
Three resolutions adopted by the Fifty-fourth World Health Assembly and one by the Executive Board at its 107th session 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.

World Health Assembly resolutions directly related to other items on the provisional agenda of the current session of the Regional Committee are mentioned in and annexed to the documents covering those individual agenda items.
The Fifty-fourth World Health Assembly adopted 22 resolutions, which are listed at the end of this paper. The attention of the Regional Committee is drawn to three in particular: resolution WHA54.2 on Infant and Young Child Nutrition, resolution WHA54.12 on strengthening nursing and midwifery and resolution WHA54.16 on the International Decade of the World’s Indigenous People. These are discussed below, although the Committee should also note that resolution WHA54.11 on WHO medicines strategy and resolution WHA54.19 on schistosomiasis and soil transmitted helminth infections are also relevant to the Western Pacific Region.

The attention of the Regional Committee is also drawn to resolution EB107.R8 on health systems performance, adopted by the 107th session of the Executive Board. In response to this resolution, a Regional Consultation on Health System Performance Assessment was held in July 2001 and its findings are discussed below.

Resolution WHA54.10 on scaling up the response to HIV/AIDS and resolution WHA54.18 are annexed to the documents covering those agenda items; the other 20 resolutions adopted by the Fifty-fourth World Health Assembly are annexed to this document.

**WHAS4.2 – Infant and young child nutrition**

A new global strategy on infant and young child feeding is being developed through a consultative process that includes expert consultations, country and regional level reviews of the draft strategy, and a final review by all Member States, before the strategy is submitted to the Executive Board and the World Health Assembly in 2002 for adoption.

In the Western Pacific Region, WHO held two country level reviews of the global strategy, in China and the Philippines, in 2000. The reviews were held in collaboration with UNICEF, which is also collaborating with WHO in a regional consultation on the global strategy and on how it can be implemented most effectively in the Region in Kuala Lumpur, on 9-12 October 2001. The Food and Agriculture Organization of the United Nations, the International Labour Organisation and selected international and national nongovernmental organizations will be invited to attend.
The regional consultation will discuss how infant and young child feeding can be improved by:

- adopting the principles contained in the Convention for the Rights of the Child;
- passing legislation to ensure maternity leave for women working in paid employment, and other measures aimed at reducing all forms of malnutrition in young children and women of reproductive age, especially iron, vitamin A and iodine deficiencies;
- encouraging the Baby-Friendly Hospital Initiative;
- taking measures to improve the implementation of the International Code of Breastmilk Substitutes (the Code was adopted 20 years ago but is still not being properly adhered to in many countries);
- encouraging the Codex Alimentarius Commission to take the International Code and relevant WHA resolutions (such as WHA54.2) into consideration in developing its standards and guidelines (for example with regard to the recommended duration of exclusive breastfeeding, which is now an average of six months – see document A54/INF.DOC./4);
- improving complementary foods and feeding practices, including the development and dissemination of guidelines for children below two years of age;
- promoting measures to protect women and young children against the risk of HIV infection; and
- strengthening growth monitoring, as a key tool for detecting child malnutrition and related feeding problems.

Resolution WHA 54.12 – Strengthening nursing and midwifery

Attention is drawn to preambular paragraphs 5, 6 and 7, which stress the contribution that nurses make to health systems and highlight the growing global shortage of nurses and midwives. The shortage of nurses and midwives is a priority concern, given the significant role they play in addressing health care needs, particularly those of isolated and vulnerable groups in remote or rural areas and sparsely populated locations. It is of great importance for the Region, as it has significant implications for the provision of equitable, efficient and effective health services, including health policy, health system and human resource development issues.
Significant shortages of nurses and midwives in the Region were reported in replies to a questionnaire sent to all countries and areas in the Region in 2000 in order to analyse progress in implementing World Health Assembly resolution WHA49.1 on strengthening nursing and midwifery. Of the 24 countries and areas that returned questionnaires before the deadline for analysis, 77% reported shortages of nursing personnel in primary health care settings; 68% reported shortages in hospital settings; 73% reported shortages in mental health settings; and 46% reported shortages in other settings. Shortages of nursing personnel in both urban and rural areas were reported by 55% of countries. The growing regional nursing and midwifery shortages, inequitable workforce distribution patterns and decreasing workforce participation pose many health system challenges and compromise the ability of nurses to deliver safe standards of nursing care.

Of the countries that returned the questionnaire, 75% indicated changing health service delivery patterns in their countries, including changes related to decentralization and integration of health services and a shift towards primary health care and community-based, home-health and geriatric services. Given the widespread health sector reforms and health sector changes in the Region, it can be expected that there will be continued emphasis on maximizing the use of all skilled categories of health workers, rather than relying on the most expensive category, doctors.

