Correlation of the Work of the World Health Assembly, the Executive Board and the Regional Committees

Consideration of resolutions of the Thirty-third World Health Assembly

Resolutions directly related to other items on the provisional agenda of the current session of the Regional Committee form part of the documentation for those individual agenda items. Additional resolutions adopted by the Thirty-third World Health Assembly of interest for the work of the Western Pacific Region are hereby presented to the Regional Committee for comment. Relevant resolutions adopted by the Executive Board at its sixty-fifth session in January 1980 are reflected in the resolutions of the Health Assembly mentioned above. Of the three resolutions adopted by the Executive Board at its sixty-sixth session in May 1980, none are of direct relevance to the work of the Regional Committee for the Western Pacific Region.
1. Declaration of global eradication of smallpox (resolution WHA33.3)

2. Global smallpox eradication (resolution WHA33.4)
   Attention is drawn to operative paragraphs three and four.

3. Organizational study on the "Role of WHO expert advisory panels and committees and collaborating centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of WHO" (resolution WHA33.20)
   Attention is drawn to operative paragraph three.

4. Development and coordination of biomedical and health services research (resolution WHA33.25)
   Attention is drawn to operative paragraph one. Under provisional agenda item 23 the Regional Committee will be reviewing a report on the implementation of research activities recommended by the Western Pacific Advisory Committee on Medical Research (WPACMR) in 1979 and the recommendations made by WPACMR at its fifth session in 1980.

5. Tuberculosis control (resolution WHA33.26)
   Attention is drawn to operative paragraph one. Under provisional agenda item 27 the Regional Committee will be considering the tuberculosis situation in the Western Pacific Region with a view to encouraging control activities through primary health care.

6. Action in respect of International Conventions on Narcotic and Psychotropic Substances: Abuse of narcotic and psychotropic substances (resolution WHA33.27)
   Attention is drawn to operative paragraphs two, three, four and five.

7. Workers' health programme (resolution WHA33.31)
   Attention is drawn to operative paragraph two.

8. Infant and young child feeding (resolution WHA33.32)
   Attention is drawn to operative paragraphs one and three.

9. WHO's programme on smoking and health (resolution WHA33.35)
   Attention is drawn to operative paragraph one.
DECLARATION OF GLOBAL ERADICATION OF SMALLPOX

The Thirty-third World Health Assembly, on this the eighth day of May 1980;

Having considered the development and results of the global programme on smallpox eradication initiated by WHO in 1958 and intensified since 1967;

1. DECLARES SOLEMNLY THAT THE WORLD AND ALL ITS PEOPLES HAVE WON FREEDOM FROM SMALLPOX, WHICH WAS A MOST DEVASTATING DISEASE SWEEPING IN EPIDEMIC FORM THROUGH MANY COUNTRIES SINCE EARLIEST TIMES, LEAVING DEATH, BLINDNESS AND DISFIGUREMENT IN ITS WAKE AND WHICH ONLY A DECADE AGO WAS RAMPANT IN AFRICA, ASIA AND SOUTH AMERICA;

2. EXPRESS ITS DEEP GRATITUDE TO ALL NATIONS AND INDIVIDUALS WHO CONTRIBUTED TO THE SUCCESS OF THIS NOBLE AND HISTORIC ENDEAVOUR;

3. CALLS THIS UNPRECEDENTED ACHIEVEMENT IN THE HISTORY OF PUBLIC HEALTH TO THE ATTENTION OF ALL NATIONS, WHICH BY THEIR COLLECTIVE ACTION HAVE FREED MANKIND OF THIS ANCIENT SCOURGE AND, IN SO DOING, HAVE DEMONSTRATED HOW NATIONS WORKING TOGETHER IN A COMMON CAUSE MAY FURTHER HUMAN PROGRESS.

