CORRELATION OF THE WORK OF THE
WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD
AND THE REGIONAL COMMITTEE

(Consideration of resolutions of the Forty-ninth World Health Assembly
and the Executive Board at its ninety-seventh and ninety-eighth sessions)

A total of 17 resolutions adopted by the Forty-ninth World Health Assembly are
presented, with an explanation of their implications for the work of WHO in the Western
Pacific Region. Members of the Regional Committee are requested to express their views
on the relevance of these resolutions to WHO's programme of cooperation with countries
and areas in the Region. The Executive Board, during its ninety-eighth session, did not
adopt any resolutions.

Where resolutions are directly related to items on the provisional agenda of the
current session of the Regional Committee, they are reflected in the documents covering
those agenda items.
WORLD HEALTH ASSEMBLY RESOLUTIONS OF INTEREST TO THE REGION

WHA49.1  -  Strengthening nursing and midwifery

Attention is drawn to operative paragraph 2 which, inter alia, urges Member States to involve nurses and midwives more closely in health care reform and in the development of national health policy, and to develop and carry out national action plans for health which integrate nursing and midwifery in the new directions for public health. Member States are also urged to provide opportunities to strengthen nursing and midwifery education and practice.

Nursing has been revitalized through the development of new management structures and systems of education in Cambodia, the Lao People’s Democratic Republic and Viet Nam. Most countries in the Region have strengthened the role of nurses and midwives, through review of the basic curriculum, to support an expansion of the capabilities of nurses to provide services in the community.

The Regional Office continues to collaborate with Member States in the further development and monitoring of the effective use of nurses and midwives to provide services in support of achieving identified public health goals. Technical support to governments is available from WHO nursing advisers and Associate Professional Officers for planning, implementing and monitoring policies and processes for strengthening nursing and midwifery services as part of the health-for-all strategy.

The Sub-Committee of the Regional Committee on Programmes and Technical Cooperation reviewed WHO’s collaboration in the field of health systems reform in two countries. This subject will be discussed by the Regional Committee in 1996 under the agenda item on country visits: Report of the Sub-Committee, Part I. This will provide an opportunity for representatives to discuss how health systems reforms might accommodate the terms of the resolution within the change process. Member States in the Region may wish to exchange information on their respective situations with regard to the involvement of nurses and midwives in primary health care/health reforms and service delivery.
WHA49.6 - Reassignment of Member States to regions

Following the transfer of Mongolia to the Western Pacific Region by virtue of resolution WHA48.1, and as a result of discussions at the Forty-eighth World Health Assembly and the ninety-seventh session of the Executive Board, the Forty-ninth World Health Assembly adopted resolution WHA49.6. The resolution requires that any request by a Member State for reassignment should be examined first by the regional committees concerned and that their views be conveyed to the Health Assembly before it acts upon such a request.

Previous reassignments have been decided by the Health Assembly following the wishes of the Member State concerned. A number of Member States from the Eastern Mediterranean Region and the South-East Asia Region expressed the view at the Forty-ninth World Health Assembly that there was a necessity to establish geographical, social, cultural and other justifications for reassignments.

The Regional Committee is asked to note the contents of resolution WHA49.6.

WHA49.8 - Real estate fund

In resolution WHA49.8, the use of the real estate fund for upgrading the conference hall in the Regional Office in Manila is approved.

The renovation and upgrading will cover the following: (1) replacement of the main conference table to accommodate seven new Member States and one Associate Member; (2) replacement of the present interpretation equipment purchased in 1985, maintenance of which has become difficult due to lack of technical support in the Region; (3) replacement of the conference chairs purchased in 1978 and the gallery section chairs, which are now 35 years old; and (4) replacement of carpeting (of about 723 square metres).

The renovation and upgrading will start on 3 January 1997 and is expected to be completed by 31 March 1997.
WHA49.10 - Smallpox eradication: Destruction of variola virus stocks

Representatives of several Member States of this Region have strongly supported the recommendation of the ad hoc committee on orthopoxvirus infections made in September 1994 that all remaining variola virus stocks should be destroyed by 30 June 1995.

However, the Forty-ninth World Health Assembly recommended that all remaining stocks of variola virus should be destroyed by 30 June 1999 after a decision has been taken by the Health Assembly. This provides a moratorium with a view to achieving a broader consensus.

WHA49.11 - New, emerging and re-emerging infectious diseases: Special programme on malaria

Attention is drawn to operative paragraph 1 which, *inter alia*, urges Member States to take action to participate fully in a re-established action programme on malaria concentrating on ways and means of preventing and controlling the disease.

The nine malaria-endemic countries in the Region have agreed to regional targets to be reached by the year 2000. These are reduction of malaria morbidity by 50% and mortality by 80%, using 1992 figures as the base. Progress is being made in achieving these targets by: better management of existing resources, applying intensified control measures in selected areas; and identifying priority issues for strengthening control operations for partners.

Early diagnosis, correct treatment of malaria cases, appropriate vector control and multidisciplinary approaches are being promoted in the Region. Mortality from malaria has been reduced in Viet Nam, and intensive vector control measures are being applied in Solomon Islands and Vanuatu. Vector control coverage to reach populations not yet protected is being expanded in Cambodia and the Lao People's Democratic Republic.

The lack of financial resources in national budgets is being partly offset by a renewed commitment by partner agencies to support malaria control activities. These agencies include the World Bank, the European Union, Overseas Development Administration of the United Kingdom, AusAID, the Government of Japan, and Rotary International. The Regional Office will collaborate with Member States in revitalizing malaria control, including the allocation of most of its programme budget for malaria to work at the country level.
In resolution WHA49.12, the global strategy for occupational health for all is endorsed and eight major objectives for action proposed. Attention is drawn to operative paragraph 2, which, *inter alia*, urges Member States to devise national programmes based on the global strategy for the working population, including migrant workers, workers in small industries and in the informal sector, and other occupational groups at high risk and with special needs, including child workers.

Under the Region’s occupational health and health promotion programmes, Member States continue to be supported in improving working conditions, and in promoting the health of the working population.