This resolution is relevant to the majority of WHO collaborative programmes, as nurses and midwives play pivotal roles in the planning and implementation of numerous programmes, including the provision of primary health care services and programmes dealing with maternal, child, adolescent and reproductive health, sexually transmitted infections, including HIV/AIDS and communicable and noncommunicable diseases.

Attention is drawn to operative paragraph I, which urges Member States to take action to strengthen nursing and midwifery. Member States in the Western Pacific Region are urged to pay particular attention to:

1. addressing the migration of health professionals and the widespread shortage of nursing and midwifery staff by improving human resources policies and strengthening the training of health professionals and continuing education;

2. increasing the ability of nurses and midwives to strengthen information, leadership, management and strategic planning skills;

3. involving nurses and midwives in the framing, planning and implementation of health policy at all levels.
Attention is drawn to operative paragraph 1(1), which urges Member States, within overall national development policies, to recognize and protect the right of indigenous people to enjoyment of the highest attainable standard of health. Attention is further drawn to operative paragraph 3(1) which requests the Director-General to strengthen partnership with indigenous people in all appropriate WHO activities and to operative paragraph 3(3) which requests the Director-General to complete, in close consultation with national governments and organizations of indigenous people, a framework for a global plan of action to improve the health of indigenous people. Paragraph 3(3) also requests the Director-General to submit the action plan to the Fifty-fifth World Health Assembly and to finalize it by the end of the Decade.

There continues to be no generally accepted definition of "indigenous people" and this issue was raised again during the discussions at the Fifty-fourth World Health Assembly. In the Western Pacific Region, the tendency has been to accept the definition contained in ILO Convention 169 on Indigenous and Tribal Peoples (1989).

Article 1 of the Convention reads as follows:

1. This Convention applies to:

(a) tribal peoples in independent countries whose social, cultural and economic conditions distinguish them from other sections of the national community, and whose status is regulated wholly or partially by their own customs or traditions or by special laws or regulations;

(b) peoples in independent countries who are regarded as indigenous on account of their descent from the populations which inhabited the country, or a geographical region to which the country belongs, at the time of conquest or colonisation or the establishment of present state boundaries and who, irrespective of their legal status, retain some or all of their own social, economic, cultural and political institutions.

2. Self-identification as indigenous or tribal shall be regarded as a fundamental criterion for determining the groups to which the provisions of this Convention apply.

3. The use of the term peoples in this Convention shall not be construed as having any implications as regards the rights which may attach to the term under international law.
Some countries in the Region use the term “ethnic minorities” rather than “indigenous people”.

At its forty-sixth session in 1995, the Regional Committee adopted resolution WPR/RC46.R16 which requested the Regional Director to collect information from Member States reflecting their progress in planning for and implementing the objectives of the International Decade of the World’s Indigenous People.

Since then, the Regional Office has been coordinating with countries in the Region that recognize the existence of a group of indigenous people in their countries, particularly Australia, Malaysia, New Zealand and the Philippines. The health needs of indigenous people have been addressed in various regional programmes, particularly those targeted at disadvantaged groups and those promoting equity.

Working in close consultation with the governments concerned and with indigenous people’s organizations, the Regional Office will collaborate with WHO Headquarters to develop a framework for a global plan of action and, once that is in place, to develop a regional plan of action.

EXECUTIVE BOARD RESOLUTION OF INTEREST TO THE REGION

EB107.R8 — Health Systems Performance Assessment

Attention is drawn to operative paragraph 2, which requests the Director-General to take various measures to evaluate methods used to evaluate health systems performance. Following the adoption of the resolution, the Director-General outlined a number of steps to be taken to “hear and reflect on the widest possible range of views and ideas on health systems performance assessment”.

As part of this process, a Regional Consultation on Health System Performance Assessment (HSPA) was held in Manila in July 2001. Representatives from 10 countries and 12 technical experts examined the health systems performance assessment framework and the evaluation methods used. The meeting included presentations from country representatives and technical experts, the use of composite and multiple indicators in health systems performance assessment, and linkage of health systems performance assessment to policy and managerial decision-making processes in health systems.
The consultation reaffirmed the commitment of WHO and the participating countries to health system performance assessment. It also noted that:

- Health systems performance assessments are a useful and necessary part of measuring what happens between the inputs to health systems and the final outcomes achieved by the countries. The tools developed within health systems performance assessment may therefore be useful for evidence-based decision-making, provided there is a consensus on the development and use of these tools across countries.

- It was felt that the main objective of the health systems performance assessment published in the World Health Report 2000 had been intercountry comparison. The consultation felt that the usefulness of health systems performance assessment methods would be enhanced if the assessment were extended to in-country use.