Eighth plenary meeting, 8 May 1980
A33/VR/8
THIRTY-THIRD WORLD HEALTH ASSEMBLY

GLOBAL SMALLPOX ERADICATION

Having reviewed the report of the Global Commission for the Certification of Smallpox Eradication prepared in December 1979;

Mindful that smallpox was a most devastating disease, sweeping in epidemic form through many countries since earliest times, and leaving death, blindness and disfigurement in its wake; that despite the existence of a vaccine since the beginning of the last century, the disease had persisted in many parts of the world; and that only a decade ago the disease was rampant in Africa, Asia and South America;

Affirming that the commitment of the Health Assembly to the worldwide eradication of smallpox, first initiated, in accordance with resolution WHA11.54, in 1958, and intensified, in accordance with resolution WHA20.15, in 1967, has now been met;

Expressing appreciation of the efforts made by all nations to achieve global smallpox eradication, either through their national programmes or through the assistance which they provided, with the wholehearted support of multilateral, bilateral and voluntary agencies and with the constant encouragement of the world's news media;

1. ENDORSES the conclusions of the Global Commission that smallpox eradication has been achieved throughout the world, as proclaimed in resolution WHA33.3, and that there is no evidence that smallpox will return as an endemic disease;

2. FURTHER ENDORSES the recommendations of the Global Commission on the policy for the post-eradication era, annexed to this resolution;

3. REQUESTS Member States to cooperate fully in the implementation of the Commission's recommendations;

4. URGES, in particular, the immediate implementation of the recommendations on the discontinuation of smallpox vaccination except for investigators at special risk and the termination of the requirement for international certificates of vaccination against smallpox in Member States which have not already taken this measure; the continued epidemiological surveillance of suspected smallpox cases; the monitoring of safety measures in laboratories retaining variola virus and further reduction in the number of such laboratories; and the promotion of research on orthopoxviruses;

5. REQUESTS the Director-General to ensure the production, within a reasonable period of time, of appropriate publications describing smallpox and its eradication, in order to preserve the unique historical experience of eradication and thereby contribute to the development of other health programmes;

6. INVITES all Member States, as well as multilateral, bilateral and voluntary agencies, to ensure that the cooperation and support which has brought about the global eradication of smallpox is continued in other fields, and to invest the resources saved as a result of smallpox eradication in other priority health programmes, so as to maintain the struggle towards better health for all mankind;

7. CALLS ON the Director-General to promote and coordinate the implementation of the Global Commission's recommendations on policy for the post-eradication era, so that the world may remain permanently free of this disease and to report on this matter to future Health Assemblies as necessary.
ANNEX

RECOMMENDATIONS OF THE GLOBAL COMMISSION FOR THE CERTIFICATION OF SMALLPOX ERADICATION REGARDING POLICY FOR THE POST-ERADICATION ERA

Vaccination policy

**Recommendation 1.** Smallpox vaccination should be discontinued in every country except for investigators at special risk.

**Recommendation 2.** An international certificate of vaccination against smallpox should no longer be required of any traveller.

Reserve stocks of vaccine

**Recommendation 3.** Sufficient freeze-dried smallpox vaccine to vaccinate 200 million people should be maintained by WHO in refrigerated depots in two countries, together with stocks of bifurcated needles.

**Recommendation 4.** The stored vaccine should be periodically tested for potency.

**Recommendation 5.** Seed lots of vaccinia virus suitable for the preparation of smallpox vaccine should be maintained in designated WHO collaborating centres.

**Recommendation 6.** National health authorities that have vaccine stocks should be asked to inform WHO of the amount of vaccine maintained.

Investigation of suspected smallpox cases

**Recommendation 7.** In order to maintain public confidence in the fact of global eradication, it is important that rumours of suspected smallpox, which can be expected to occur in many countries, should be thoroughly investigated. Information should be provided to WHO, if requested, so that it can be made available to the world community.

**Recommendation 8.** WHO should maintain an effective system to coordinate and participate in the investigation of suspected smallpox cases throughout the world. The international smallpox-rumour register should be maintained.

Laboratories retaining variola virus stocks

**Recommendation 9.** No more than four WHO collaborating centres should be approved as suitable to hold, and handle, stocks of variola virus. A collaborating centre would be approved only if it had adequate containment facilities. Each such centre should provide WHO annually with relevant information on its safety measures and should be inspected periodically by WHO.