Specifically, the occupational health programme promotes the development of national programmes particularly for workers in small-scale industries and in agriculture. The development, review and strengthening of occupational health programmes have been supported in Brunei Darussalam, China, Cook Islands, Mongolia, Papua New Guinea and Viet Nam. Courses on the safe use of pesticides, the diagnosis and treatment of pesticide poisoning and occupational health interventions in small-scale industries have been supported in China and Viet Nam.

At the regional level, activities have been undertaken to raise awareness, promote or facilitate information exchange and research, and identify appropriate strategies for specific concerns. The topic of the technical discussions held in conjunction with the forty-sixth session of the Regional Committee in September 1995 was “Occupational health risks in the workplace”. The discussions raised awareness of the range of occupational health issues and alerted Member States to the need for action.

A meeting of experts involved in the early diagnosis and treatment of pneumoconiosis was convened in November 1995 and a working group on health and the use of pesticides was held in December 1995.

Under the Region’s health promotion programme, initiatives for workplace health promotion have been supported. In China, a project on health promotion among industrial workers was launched involving four industrial complexes in Shanghai, and guidelines and a manual for establishing workplace health promotion were developed. To date, four international training courses for facilitators in workplace health promotion have been supported in Singapore.
The Regional Office will continue to collaborate with Member States in occupational health programme development, strengthening national capabilities, development of specific interventions to reduce occupational diseases, and development of standards for industrial hygiene and health promoting workplaces.

**WHA49.13 - Prevention and control of iodine deficiency disorders**

Attention is drawn to operative paragraphs 3(1) and 3(2) which urge Member States to give high priority to the prevention and control of iodine deficiency disorders (IDD) wherever they exist through appropriate nutritional programmes as part of primary health care. Member States are urged to increase efforts for the sustainability of the elimination of iodine deficiency disorders by continued monitoring, training and technical support, including advice on appropriate health legislation, and social communication, in cooperation with the International Council for Control of Iodine Deficiency Disorders, other nongovernmental organizations and UNICEF, as required.

The resolution reaffirms the goal of eliminating iodine deficiency disorders as a major public health problem in all countries by the year 2000. In the Region, two countries, Australia and New Zealand, have effectively abolished iodine deficiency disorders through salt iodization, and several others have national programmes. A decrease in IDD rates has been reported by China and Viet Nam. Surveys have been conducted in Cambodia, Fiji, the Lao People's Democratic Republic and Malaysia.

In China, the four-year multisectoral iodine deficiency disorders elimination programme implemented by the Government of China in collaboration with UNDP/UNICEF/WHO is ending and a major external evaluation exercise is being organized in July 1996. A memorandum of understanding on coordination and cooperation was signed between UNDP, UNICEF, UNIDO, the World Bank and WHO to cooperate in the elimination of IDD in China.

Salt iodization legislation has been passed in the Lao People's Democratic Republic, Papua New Guinea, the Philippines and Viet Nam. Regulations on iodization of salt were prepared for submission to the Government of China.
WHA49.14 - Revised drug strategy

Attention is drawn to operative paragraph 1 (1-8) which urges Member States to reaffirm their commitment to develop and implement national drug policies, to increase efforts to promote rational drug use, to enhance drug regulatory mechanisms, to establish and strengthen programmes for the monitoring of safety and efficacy of marketed drugs, to control unethical marketing of drugs, to eliminate inappropriate donations of drugs and to improve access to and use of drugs.

The resolution reaffirms the continued efforts of the Regional Office in supporting Member States in establishing national drug policies and elements of such policies. Most countries in the Region have formulated national drug policies. The Philippines and Viet Nam are participating in research on comparative analysis of national drug policies. Such policies will also be developed in the Northern Mariana Islands and Samoa.

Rational drug use was strengthened in Cambodia, Fiji and Mongolia through revision of their essential drugs list and through workshops and surveys. Curriculum development with emphasis on rational drug use and development of standard treatment guidelines are being planned in Fiji.

Drug supply management was reviewed in Papua New Guinea. In accordance with the Yanuca Island Declaration, a feasibility study on bulk purchase of pharmaceuticals for the Pacific island countries was conducted in 1996.

Drug legislation, drug registration and quality assurance procedures have been strengthened in Cambodia, China and the Lao People's Democratic Republic. A survey to disclose the extent of counterfeit drugs was carried out in Viet Nam in 1996 and planned for Cambodia and the Lao People's Democratic Republic. Drug information exchange as well as the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce will continue to be promoted.

Quality assurance of pharmaceuticals has been strengthened in ASEAN Member States through development of human resources, preparation of training manuals and reference substances, and revision to the ASEAN guidelines on good manufacturing practices. A workplan for the continuation of training activities under the ASEAN Pharmaceuticals Project has been prepared.
Attention is drawn to operative paragraph 3(1-5) which, \textit{inter alia}, urges Member States to ensure the observation of the International Code of Marketing of Breast-milk Substitutes; to monitor its application in a transparent and independent manner, free from commercial influence; and to ensure that appropriate measures are taken to encourage breast-feeding.

Twenty-one countries reported having established national measures such as through promulgated law or regulations, or through national breast-feeding policy in adopting the International Code. In many countries, difficulties still exist in implementing the International Code, and violations in advertising and sales promotion are being reported. Labelling requirements and quality control of these products are not well regulated in several countries, although progress is encouraging in Papua New Guinea and the Philippines. Mechanisms for monitoring compliance should be incorporated into national measures. Some advocacy work among health workers on the existence of the International Code and its scope still needs to be done in several countries and areas.

The Baby-friendly Hospital Initiative has begun in almost all Member States with the formulation of breast-feeding policies and training of staff. There has been an impressive increase in the number of baby-friendly hospitals to over 1800 in 1996. China and the Philippines are the main contributors to the increase. Lautoka Hospital in Fiji is a valuable resource centre for study tours and short training courses.

WHO, in collaboration with UNICEF and other agencies, supported a number of training courses, workshops and seminars in many countries. The hospital administrators and policy-makers' short course was field-tested in the Philippines in November 1996. A monitoring tool for the reassessment of already-designated baby-friendly hospitals is being developed.

Weaning recommendations issued by governments and disseminated through media and applied during postnatal care are not very common, existing only in 14 Member States.

