploring new and innovative financing mechanisms for sanitation, including community financing, private sector funding and private management of public assets,

1. ENDORSES the strategy for sanitation in high-risk communities;
2. URGES Member States:
 - (1) to reorient and strengthen their sanitation programmes to ensure that priority is given to communities at high risk from insanitary conditions, with the following aims:
 - (a) identifying high-risk communities and subgroups in rural, periurban and urban areas and setting priorities accordingly, through observation using health statistics and other systematic data from screening;

- (b) carrying out studies on appropriate technologies taking into account specific national, regional and local conditions for the improvement of water supply and sanitation;
 - (c) overcoming obstacles to sanitation such as difficult geological, social, economic and legal conditions;
 - (d) mobilizing communities and involving them in the planning and implementation of their sanitation systems through collaboration with nongovernmental organizations and others with successful experience in community participation;
- (2) to give higher priority to sanitation in national planning for health and investment in infrastructure, with the following aims:
- (a) integrating sanitation with related programmes for development such as environmental health, child survival, maternal and child health, communicable diseases, essential drugs and agricultural development;
 - (b) advocating sanitation in order to increase political will and commitment at every level;
 - (c) including sanitation in the preparation of national action plans on health and environment and, in particular, in urban and rural community development programmes;
3. CALLS UPON the United Nations and other international organizations to give high-risk communities priority for sanitation, and invites donors to provide adequate funding for the necessary measures;
4. REQUESTS the Director-General:
- (1) to support Member States in implementing sanitation programmes, ensuring that sanitation is being assured by appropriate programmes in a coordinated and coherent way;
 - (2) to undertake advocacy for the recognition of high-risk groups and their needs as a priority;
 - (3) to support efforts by Member States to identify high-risk communities and give them priority, suggest appropriate methodology and assist in gathering information;
 - (4) to support applied research on appropriate sanitation technology and community involvement for high-risk areas, including the review of cases and establishment of models of “good practice”;
 - (5) to support training of extension workers in methodology for involving communities in their sanitation development;
 - (6) to integrate sanitation with action such as “Healthy cities/islands/villages/marketplaces” projects and the “School health initiative” and national environmental health action plans;
 - (7) to convene an expert consultation on the financial, cultural and legal obstacles to reaching high-risk communities, and to advise Member States on measures to overcome them;
 - (8) to strengthen internal coordination and cooperation with other United Nations organizations in the promotion of sanitation with particular emphasis on high-risk communities, and especially with UNICEF in the UNICEF/WHO joint water supply and environmental sanitation strategy.

Agenda item 29.2

The protection of human health from threats related to climate change and stratospheric ozone depletion

The Fifty-first World Health Assembly,

Having considered the report of the Director-General on WHO's activities on the health effects of climate change and stratospheric ozone depletion, and its association with the work on the "climate agenda";

Recalling resolutions WHA46.20 and WHA48.13 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;

Aware of the growing scientific evidence that the steady increase of atmospheric greenhouse gases caused by human activities may seriously affect the global climate with grave consequences for human health and the environment;

Aware of the serious threat to the environment and health of the depletion of ozone from the earth's stratosphere due to emissions of chlorofluorocarbons and other gases with ozone-destroying properties, used for refrigeration and for other industrial purposes, that might increase the incidence of diseases related to ultraviolet radiation, such as melanomas, non-melanomous skin cancers, immune defects and nutritional deficiencies;

Equally aware that the consequences of these phenomena for human health and well-being should be considered within the overall context of other global environmental changes, many of which are related, such as desertification, deforestation, transboundary air and water pollution and loss of biodiversity;

Acknowledging the leading role of WHO, in collaboration with WMO and UNEP, in bringing the potentially grave threats to human health of these global environmental phenomena to the attention of the international community through mechanisms provided by the Intergovernmental Panel on Climate Change and the United Nations Framework Convention on Climate Change,

1. ENDORSES WHO's participation in the "climate agenda" established by WMO, UNEP, UNESCO and its Intergovernmental Oceanographic Commission (IOC), FAO and the International Council of Scientific Unions (ICSU) to deal more effectively with climate-related issues among appropriate intergovernmental and international agencies;

2. URGES Member States:

(1) to consider the potential threats to human health of climate change and other factors in global environmental change and to take these into account in national planning for sustainable development;

(2) wherever appropriate, to consider new approaches to tackle these threats through greater use of weather and climate forecasts in disease prevention and control;

(3) to adopt other strategies, as appropriate, to face up to the human health consequences of climate change and other factors in global environmental change;

(4) to improve prevention of climate change and health effects of stratospheric ozone depletion through increased public awareness programmes and action;

(5) to encourage applied research and capacity-building in all of these areas;

3. REQUESTS the Director-General:

(1) to develop further WHO's relations with WMO and other appropriate organizations of the United Nations system in order to ensure the continuation of international efforts to foster understanding of the correlation of climate and health and the pursuance of ways and means of mitigating public health effects of global environmental change;

(2) to collect and review epidemiological information on risks related to climate and stratospheric ozone depletion for human health and to make such information accessible to policy-makers and research institutions in Member States;

(3) to pursue the assessment of research needs and priorities concerning risks related to climate and stratospheric ozone depletion for human health and the environment, and to promote further research in this area, in particular in support of improved strategies for response at the national level, in close cooperation with meteorological services;

(4) to secure adequate human and financial resources for these activities, in consultation with other agencies concerned and interested donors.

Agenda item 33

Method of work of the Health Assembly

The Fifty-first World Health Assembly,

Recalling resolution WHA50.32 on Respect for equality among official languages, which requested the Director-General to ensure that the documents related to the agendas of the governing bodies were distributed simultaneously and in good time in the six official languages and that they were not distributed until they were available in all the official languages, in order to respect the principle of equality of treatment of Member States;

Stressing the importance of multilingualism and equality among official languages of the World Health Organization;

Taking note of the report by the Director-General on the implementation of resolution WHA50.32,¹ in particular the fact that governing body documents have been made available in all languages on the Internet once dispatched;

Recognizing 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,

REQUESTS the Director-General to ensure that the governing body documents for forthcoming sessions 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 session.

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¹ Document A51/25.