**Recommendation 10.** Other laboratories should be asked to destroy any stocks of variola virus that they hold, or transfer them to an approved WHO collaborating centre.

Human monkeypox

**Recommendation 11.** In collaboration with country health services WHO should organize and assist a special surveillance programme on human monkeypox, its epidemiology, and its ecology in areas where it is known to have occurred. The programme should continue until 1985, when a further assessment of the situation should be made.

Laboratory investigations

**Recommendation 12.** WHO should continue to encourage and coordinate research on orthopoxviruses.
Recommendation 13. WHO should maintain the system of WHO collaborating centres for carrying out diagnostic work and research on orthopoxviruses.

Recommendation 14. Research workers who do not work in a WHO collaborating centre and who wish to carry out experiments with variola or whitepox virus that are approved by the appropriate WHO committee should be offered the use of the special facilities in a WHO collaborating centre.

Recommendation 15. Research on poxviruses other than variola or whitepox viruses should not be performed under circumstances where there is any possibility of cross-contamination with these two agents.

Documentation of the smallpox eradication programme

Recommendation 16. WHO should ensure that appropriate publications are produced describing smallpox and its eradication and the principles and methods that are applicable to other programmes.

Recommendation 17. All relevant scientific, operational and administrative data should be catalogued and retained for archival purposes in WHO headquarters and perhaps also in several centres interested in the history of medicine.

WHO headquarters staff

Recommendation 18. An interregional team consisting of not less than two epidemiologists with past experience in the smallpox eradication campaign, plus supporting staff, should be maintained at WHO headquarters until at least the end of 1985. At least one additional field officer should be assigned to cover areas where human monkeypox is under investigation.

Recommendation 19. WHO should set up a committee on orthopoxvirus infections.

Eleventh Plenary Meeting, 14 May 1980
A33/VR/11
The Thirty-third World Health Assembly,

Having considered the Executive Board's organizational study on the role of WHO expert advisory panels and committees and collaborating centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of WHO; \(^1\)

Recalling resolutions EB59.R34 and WHA30.17;

Believing that the organizational study provides a constructive basis for the future use of experts and institutions in support of WHO's work;

Believing further that the study positively contributes to the review of WHO's structures in the light of its functions and will have important implications for the formulation and implementation of national, regional and global strategies for health for all by the year 2000;

1. CONGRATULATES the Executive Board on its study on the role of WHO expert advisory panels and committees and collaborating centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of WHO;

2. NOTES with appreciation and concurs with its findings, conclusions and recommendations, especially with regard to

(a) the broader definition of the WHO expert and the enlarged conception of the role of the WHO collaborating centre;

(b) the wider selection of experts and institutions being called upon to cooperate with the Organization to ensure an adequate scientific, technical and international balance of the WHO system of expertise as a whole, and

(c) the major role being devolved upon the WHO Regions in the building up and operation of the system through the active collaboration of the Member countries themselves;

3. URGES Member States to give every possible support to the Organization in the development of its expert resources, by making available to it national health staff and institutions able to contribute to its activities;

4. REQUESTS the Director-General to take the action required to give effect to the conclusions and recommendations of the study, especially concerning

(a) the drawing up of new regulations, to be adopted by the Health Assembly, to govern WHO's mechanisms of expert consultation and institutional collaboration as a whole,

(b) the formulation of a plan of action to adjust the system as now envisaged to the needs of WHO's programme and in particular to programme priorities as determined under the Sixth General Programme of Work, and to the medium- and long-term development of biomedical and health services research;

5. FURTHER REQUESTS the Director-General to report to the Executive Board and to the Health Assembly, as appropriate, on the progress made in following up on the organizational study.