Attention is also drawn to operative paragraph 3(6) which urges Member States to provide the Director-General with complete and detailed information on the implementation of the International Code. To facilitate the task, a revised version of the Form for Reporting on Infant and Young Child Nutrition has been developed in the Regional Office.
Attention is drawn to the endorsement of the plan of action for the WHO programme on tobacco or health for 1996-2000 in the operative paragraph.

The components of the proposed plan, namely (1) national and international tobacco control programmes; (2) advocacy and public information; and (3) tobacco or health research and information centre, are in line with the Action Plan on Tobacco or Health for 1995-1999 of the Western Pacific Region, which was endorsed by the Regional Committee in 1994. With this new plan of action, the global nature of tobacco control is highlighted, and regional activities will be backed up by interregional and global activities.

Attention is drawn to operative paragraphs 1 and 2 which, inter alia, urge Member States, and, where applicable, organizations of the United Nations system and other international organizations, to progressively implement comprehensive tobacco control strategies, and to contribute the necessary extrabudgetary resources to permit the implementation of the resolution on the international framework convention for tobacco control.

WHO will develop a framework convention for adoption by Member States. This will call for cooperation in achieving broadly stated goals, with the possibility that the parties to the convention will conclude separate protocols containing specific messages designed to implement these goals. The framework convention will include a strategy to encourage Member States to move progressively towards the adoption of comprehensive tobacco control policies and also to deal with aspects of tobacco control that transcend national boundaries.

The regional Action Plan on Tobacco or Health for 1995-1999, which was endorsed by the Regional Committee in 1994, outlines the steps that need to be undertaken to develop comprehensive tobacco control measures, and suggests a timetable for implementation. Progress made in implementing the regional Action Plan will be reviewed during a special meeting in connection with the Tenth World Conference on Tobacco or Health in August 1997 in Beijing, China. The national focal points on Tobacco or Health will play an increasingly important role in coordinating activities.
WHA49.18 - Collaboration within the United Nations system and with other intergovernmental organizations: Supply of controlled drugs for emergency care

Attention is drawn to operative paragraph 1, which urges Member States to initiate or intensify dialogue between health and drug control authorities in order to establish simplified regulatory procedures that allow timely international supply of narcotic drugs and psychotropic substances in emergency situations.

In the Region, most Member States have ratified relevant international treaties, i.e. the Single Convention on Narcotic Drugs, 1961, and the Convention on Psychotropic Substances, 1971. In emergency situations, supplies of controlled drugs are available from domestic stocks. Some Pacific island countries, however, regardless of whether or not they are parties to the international drug control treaties, lack up-to-date and comprehensive laws and regulations that conform to the treaties. The Yanuca Island Declaration on Health in the Pacific in the 21st Century, adopted at the Conference of the Ministers of Health of the Pacific Islands in Yanuca Island, Fiji, in March 1995, has recommended that a model framework for drug legislation be designed and regulatory controls prepared which could be customized to the requirements of the respective countries. This is in line with the recommendation to establish regulatory measures in most Pacific island nations where legislation has been developed, to allow supply of narcotic drugs and psychotropic substances in emergency situations.

WHA49.19 - Collaboration within the United Nations system and with other intergovernmental organizations: WHO policy on collaboration with partners for health development

Attention is drawn to operative paragraph 2, which, *inter alia*, urges Member States, together with WHO, to play a strong coordinating role in working with external partners in health development.

The Regional Office has had a policy of working with other United Nations agencies and intergovernmental organizations. Close coordination of development is also important for reasons of financial efficiency. There has been a significant increase over the last few years in coordination of efforts at country level with the Asian Development Bank.
WHA49.21 - Collaboration within the United Nations system and with other intergovernmental organizations: Strengthening of the coordination of emergency humanitarian assistance

Attention is drawn to operative paragraph 2, requesting the Director-General to continue efforts to strengthen the Organization’s capabilities in areas of emergency preparedness and disaster reduction, emergency response and humanitarian action and advocacy.

A full-time emergency preparedness coordinator has been employed in the Regional Office since July 1996. This has been made possible through financial support from Japan. With this added technical support, there will be a significant increase in WHO’s capability to work with Member States on strengthening national emergency preparedness programmes as well as improving the Regional Office capabilities in providing technical support in emergency situations.

WHA49.23 - WHO reform and response to global change

Progress report on reform (personnel policy)

Attention is drawn to operative paragraph 2, which, inter alia, requests the Director-General to take urgent steps to develop and implement a new personnel policy for WHO; to follow up the work begun by the development team on personnel policy to ensure that concrete outcomes are achieved; and to report regularly to the Executive Board and World Health Assembly on progress made in the implementation of reforms in the regions and any obstacles encountered in this.

Special efforts have been made to recruit more women to meet the target of 30% recruitment to professional and higher graded posts in established offices. Governments were contacted to identify suitable candidates. Two women candidates have been appointed since January 1996. In addition, a female Programme Director was appointed in 1995. Subject to the availability of funds, vacant posts were filled as expeditiously as possible. The use of National Professional Officers is currently being tested in other regions over a three-year period commencing in 1995. The results of the programme will be assessed in order to determine whether National Professional Officers could be utilized at country level in this Region. Activities to train and retrain staff were conducted.
In the resolution, the Health Assembly declares that violence, particularly against women and children, is a leading worldwide public health problem and urges Member States to assess the dimension of the problem.

Violence is an extremely complex and very pervasive phenomenon. It is the result of educational, cultural, economic and social factors. It may have a very wide variety of forms, from the most subtle and hidden aspects of gender discrimination, differences in care and nutrition, denial of education, psychological violence leading to lack of self-esteem, and economic dependence, to the most clear forms of rape and physical injuries leading to death. Violence is generally aggravated by national conflicts, difficult economic conditions, hardships, prostitution, and alcohol and drug abuse.

In the Region, many forms of violence are found, in varying degrees. The Regional Office collected information on violence in countries and areas of the Region, with a view to preparing a monograph on this subject for the Fourth World Conference on Women. However, the data available were too scarce, and the information often anecdotal and not sufficiently substantiated by figures or hard evidence to warrant the printing of the document.