\(^1\) Document EB63/1980/REC/1, Annex 6, p. 84.
THIRTY-THIRD WORLD HEALTH ASSEMBLY

DEVELOPMENT AND COORDINATION OF BIOMEDICAL AND HEALTH SERVICES RESEARCH

The Thirty-third World Health Assembly

Having considered the Director-General's progress report on the development and coordination of biomedical and health services research;¹

Recalling resolutions WHA25.60, WHA27.61, WHA28.70, WHA29.64, WHA30.40 and WHA32.15;

Affirming that biomedical, health service and health promotion research in particular, and science in general, should be a major accelerator of the progress of all Member States towards Health for All by the Year 2000;

Recognizing that such research can only be effective if it relies on both strengthened national capabilities and international coordination;

Noting with concern that the achievements of biomedical and medicosocial sciences have not been accompanied by a decrease of the gap between the developed and developing countries in generating and applying scientific knowledge relevant to health development and promotion; that most developing countries still lack the resources, manpower and infrastructure necessary for health research; and that in many developed countries also the efforts and resources devoted to health research are inadequate;

1. URGES Member States to:

(1) ensure that biomedical, psychosocial and health service research is included in their national policies, plans and budget allocations related to the goal of Health for All by the Year 2000;

(2) intensify their cooperation, and particularly the cooperation between developed and developing countries in:

(a) building up or upgrading the health research capability of developing countries in its various forms, including separate research institutes, research arms of universities, components of specific health programmes or projects, and creation of national coordinating mechanisms;

(b) ensuring that an effective strengthening of national research capability of developing countries is the net result of every collaborative research activity;

(3) give high priority to research training and to measures that encourage scientists from developing countries completing their studies in developed countries to return home and apply their skills and knowledge there through:

(a) developing countries offering appropriate incentives, and

(b) countries providing the training refraining both from encouraging such scientists to remain there and from offering them facilities that could act as disincentives to their return to their own country;

¹ Document A33/9.
2. DECIDES that the World Health Assembly and the Executive Board shall monitor and evaluate the effectiveness of the Organization's programmes in biomedical and health services research, as well as policies aiming to improve the research capabilities of developing countries;

3. REQUESTS the Director-General

(1) to strengthen the global leadership of the Organization in the worldwide coordination and steering of research necessary for the attainment of Health for All by the Year 2000, by:

(a) intensifying the coordinating functions of WHO and reinforcing the actual implementation of research activities by Member States and institutions and individuals, particularly in developing countries, and utilizing, inter alia, the medium-term programmes for research promotion and development to this end;

(b) creating and maintaining within the Organization at all levels and especially at the global level a blend of scientific expertise of highest quality, which should be at the disposal of Member States in their efforts to harness research to national strategies for health development;

(c) expanding the involvement of scientists from developing and developed countries in the Organization's research programmes and utilizing fully the Global and Regional Advisory Committees on Medical Research;

(d) studying the possibility of setting up multidisciplinary groups of experts to evaluate progress in research and to examine ways and means of ensuring the speedy application of the results within programmes so that the benefits facilitate the attainment of the target of health for all by the year 2000;

(2) to cooperate with Member States in carrying out a thorough assessment of their current capabilities and needs regarding research and in mobilizing the intellectual and material resources of the Organization to improve such capabilities and meet needs;

(3) to take vigorous measures to increase extrabudgetary support for health research that is coordinated or sponsored by WHO and to concentrate both the Organization's regular budget and its extrabudgetary funds for research on programmes that are most relevant for attaining health for all by the year 2000;

(4) to improve the mechanisms for the dissemination of biomedical and health services research information;

(5) to submit to the Thirty-fifth World Health Assembly a report on the progress achieved in the implementation of this resolution.

Seventeenth plenary meeting, 23 May 1980
A33/VR/17
THIRTY-THIRD WORLD HEALTH ASSEMBLY

TUBERCULOSIS CONTROL

The Thirty-third World Health Assembly,

Noting with concern that tuberculosis remains one of the most important health problems in developing countries, and that efforts in control programmes and resources for research on the application of tuberculosis control measures are still inadequate or have been sharply reduced in the last decade;

Emphasizing that technology in tuberculosis control has been simplified to such a degree that it is applicable under practically any circumstances and thus is eminently applicable at the community and individual levels as part of primary health care;

Recognizing that the discovery of new, potent, bactericidal drugs facilitates a considerable shortening of the duration of antituberculosis chemotherapy, though the danger of drug resistance remains;