The major problem to be resolved remains the definition of violence and what constitutes violence, since definitions so far used are not comprehensive and clear enough. Only when clear definitions are agreed upon, can Member States be requested to collect data on violence and the problem be assessed.

A draft version of the guidelines on “using health information for better management of family and reproductive health services” contains suggestions for the collection and use of two indicators: “women raped” and “women suffering from domestic violence”.

While it is acknowledged that violence is mainly a social problem, its health dimension and health consequences remain to be assessed in most countries and areas of the Region.
WHA49.26 - Collaboration within the United Nations system and with other intergovernmental organizations

International Decade of the World's Indigenous People

Attention is drawn to the request to the Director-General to provide a comprehensive programme of action for the Decade.

The Regional Office will cooperate closely with the Director-General in the preparation of a plan of action for Decade activities. Member States and WHO should collaborate in the formulation of specific regional activities as the details of the comprehensive programme become available.

In resolution WPR/RC46.R16, the Regional Committee invited Member States to participate fully in the development of the health aspects of the final comprehensive programme of action for the Decade of the World's Indigenous People to be endorsed by the Fiftieth United Nations General Assembly, in particular the programme for 1996.

In addition, the Regional Director was requested to collect information from Member States on their progress in promoting an environment which improves and protects the health of indigenous people.
Strengthening nursing and midwifery

The Forty-ninth World Health Assembly,

Having reviewed the Director-General's report on strengthening nursing and midwifery;¹

Recalling resolutions WHA42.27, WHA45.5, WHA47.9 and WHA48.8 dealing with the role of nursing and midwifery personnel in the provision of quality health care in the strategy for health for all and education of health care providers;

Seeking to apply the spirit of the International Conference on Population and Development (Cairo, 1994), the World Summit for Social Development (Copenhagen, 1995), and the Fourth World Conference on Women (Beijing, 1995);

Concerned about the problems resulting from the emergence of new diseases and the re-emergence of old diseases as highlighted in The world health report 1996;

Concerned about the necessity of effectively utilizing health care personnel, in view of rising costs, and mindful of the cost-effectiveness of good nursing/midwifery practice;

Recognizing the potential of nursing/midwifery to make a major difference in the quality and effectiveness of health care services in accordance with the Ninth General Programme of Work;

Recognizing the need for a comprehensive approach to nursing/midwifery service development as an integral part of health development to maximize the contribution of nurses and midwives to achievements in the field of health;

Recognizing also that such an approach must be country-specific and be assured of the active involvement of nurses and midwives at all levels of the health care system, together with the recipients of health care, policy-makers, the public and private sectors, representatives of professional associations and educational institutions, and those who have responsibility for social and economic development;

I. THANKS the Director-General for his report and for the increased support to nursing in Member States;

¹ Document A49/4, part II.
2. **URGES** Member States:

   (1) to involve nurses and midwives more closely in health care reform and in the development of national health policy;

   (2) to develop, where these do not exist, and carry out national action plans for health including nursing/midwifery as an integral part of national health policy, outlining the steps necessary to bring about change in health care delivery, ensuring further development of policy, assessment of needs and utilization of resources, legislation, management, working conditions, basic and continuing education, quality assurance and research;

   (3) to increase opportunities for nurses and midwives in the health teams when selecting candidates for fellowships in nursing and health-related fields;

   (4) to monitor and evaluate the progress toward attainment of national health and development targets and in particular the effective use of nurses and midwives in the priority areas of equitable access to health services, health protection and promotion, and prevention and control of specific health problems;

   (5) to strengthen nursing/midwifery education and practice in primary health care;

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

   (1) to increase support to countries where appropriate in the development, implementation and evaluation of national plans for health development including nursing and midwifery;

   (2) to promote coordination between all agencies and collaborating centres and other organizations concerned in countries to support their health plan and make optimal use of available human and material resources;

   (3) to provide for the continued work of the Global Advisory Group on Nursing and Midwifery;

   (4) to promote and support the training of nursing/midwifery personnel in research methodology in order to facilitate their participation in health research programmes;

   (5) to keep the Health Assembly informed of progress made in the implementation of this resolution, and to report to the Fifty-fourth World Health Assembly in 2001.

Fifth plenary meeting, 23 May 1996

A49/VR/5
The Forty-ninth World Health Assembly,

Considering the need to ensure full consultation between the regions concerned before a decision is taken whether or not to reassign a Member State from one region of the World Health Organization to another,

1. DECIDES that any request by a Member State for reassignment from one region to another should be examined by the regional committees concerned, and that their views should be conveyed to the Health Assembly for its consideration before it acts upon such a request;

2. REQUESTS the Director-General, when he receives a request by a Member State for such reassignment, to ensure implementation of the above provisions.

Fifth plenary meeting, 23 May 1996
A49/VR/5
The Forty-ninth World Health Assembly,

Having considered the report of the Director-General on the status of projects financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 1996 to 31 May 1997;

Recognizing that certain estimates must necessarily remain provisional because of the fluctuation of exchange rates, and that a separate proposal for the Regional Office for the Eastern Mediterranean will be forthcoming,

AUTHORIZES the financing from the Real Estate Fund of the expenditures summarized in part III of the Director-General’s report, at an estimated cost of US$ 406 000.
Smallpox eradication - destruction of variola virus stocks

The Forty-ninth World Health Assembly,

Noting that on 8 May 1980 the Thirty-third World Health Assembly in resolution WHA33.3 declared the global eradication of smallpox;

Noting further that resolution WHA33.4 endorsed recommendations for the post-eradication era which specified that remaining stocks of variola virus should be held at only a limited number of sites, and that the stock of variola virus has since been reduced and restricted to the WHO collaborating centre on smallpox and other poxvirus infections designated at the Centers for Disease Control and Prevention, Atlanta, Georgia, USA, and the Russian State Research Centre of Virology and Biotechnology, Koltsovo, Novosibirsk Region, Russian Federation;

Recognizing that sequence information on the genome of several variola virus strains and the cloned DNA fragments of genome of variola virus allow scientific questions about the properties of the viral genes and proteins to be solved as well as any problem with diagnosis of suspected smallpox, and that the escape of variola virus from laboratories would be a serious risk as an increasing proportion of the population lack immunity to smallpox,

RECOMMENDS that the remaining stocks of variola virus, including all whitepox viruses, viral genomic DNA, clinical specimens and other material containing infectious variola virus, should be destroyed on 30 June 1999 after a decision has been taken by the Health Assembly, that being a moratorium of five-and-a-half years from the deadline of 31 December 1993 proposed by the ad hoc committee on orthopoxvirus infections, with a view to taking action to achieve a broader consensus.

Sixth plenary meeting, 25 May 1996
A49/VR/6
New, emerging and re-emerging infectious diseases: special programme on malaria

The Forty-ninth World Health Assembly,

Noting with concern that the global malaria situation is serious and that malaria remains a major global priority, essential for the achievement of health for all, with an annual incidence of between 300 and 500 million clinical cases, African countries south of the Sahara accounting for more than 90% of the global burden;

Alarmed by the death toll from malaria of about one million in children below the age of five years and by the extension and intensification of resistance to many antimalarials;

Deeply concerned at the recent occurrence of extensive malaria epidemics, particularly in Africa, due to civil disorders, or major ecological changes and movements of refugees and displaced populations;

Noting with regret that WHO response is inadequate to deal with the explosive situation while acknowledging the intensive efforts undertaken by the technical staff of the Organization in spite of the limited resources available for the purpose;

Recalling resolutions WHA38.24, WHA42.30, and WHA46.32 as well as resolutions 1994/34 and 1995/63 of the United Nations Economic and Social Council, which called for increased resources for preventive action and intensification of the struggle against malaria in developing countries, particularly in Africa, and urged WHO, as the lead agency in international health, to continue to provide in collaboration with the United Nations agencies and programmes concerned the technical expertise and support to the agreed malaria control strategies and workplans;

Recognizing that any further delay in intensifying the struggle against malaria will cost millions more lives and put the Organization in an untenable situation as the leader of international health work in disease control,

1. URGES Member States to take action to participate fully in a reestablished action programme on malaria concentrating on ways and means of preventing and controlling the disease, including the research and training activities needed to accomplish these goals, and recommends that malaria control should be developed as an integral part of primary health care in the national systems;

2. URGES regional committees to ensure that the programme is vigorously pursued in their region and that to this end regional and subregional plans of action are prepared and adequate resources allocated to the programme and subsequently in the regional programme budgets;
3. REQUESTS the Director-General to explore the possibility of establishing a special programme on malaria;

4. FURTHER REQUESTS the Director-General:

(1) to intensify his efforts to increase the extrabudgetary resources for the special account on malaria on the basis of a plan of action for intensification of the programme and to submit a report to the ninety-ninth session of the Executive Board on the progress made, including the commitment of additional resources;

(2) to reinforce the malaria training programme at the country, regional and global levels.

Sixth plenary meeting, 25 May 1996
A49/VR/6
The Forty-ninth World Health Assembly.

Having examined the report of the Director-General on the global strategy for occupational health for all;¹

Recalling resolution WHA33.31, which endorsed the programme of action on workers' health, 1979-1990,² and aware of the growing health problems related to work and hazards of the work environment, particularly in countries in the process of industrialization and transition as well as those in greatest need;

Stressing that occupational health and healthy work environments are essential for individuals, communities and countries, as well as for the economic health of each enterprise;

Accentuating the important role of other organizations and social partners in promoting and implementing health and safety at work;

Emphasizing that a global strategy on occupational health for all would contribute to the global health and quality of life of individuals as a vital element of the implementation of the health-for-all strategy;

Noting that occupational health concerns all sectors so that decision-makers in governments, industry and agriculture are responsible for the establishment of healthy working conditions to meet all requirements of health protection and health promotion at the workplace;

Emphasizing the urgent need to improve occupational health and safety at work, and to strengthen occupational health services with a view to controlling work-related health hazards, so as to prevent occupational diseases and other work-related illnesses;

Convinced that the field of occupational health calls for a broad multidisciplinary approach,

I. ENDORSES the global strategy for occupational health for all, proposing the following major objectives for action: strengthening of international and national policies for health at work; promotion of a healthy work environment, healthy work practices and health at work; strengthening of occupational health services;

¹ Document A49/4, part V.
² WHO document OCH/80.2.
establishment of appropriate support services for occupational health; development of occupational health standards based on scientific risk assessment; development of human resources; establishment of registration and data systems; strengthening of research;

2. URGES Member States to devise national programmes on occupational health for all, based on the global strategy, with special attention to full occupational health services for the working population, including migrant workers, workers in small industries and in the informal sector, and other occupational groups at high risk and with special needs, including child workers;

3. REQUESTS the Director-General:

(1) to promote the implementation of the global strategy for occupational health and occupational safety for all within the framework of the Ninth General Programme of Work (1996-2001), including mobilization of extrabudgetary funds;

(2) to invite organizations of the United Nations system, particularly the International Labour Organisation, intergovernmental bodies, such as the European Commission, nongovernmental and national organizations, as well as social partners, to strengthen their action in this field and their cooperation and coordination with WHO;

(3) to encourage Member States to develop updated education and training curricula for developing human resources for occupational health, including both occupational health and safety professionals (occupational physicians, ergonomists, occupational health nurses, occupational hygienists, and other experts) and professionals responsible for the design and management of the workplace (architects, engineers and managers) and to give them corresponding support;

(4) to encourage the network of the WHO collaborating centres in occupational health to facilitate and support the implementation of the global strategy, and to make full use of the network’s capacity accordingly;

(5) to give special attention to working people by developing appropriate health care in workplaces as a contribution to the attainment of health for all by the year 2000;

(6) to report at an appropriate time on progress made in the implementation of this resolution.