Noting that the Indian Council for Medical Research and WHO were currently reviewing the varying results of the various controlled BCG trials, in particular the Tuberculosis Prevention Trial at present in progress in the South of India,

1. URGES Member States to give earliest attention to the application of tuberculosis control as an integral component of primary health care;

2. REQUESTS the Director-General:

   (a) To present a review of the tuberculosis situation in the world and of the implementation of national tuberculosis control programmes, to the Thirty-fifth World Health Assembly in 1982;

   (b) To revive and promote new interest in research on the actual delivery of the tuberculosis control programme at the primary health care level and on the further simplification, if possible, of the diagnostic and treatment procedures, as well as on the effectiveness of the preventive measures;

   (c) To take adequate steps to ensure that antituberculosis drugs become more widely available in developing countries, within the programme of essential drugs, at the lowest possible cost;

   (d) To take appropriate measures to increase the extrabudgetary support for health research on integrated tuberculosis control programmes and to secure adequate allocations from the Organization's regular budget for promoting national programmes in developing countries.

Seventeenth plenary meeting, 23 May 1980
A33/VR/17
THIRTY-THIRD WORLD HEALTH ASSEMBLY

ACTION IN RESPECT OF INTERNATIONAL CONVENTIONS ON NARCOTIC AND PSYCHOTROPIC SUBSTANCES: ABUSE OF NARCOTIC AND PSYCHOTROPIC SUBSTANCES

The Thirty-third World Health Assembly,

Acknowledging the role and responsibilities of WHO in relation to the abuse of narcotic and psychotropic substances;

Noting reports concerning the growing incidence of abuse of heroin and other opiates, cocaine, coca paste, cannabis, barbiturates and non-barbiturate sedative hypnotics, tranquillizers, and other psychoactive drugs;

Noting the increase in drug-related deaths, particularly as a result of overdoses, combinations of drugs with other drugs and with alcohol, and dangerous impurities; the increasing drug abuse especially among young people and women; and the severe health and social problems related to its abuse;

Recognizing that drug abuse is a serious obstacle to socioeconomic progress and has a particularly negative impact on public health;

Reaffirming resolutions WHA26.52 and WHA28.80 concerning, respectively, the epidemiology of drug dependence and the need for programmes of prevention, treatment and rehabilitation in the field of drug dependence at the community level;

Noting with appreciation the work done by WHO in cooperation with the United Nations Fund for Drug Abuse Control, in particular regarding epidemiological research and reporting, the holding of seminars on the safe use of psychotropic and narcotic substances, and the convening of an expert committee on the assessment of untoward consequences for public health of drug dependence and abuse;

Having noted the request of the United Nations General Assembly in resolution 32/124 (1977) that, in the effort to reduce drug abuse, WHO and other appropriate agencies and bodies of the United Nations design models for prevention, treatment and rehabilitation;

Acknowledging United Nations General Assembly resolution 34/177 (1979), urging greater action by WHO and other United Nations agencies to implement drug abuse control programmes within their mandates, and requesting that they make drug abuse control a regular item on the agendas of their governing bodies;

1. AFFIRMS that drug abuse constitutes a serious health hazard of steadily growing proportions in developing nations as well as industrialized countries;

2. URGES Member States to devote more attention to the incidence of drug abuse in their own societies, their regions and the world community, and particularly to the disruptive effect that drug abuse has on the lives and future careers of young people, to its negative impact on socioeconomic well-being, to the increasing difficulties in enforcing the law, and to measures aimed at reducing the incidence of illicit supply of drugs of abuse in their societies;
3. ENCOURAGES Member States, as they develop their national strategies for health for all by the year 2000, and their biennial programmes of cooperation with WHO, to give serious consideration to the inclusion of components that can deal effectively with the growing incidence of drug abuse;

4. INVITES Member States to make voluntary contributions to support work in the field of drug abuse control by WHO and other international bodies, particularly the United Nations Fund for Drug Abuse Control;

5. URGES Member States that have not done so to become parties to the international drug control treaties as soon as possible;