Sixth plenary meeting, 25 May 1996
A49/VR/6
Prevention and control of iodine deficiency disorders

The Forty-ninth World Health Assembly,

Having considered the report of the Director-General regarding the progress achieved in preventing and controlling iodine deficiency disorders;¹

Recalling resolutions WHA39.31 and WHA43.2 on the prevention and control of iodine deficiency disorders,

I. COMMENDS governments, international organizations, bilateral agencies, and nongovernmental organizations, in particular the International Council for Control of Iodine Deficiency Disorders:

(1) on their efforts to prevent and control iodine deficiency disorders and to support related national, regional and global initiatives;

(2) on the progress achieved since 1990, through joint activities in many countries, towards the elimination of iodine deficiency disorders as a major public health problem throughout the world;

2. REAFFIRMS the goal of eliminating iodine deficiency disorders as a major public health problem in all countries by the year 2000;

3. URGES Member States:

(1) to give high priority to the prevention and control of iodine deficiency disorders wherever they exist through appropriate nutritional programmes as part of primary health care;

(2) to increase efforts for the sustainability of the elimination of iodine deficiency disorders by continued monitoring, training and technical support, including advice on appropriate health legislation, and social communication in cooperation with the International Council for Control of Iodine Deficiency Disorders, other nongovernmental organizations and UNICEF, as required;

¹ Document A49/4, part VII.
4. REQUESTS the Director-General:

(1) to continue to monitor the incidence and prevalence of iodine deficiency disorders;

(2) to reinforce the technical support provided to Member States, on request, for monitoring progress towards the elimination of iodine deficiency disorders with the help of the International Council for Control of Iodine Deficiency Disorders, other nongovernmental organizations and UNICEF, as required;

(3) to mobilize additional technical and financial resources to permit those Member States in which iodine deficiency disorders are still a significant problem, for training health and development workers in the early identification and treatment of iodine deficiency disorders and develop or expand their appropriate public health preventive programmes for the elimination of these disorders;

(4) to establish a mechanism for verifying the elimination of iodine deficiency disorders in the world;

(5) to report to the Health Assembly by 1999 on progress achieved in the elimination of iodine deficiency disorders.

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Revised drug strategy

The Forty-ninth World Health Assembly,

Recalling resolutions WHA39.27, WHA41.16, WHA43.20, WHA45.27, WHA47.12, WHA47.13, WHA47.16 and WHA47.17;

Having considered the report of the Director-General on the revised drug strategy;

Noting the activities of WHO to further the implementation of the revised drug strategy, in particular, the high priority given to direct country support and collaboration in drug policy formulation and implementation, provision and dissemination of independent drug information, improved training of health personnel, promotion of collaborative research, and strengthening of drug regulatory mechanisms;

Recognizing with satisfaction the increasing awareness of all parties concerned of their responsibilities, in the implementation of the revised drug strategy;

Aware that WHO's strong leadership in promoting the essential drugs concept and its efforts to coordinate the growing number of those concerned in the pharmaceutical sector have been vital in promoting rational drug use;

Concerned that access to drugs is still inequitable, that promotion of commercially produced drugs still outweighs independent, comparative, scientifically validated and up-to-date information on drugs, and that problems persist in ensuring the quality of medicines both on the open market and for donation as international aid;

Aware that effective drug regulation takes time;

Aware also that economic conditions, including the changing share of the public and private sectors in health care, demand a wise use of available resources to meet drug needs for primary health care,

1. URGES Member States:

(1) to reaffirm their commitment to develop and implement national drug policies to ensure equitable access to essential drugs;

1 Document A49/4, part III.
(2) to increase efforts to promote the rational use of drugs, through the intensification of training and education of health workers and the public;

(3) to enhance drug regulatory mechanisms for the monitoring and control of efficacy, quality and safety;

(4) to establish and strengthen, as appropriate, programmes for the monitoring of safety and efficacy of marketed drugs;

(5) to control unethical marketing of drugs;

(6) to eliminate inappropriate donation of drugs, as recommended by the interagency Guidelines for Drug Donations issued by WHO in May 1996;

(7) to involve health workers, consumers, academic institutions or individuals, industry, and others concerned in open intersectoral negotiation to develop, implement and monitor these activities in order to improve access to and use of drugs;

(8) to evaluate progress regularly, making use of indicators developed by WHO or other suitable mechanisms;

2. REQUESTS the Director-General:

(1) to support Member States in their efforts to articulate the various elements of a national drug policy, improve access to essential drugs, and ensure the rational use of drugs;

(2) to encourage Member States, as far as possible, to establish a system for the coordination and harmonization of their national strategies;

(3) to develop a clear strategy for review and assessment of the effectiveness of the WHO Ethical Criteria on Medicinal Drug Promotion;

(4) to promote vigorously the use of the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce;

(5) to disseminate the interagency Guidelines for Drug Donations issued by WHO in May 1996 and to encourage, in collaboration with all interested parties, its use and review after one year;

(6) to strengthen market intelligence, review in collaboration with interested parties information on prices and sources of information on prices of essential drugs and raw materials of good quality, which meet requirements of internationally recognized pharmacopoeias or equivalent regulatory standards, and provide this information to Member States;

(7) to continue the development, harmonization and promotion of standards to enhance drug regulatory and quality control mechanisms;

(8) to continue the development and dissemination of information on pharmaceutical products thereby assuring the safe, effective and rational use of drugs;

(9) to encourage the promotion of research and the development of drugs for rare and tropical diseases;
(10) to report on the impact of the work of the World Trade Organization with respect to national drug policies and essential drugs and make recommendations for collaboration between the World Trade Organization and WHO, as appropriate;

(11) to report to the Fifty-first World Health Assembly on progress achieved and problems encountered in the implementation of WHO's revised drug strategy, with recommendations for action.

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Infant and young child nutrition

The Forty-ninth World Health Assembly,

Having considered the summary report by the Director-General on infant feeding and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA39.28, and WHA45.34 among others concerning infant and young child nutrition, appropriate feeding practices and other related questions;

Recalling and reaffirming the provisions of resolution WHA47.5 concerning infant and young child nutrition, including the emphasis on fostering appropriate complementary feeding practices;

Concerned that health institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant and child health;

Noting the increasing interest in monitoring the application of the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant Health Assembly resolutions,

1. THANKS the Director-General for his report;

2. STRESSES the continued need to implement the International Code of Marketing of Breast-Milk Substitutes, subsequent relevant resolutions of the Health Assembly, the Innocenti Declaration, and the World Declaration and Plan of Action for Nutrition;

3. URGES Member States to take the following measures:

   (1) to ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breast-feeding;

   (2) to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative;

   (3) to ensure that monitoring the application of the International Code and subsequent relevant resolutions is carried out in a transparent, independent manner, free from commercial influence.