6. RECOMMENDS that WHO continue to assess the impact of primary health care on the reduction of local dependence on opium as a panacea, particularly in opium-producing countries;

7. REQUESTS the Director-General:

   (1) to foster the collection, processing and dissemination through publication and other means of information relating to the detrimental effects of drug abuse on health and social development;

   (2) to collaborate with Member States in integrating drug abuse control into their primary health care programmes and national strategies for health for all by the year 2000;

   (3) to promote the initiation and strengthening of national and international programmes for the assessment, scheduling, control and appropriate use of narcotic and psychotropic substances, including those of plant origin, and to support such programmes by the development of appropriate guidelines in consultation with the United Nations Division of Narcotic Drugs, International Narcotics Control Board and other United Nations organs concerned;

   (4) to seek additional funds from multilateral, governmental and nongovernmental sources for the support of new projects and WHO programmes in drug abuse control;

   (5) to further develop activities concerned with the prevention and control of health problems related to human behaviour, such as those linked to drug abuse;

   (6) to maintain WHO's capacity to deal with this pressing health issue;

   (7) to strengthen the coordination between the WHO programmes relating to narcotic and psychotropic substances, those dealing with drug policy and management, and other related programmes, and to strengthen collaboration with interested nongovernmental organizations;

   (8) to report to the Health Assembly whenever appropriate on progress in implementing the provisions of this resolution.

Seventeenth plenary meeting, 23 May 1980
A/33/VR/17
THIRTY-THIRD WORLD HEALTH ASSEMBLY

WORKERS' HEALTH PROGRAMME

The Thirty-third World Health Assembly,

Having examined the summary of the Programme of Action on Workers' Health, contained in the Director-General's report¹ on this subject;

Confirming the importance and validity of resolution WHA32.14 which views with much concern the magnitude of health problems suffered by the "underserved working populations", mainly workers in agriculture, small industries and construction, as well as migrant workers, who constitute the majority of working populations throughout the world;

Aware of the growing health problems related to child labour where applicable, as well as to mining;

Stressing the particular obligations of all those responsible in the government, the economy and other sectors of society for the establishment and maintenance of safe working conditions and thus for meeting the requirements of workers' health protection;

Convinced that there is a growing need for a new perspective integrating occupational health in the primary health care of "underserved" working populations, particularly in the developing countries;

Recalling that, for setting and implementing strategies for Health for All by the Year 2000, it is necessary to promote occupational health services and to strengthen institutions, training and research in this field;

Noting that the response to the call for voluntary contributions to this field has so far been limited;

1. ENDORSES the Programme of Action on Workers' Health summarized in the progress report and requests the Director-General to implement it;

2. URGES Member States to pay special attention to the provision of health care to working populations, particularly "underserved workers", including migrant workers, miners and working children, where applicable, and to contribute financially and/or otherwise to WHO's Programme of Action in this field;

3. INVITES industries, voluntary agencies, nongovernmental organizations and individuals to contribute, both in funds and in kind, to WHO's work in this field;

4. REQUESTS the Director-General:

(a) to implement in decisive steps the Programme of Action on Workers' Health, taking into account the proposals for the Organization's future activities made during the discussions and allocate necessary funds in the regular budget for this purpose;

¹ Document A33/12.
(b) to support the developing countries in ensuring safe working conditions and effective protective measures for workers' health in agriculture, in mining and in industrial enterprises which already exist or which will be set up in the process of industrialization by using the experience available in this field by both industrialized and developing countries and by designating more WHO collaborating centres for occupational health in the developing countries;

(c) to approach governments and other potential donors to seek extrabudgetary funds for the Voluntary Fund for Health Promotion to be used for implementing this programme;

(d) to continue his dialogue with ILO and other United Nations agencies with a view to developing mechanisms of coordination and strengthening cooperation in this field;

(e) to study, in cooperation with ILO and other United Nations agencies concerned, different examples of the role of various ministries in the field of occupational health and control of the working environment, and to cooperate with Member States upon request by offering guiding principles based on these studies;

(f) to submit progress reports to future Health Assemblies on the implementation of this Programme of Action.