1 Document A49/4.
(4) to ensure that the appropriate measures are taken including health information and education in the context of primary health care, to encourage breast-feeding;

(5) to ensure that the practices and procedures of their health care systems are consistent with the principles and aims of the International Code of Marketing of Breast-Milk Substitutes;

(6) to provide the Director-General with complete and detailed information on the implementation of the Code;

4. REQUESTS the Director-General to disseminate, as soon as possible, to Member States document WHO/NUT/96.4 (currently in preparation) on the guiding principles for feeding infants and young children during emergencies.
Tobacco-or-health programme

The Forty-ninth World Health Assembly,

Recalling resolution WHA48.11 recognizing the work carried out by the Organization in the field of tobacco or health which requested the Director-General to submit a plan of action for the tobacco-or-health programme for the period 1996-2000;

Having considered the Director-General’s report on "Tobacco or health",¹

ENDORSES the plan of action for the WHO programme on tobacco or health for 1996-2000.²

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¹ Document A49/4, part VI.
² Document A49/INF.DOC./2.
International framework convention for tobacco control

The Forty-ninth World Health Assembly,

Recalling resolutions WHA29.55, WHA31.56, WHA33.35, WHA39.14, WHA43.16 and WHA45.20, all calling for comprehensive, multisectoral, long-term tobacco control strategies;

Noting with satisfaction that the Director-General has prepared a report on the feasibility of developing international instruments for tobacco control, as requested by resolution WHA48.11, and that this report concludes that the development of such instruments is feasible,

1. URGES all Member States, and, where applicable, organizations of the United Nations system and other international organizations progressively to implement comprehensive tobacco control strategies that include the measures referred to in resolutions WHA39.14 and WHA43.16 as well as other appropriate measures;

2. URGES Member States to contribute the necessary extrabudgetary resources to permit the implementation of this resolution;

3. REQUESTS the Director-General:

(1) to initiate the development of a framework convention in accordance with Article 19 of the WHO Constitution;

(2) to include as part of this framework convention a strategy to encourage Member States to move progressively towards the adoption of comprehensive tobacco control policies and also to deal with aspects of tobacco control that transcend national boundaries;

(3) to inform the Secretary-General of the United Nations of this initiative, and to request the collaboration of the United Nations system, coordinated through the United Nations system focal point on "tobacco or health";

(4) to keep the Health Assembly informed of the development of the framework convention in his biennial reports to the Health Assembly on the progress and effectiveness of Member States' comprehensive tobacco control programmes, as called for in resolution WHA43.16.
Collaboration within the United Nations system and with other intergovernmental organizations: Supply of controlled drugs for emergency care

The Forty-ninth World Health Assembly,

Recognizing that controlled drugs, such as opioid analgesics, are essential medicines for the treatment of human suffering;

Also recognizing that timely international supplies of essential medicines are often vital for humanitarian disaster relief operations in emergency situations;

Concerned because speedy international supply of opioid analgesics to sites of emergencies is impossible because of the export and import control measures that apply to narcotic drugs;

Concerned further about the similar difficulties experienced even with regard to psychotropic substances, as an increasing number of national authorities apply stricter control measures than are provided under the relevant international treaty;

Noting, with satisfaction, that the International Narcotics Control Board shares such concern;

Convinced that a practical solution to this problem should be found through intensified dialogue between the health and drug control authorities at all levels,

1. URGES Member States to initiate or intensify dialogue between health and drug control authorities in order to establish simplified regulatory procedures that allow timely international supply of narcotic drugs and psychotropic substances in emergency situations;

2. REQUESTS the Director-General to prepare, in consultation with the relevant United Nations bodies involved in the international control of narcotic drugs and psychotropic substances, model guidelines to assist national authorities with simplified regulatory procedures for this purpose.

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Collaboration within the United Nations system and with other intergovernmental organizations: WHO policy on collaboration with partners for health development

The Forty-ninth World Health Assembly,

Concerned about the widening gap in the health status of populations within countries and between developed and developing countries, as well as the recent drastic changes affecting socioeconomic development;

Welcoming WHO’s forward-looking measures to revitalize existing relations and to form new ones with intergovernmental organizations concerned with health and health-related fields, and the significant steps taken to develop WIO’s new partnership with the World Bank and to agree on action to combine the two organizations’ complementary technical expertise and financial resources,

1. COMMENDS the progress made at global, regional and country level to implement the WHO policy of forming and strengthening partnerships within a United Nations system currently under reform and with different elements of “civil society” to place health at the centre of development;

2. URGES Member States, together with WHO, to play a strong coordinating role in working with external partners in health development, to establish health as a central component of national development, and to ensure capacity-building for health and overall development;

3. CALLS ON the international community, including development agencies and "civil society", to join forces in pursuing the WHO policy on collaboration with partners for health development and to mobilize further necessary technical and financial resources;

4. REQUESTS the Director-General to keep the Health Assembly informed of intensified collaboration with partners in the United Nations system, in particular the World Bank, and of developments in strategic alliances with intergovernmental organizations, notably the five regional commissions of the United Nations Economic and Social Council, the five regional development banks, and other regional intergovernmental institutions including the Organization of African Unity, the European Union, the Organization of American States, the African Economic Community and Asia-Pacific Economic Cooperation.

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Collaboration within the United Nations system and with other intergovernmental organizations: Strengthening of the coordination of emergency humanitarian assistance

The Forty-ninth World Health Assembly,

Recalling resolution WHA48.2 which adopted a new WHO strategy for emergency and humanitarian action,\(^1\) referring also to United Nations General Assembly resolutions 46/182, 48/57 and 49/22 on this subject,

1. WELCOMES resolution 1995/56 of the United Nations Economic and Social Council on the strengthening of the coordination of emergency humanitarian assistance;

2. REQUESTS the Director-General, in response to paragraph 2(b) of that resolution, to draw the attention of the Council to the relevant measures proposed to the Health Assembly and endorsed in resolution WHA48.2 in the areas of emergency preparedness and disaster reduction, emergency response and humanitarian action, and humanitarian advocacy;

3. FURTHER REQUESTS the Director-General, in response to paragraph 2(c) of the resolution, to emphasize in his contribution to the Council’s report further progress made by the Organization in defining (1) its role and operational responsibilities in the field of emergency humanitarian action; and (2) its operative and financial capacities to discharge them.

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\(^1\) See document WHA48/1995/REC/1, Annex 1.
WHO reform and response to global change

Progress report on reform
(Personnel policy)

The Forty-ninth World Health Assembly,
Recalling resolution WHA48.15 of the Forty-eighth World Health Assembly;
Having considered the report by the Director-General in document A49/11;
Having also considered resolution EB97.R2 of the Executive Board on implementation of recommendations on the WHO response to global change;
Recalling resolution EB92.R2 of the Executive Board, which underlined the importance of technical competence, career development and rotation of staff;
Recognizing the challenges faced by the Organization in adapting to changing global needs;
Determined that WHO reform should permeate the Organization at all levels and in all regions, and that it should constitute an integral part of WHO's management culture;
Convinced that WHO's staff are its most important resource, and that an effective personnel policy is essential to the effective implementation of reform,

1. NOTES the progress achieved;
2. REQUESTS the Director-General:
   (1) to ensure that urgent steps are taken to develop and implement a new personnel policy for WHO incorporating the recommendations of EB97.R2 and compatible with the United Nations common system, and to submit that policy to the ninety-ninth session of the Executive Board for consideration;
   (2) to ensure that the work begun by the development team on personnel policy is followed up, that proposals are developed for putting the recommendations into practice, and that concrete outcomes are achieved;
   (3) to continue to report regularly to the Executive Board on achievements made and any obstacles encountered during the implementation of WHO reform;
(4) to report to the Fiftieth World Health Assembly on progress made in implementation of reform throughout WHO;

3. REQUESTS the Regional Directors to report regularly to the Executive Board on progress in, and any obstacles encountered to, the implementation of reforms in their region;

4. REQUESTS the Executive Board to continue to monitor closely and encourage progress in reform and advise the Director-General on measures to overcome any obstacles encountered.

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Prevention of violence: public health priority

The Forty-ninth World Health Assembly,

Noting with great concern the dramatic worldwide increase in the incidence of intentional injuries affecting people of all ages and both sexes, but especially women and children;

Endorsing the call made in the Declaration of the World Summit for Social Development for the introduction and implementation of specific policies and programmes of public health and social services to prevent violence in society and mitigate its effect;

Endorsing the recommendations made at the International Conference on Population and Development and the Fourth World Conference on Women urgently to tackle the problem of violence against women and girls and to understand its health consequences;

Recalling the United Nations Declaration on the elimination of violence against women;

Noting the call made by the scientific community in the Melbourne Declaration adopted at the third international conference on injury prevention and control (1996) for increased international cooperation in ensuring the safety of the citizens of the world;

Recognizing the serious immediate and future long-term implications for health, and psychological and social development that violence represents for individuals, families, communities and countries;

Recognizing the growing consequences of violence for health care services everywhere and its detrimental effect on scarce health care resources for countries and communities;

Recognizing that the health sector is frequently at the forefront of contacts with victims of violence and has a unique technical capacity and benefits from a special position in the community to help those at risk;

Recognizing that WHO, the major agency for coordination of international work in public health, has the responsibility to provide leadership and guidance to Member States in developing public health programmes to prevent self inflicted violence and violence against others,

1. DECLARES that violence is a leading worldwide public health problem;
2. URGES Member States to assess the problem of violence on their own territory and to communicate to WHO their information about this problem and their approach to it;

3. REQUESTS the Director-General, within available resources to initiate public health activities to address the problem of violence that will:

   (1) characterize different types of violence, define their magnitude and assess the causes and the public health consequences of violence using also a gender perspective in the analysis;

   (2) assess the types and effectiveness of measures and programmes to prevent violence and mitigate its effects, with particular attention to community-based initiatives;

   (3) promote activities to tackle this problem at both international and country level including steps to:

       (a) improve the recognition, reporting and management of the consequences of violence;

       (b) promote greater intersectoral involvement in the prevention and management of violence;

       (c) promote research on violence as a priority for public health research;

       (d) prepare and disseminate recommendations for violence prevention programmes in nations, States and communities around the world;

   (4) ensure the coordinated and active participation of appropriate WHO technical programmes;

   (5) strengthen the Organization's collaboration with governments, local authorities and other organizations of the United Nations system in the planning, implementation and monitoring of programmes of violence prevention and mitigation;

4. FURTHER REQUESTS the Director-General to present a report to the ninety-ninth session of the Executive Board describing the progress made so far and to present a plan of action for progress towards a science-based public health approach to violence prevention.
Collaboration within the United Nations system and with other intergovernmental organizations

International Decade of the World’s Indigenous People

The Forty-ninth World Health Assembly,

Recalling the role of WHO in planning for and implementing the objectives of the International Decade of the World’s Indigenous People as recognized in resolution WHA47.27 of the Forty-seventh World Health Assembly, and resolution WHA48.24 of the Forty-eighth World Health Assembly;

Further recalling the United Nations General Assembly resolution 50/157, which adopted the programme activities for the International Decade of the World’s Indigenous People, in which it is recommended that "specialized agencies of the United Nations system and other international and national agencies, as well as communities and private enterprises, should devote special attention to development activities of benefit to indigenous communities", and in this regard, that the United Nations system should establish focal points for matters concerning indigenous people in all appropriate organizations, and that the governing bodies of the specialized agencies of the United Nations system should adopt programmes of action for the Decade in their own fields of competence, in partnership with indigenous people;

Mindful of the health initiative for indigenous people undertaken by the Pan American Health Organization;

Noting document A49/24;

Welcoming the appointment by the Director-General of a focal point for the International Decade of the World’s Indigenous People,

REQUESTS the Director-General:

(1) to strengthen the focal point for the International Decade of the World’s Indigenous People; and,

(2) to submit to the ninety-ninth session of the Executive Board a comprehensive programme of action for the Decade, developed in consultation with national governments and organizations of indigenous people, to be undertaken by the World Health Organization at both headquarters and regional levels, with a view to achieving the health objectives of the Decade.

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