Seventeenth plenary meeting, 23 May 1980
A33/VR/17
The Thirty-third World Health Assembly,

Recalling resolution WHA27.43 of the Twenty-seventh World Health Assembly on "Infant nutrition and breast-feeding" and resolution WHA31.47 which in particular reaffirmed that breastfeeding is ideal for the harmonious physical and psychosocial development of the child, that urgent action is called for by governments and the Director-General in order to intensify activities for the promotion of breastfeeding and development of actions related to the preparation and use of weaning foods based on local products, and that there is an urgent need for countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation, as well as to take appropriate supportive social measures for mothers working away from their homes during the lactation period;

Recalling further resolutions WHA31.55 and WHA32.42 which emphasized maternal and child health as an essential component of primary health care, vital to the attainment of health for all by the year 2000;

Recognizing that there is a close interrelationship between infant and young child feeding and social and economic development, and that urgent action by governments is required to promote the health and nutrition of infants, young children and mothers, inter alia through education, training and information in this field;

Noting that a Joint WHO/UNICEF Meeting on Infant and Young Child Feeding was held from 9 to 12 October 1979, and was attended by representatives of governments, the United Nations system and technical agencies, nongovernmental organizations active in the area, the infant food industry and other scientists working in the field;

1. ENDORSES in their entirety the statement and recommendations made by the joint WHO/UNICEF meeting namely on the encouragement and support of breastfeeding; the promotion and support of appropriate weaning practices; the strengthening of education, training and information; the promotion of the health and social status of women in relation to infant and young child feeding; and the appropriate marketing and distribution of breastmilk substitutes. This statement and these recommendations also make clear the responsibility in this field incumbent on the health services, health personnel, national authorities, women's and other nongovernmental organizations, the United Nations agencies and the infant food industry, and stress the importance for countries to have a coherent food and nutrition policy and the need for pregnant and lactating women to be adequately nourished. The joint meeting also recommended that 'There should be an international code of marketing of infant formula and other products used as breastmilk substitutes. This should be supported by both exporting and importing countries and observed by all manufacturers. WHO/UNICEF were requested to organize the process for its preparation, with the involvement of all concerned parties, in order to reach a conclusion as soon as possible';

2. RECOGNIZES the important work already carried out by the World Health Organization and UNICEF with a view to implementing these recommendations and the preparatory work done on the formulation of a draft international code of marketing of breastmilk substitutes;

3. URGES countries which have not already done so to review and implement resolution WHA27.43 and resolution WHA32.42;
4. URGES women’s organizations to organize extensive information dissemination campaigns in support of breastfeeding and healthy habits;

5. REQUESTS the Director-General

(1) to cooperate with Member States on request in supervising, or arranging for the supervision of the quality of infant foods during their production in the country concerned as well as during their importation and marketing;

(2) to promote and support the exchange of information on laws, regulations, and other measures concerning marketing of breastmilk substitutes;

6. FURTHER REQUESTS the Director-General to intensify his activities for promoting the application of the recommendations of the joint WHO/UNICEF meeting and, in particular:

(1) to continue efforts to promote breastfeeding as well as sound, supplementary feeding and weaning practices as a prerequisite to healthy child growth and development;

(2) to intensify coordination with other international and bilateral agencies for the mobilization of the necessary resources for the promotion and support of activities related to the preparation of weaning foods based on local products in countries in need of such support and to collate and disseminate information on methods of supplementary feeding and weaning practices successfully used in different cultural settings;

(3) to intensify activities in the field of health education, training and information on infant and young child feeding, in particular through the preparation of training and other manuals for primary health care workers in different regions and countries;

(4) to prepare an international code of marketing of breastmilk substitutes in close consultation with Member States and with all other parties concerned including such scientific and other experts whose collaboration may be deemed appropriate, bearing in mind that:

(a) the marketing of breastmilk substitutes and weaning foods must be viewed within the framework of the problems of infant and young child feeding as a whole;

(b) the aim of the code should be to contribute to the provision of safe and adequate nutrition for infants and young children, and in particular to promote breastfeeding and ensure, on the basis of adequate information, the proper use of breastmilk substitutes, if necessary;

(c) the code should be based on existing knowledge of infant nutrition;

(d) the code should be governed inter alia by the following principles:

(i) the production, storage and distribution, as well as advertising of infant feeding products should be subject to national legislation or regulations, or other measures as appropriate to the country concerned;

(ii) relevant information on infant feeding should be provided by the health care system of the country in which the product is consumed;

(iii) products should meet international standards of quality and presentation in particular those developed by the Codex Alimentarius Commission and their labels should clearly inform the public of the superiority of breastfeeding;
(5) to submit the code to the Executive Board for consideration at its sixty-seventh session and for forwarding with its recommendations to the Thirty-fourth World Health Assembly, together with proposals regarding its promotion and implementation, either as a regulation in the sense of Articles 21 and 22 of the Constitution of the World Health Organization or as a recommendation in the sense of Article 23, outlining the legal and other implications of each choice;

(6) to review the existing legislation for enabling and supporting breastfeeding, especially by working mothers in different countries, and to strengthen the Organization's capacity to cooperate on the request of Member States in developing such legislation;

(7) to submit to the Thirty-fourth World Health Assembly, in 1981, and thereafter in even years, a report on the steps taken by WHO to promote breastfeeding and to improve infant and young child feeding, together with an evaluation of the effect of all measures taken by WHO and its Member States.
WHO'S PROGRAMME ON SMOKING AND HEALTH

The Thirty-third World Health Assembly,

Recalling resolutions EB45.R9, WHA23.32, EB47.R42, WHA24.48, EB53.R31, WHA29.S5, and WHA31.S6, concerning the health hazards of tobacco smoking and WHO's role towards the limitation of this harmful habit;

Noting the report of the WHO Expert Committee on Smoking Control; ¹

Reiterating its firm conviction that the effect of tobacco smoking is now a major public health problem in all industrialized countries and in many developing countries and that it will become so in the near future in all other developing countries unless action is taken now;

Mindful of the ill-effects of smoking particularly on risk groups such as pregnant women, lactating mothers and children;

Seriously concerned about the aggressive promotional drives for the sale of cigarettes that occur in developing as well as developed countries, thus inducing the new generations to take up the habit of smoking;

Alarmed by the fact that advertising practices by psychological means in both industrialized and developing countries have the effect of inducing and perpetuating smoking habits especially among youth;

Encouraged by the existence of total bans, restrictions or limitations on tobacco advertising in several countries;

Noting encouraging signs of expanded national activities and of increasing public awareness of the harmful health effects of cigarette smoking in many countries, partly as a result of WHO's efforts and of this year's World Health Day on "Smoking or Health: the Choice is Yours";

Realizing that national and international strategies to combat the spreading of the habit of smoking must be carried out on a continuous, long-term basis;

Believing that WHO has an essential role to play in promoting effective smoking control policies;

1. **URGES Member States:**

   (1) to strengthen, and to initiate where lacking, smoking control strategies outlined in the above-mentioned resolutions, laying special emphasis on educational approaches particularly with respect to youth and on measures to ban, restrict or limit advertising of tobacco products;

   (2) to support WHO’s action in the field of smoking and health;

2. **REQUESTS the Director-General:**

   (1) to further develop an effective WHO action programme on smoking and health, clearly defining lines of responsibility and priority areas, and taking into account the multi-disciplinary and intersectoral character of the relationship between smoking and health;

   (2) to ensure that WHO plays a leading role in coordinating international activities and to strengthen collaboration with other United Nations Agencies and with relevant non-governmental organizations, and, particularly, to pursue the study on crop diversification in tobacco-growing areas in collaboration with FAO;

   (3) to collaborate with Member States in their efforts to reduce smoking;

   (4) to consider problems caused, by the marketing and consumption of tobacco particularly in developing countries;

   (5) to mobilize financial and other resources for the implementation of the programme;

   (6) to report on progress of this programme at the Thirty-fifth World Health Assembly.

Seventeenth plenary meeting, 23 May 1980
A33/VR/17