- There are serious problems in understanding and measuring the concept of responsiveness, given the very different sociocultural settings of various countries. It was felt that the concept of responsiveness in the World Health Report had reflected concerns in developed rather than developing countries. It was suggested that WHO should focus on achieving agreement on what constituted responsiveness before making comparisons across countries.

- Concern was expressed about the complexity of the fairness of financing index. These concerns were related both to components of the index and to availability of reliable data.

- In view of the various methodological problems cited, there was general consensus that future reporting should not include rankings for Member States. A number of country representatives noted that the country rankings distracted attention from the main issues discussed in the World Health Report concerning improvements to the performance of health care systems.

- The information requirements of WHO’s health systems performance assessment were felt to be burdensome to countries. Resources put into such assessments should be balanced by investments in improving vital registration systems and routine health information systems. The consultation stressed the need for simpler data sets and streamlined and coordinated information requests from WHO Headquarters, the Regional Office and other international partners.
• The consultation felt that efforts should be made to make the health systems performance assessment framework directly relevant to policy and management decision-making.

• Given current and future directions in health sector reform, there is a need to examine the private as well as the public sector. It was felt that focusing only on the public sector did not reflect a large and important part of the health system.

In conclusion, it was recognized that the framework for health systems performance assessment had been developed only recently and was encouraging innovative research in a number of areas. The consultation supported the consultative process and hoped the views of Member States would be borne in mind during this evolutionary stage and during the finalization of the WHO health systems performance assessment framework.

The consultation looked forward to WHO playing a greater stewardship role in coordinating initiatives related to health and health care and supporting countries to develop effective health care systems as envisaged by the health systems performance assessment.
### RESOLUTIONS ADOPTED BY THE FIFTY-FOURTH WORLD HEALTH ASSEMBLY

<table>
<thead>
<tr>
<th>Resolution number</th>
<th>Title of resolutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHA54.1</td>
<td>General programme of work</td>
</tr>
<tr>
<td>WHA54.2</td>
<td>Infant and young child nutrition</td>
</tr>
<tr>
<td>WHA54.3</td>
<td>Salaries of staff in ungraded posts and of the Director-General</td>
</tr>
<tr>
<td>WHA54.4</td>
<td>Unaudited interim financial report on the accounts of WHO for 2000</td>
</tr>
<tr>
<td>WHA54.5</td>
<td>Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution</td>
</tr>
<tr>
<td>WHA54.6</td>
<td>Special arrangements for settlement of arrears</td>
</tr>
<tr>
<td>WHA54.7</td>
<td>Real Estate Fund</td>
</tr>
<tr>
<td>WHA54.8</td>
<td>Casual income</td>
</tr>
<tr>
<td>WHA54.9</td>
<td>Assessment of the Federal Republic of Yugoslavia</td>
</tr>
<tr>
<td>WHA54.10*</td>
<td>Scaling up the response to HIV/AIDS</td>
</tr>
<tr>
<td>WHA54.11</td>
<td>WHO medicines strategy</td>
</tr>
<tr>
<td>WHA54.12</td>
<td>Strengthening nursing and midwifery</td>
</tr>
<tr>
<td>WHA54.13</td>
<td>Strengthening health systems in developing countries</td>
</tr>
<tr>
<td>WHA54.14</td>
<td>Global health security: epidemic alert and response</td>
</tr>
<tr>
<td>WHA54.15</td>
<td>Health conditions of, and assistance to, the Arab population in the occupied territories, including Palestine</td>
</tr>
<tr>
<td>WHA54.16</td>
<td>International Decade of the World’s Indigenous People</td>
</tr>
<tr>
<td>WHA54.17</td>
<td>Assessments of the financial period 2002-2003</td>
</tr>
<tr>
<td>WHA54.18*</td>
<td>Transparency in tobacco control process</td>
</tr>
<tr>
<td>WHA54.19</td>
<td>Schistosomiasis and soil-transmitted helminth infections</td>
</tr>
<tr>
<td>WHA54.20</td>
<td>Appropriation resolution for the financial period 2002-2003</td>
</tr>
<tr>
<td>WHA54.21</td>
<td>International classification of functioning, disability and health</td>
</tr>
<tr>
<td>WHA54.22</td>
<td>Reform of the Executive Board</td>
</tr>
</tbody>
</table>

*Annexed to the document covering the agenda item on this topic.*
General programme of work

The Fifty-fourth World Health Assembly,

Having considered the draft General programme of work, 2002-2005, submitted to it by the Executive Board, in accordance with Article 28(g) of the Constitution;

Mindful of the challenges of the rapidly evolving context of international health and the need for WHO to adapt accordingly;

Aware of the strategic directions and core functions set out in the corporate strategy developed by the Director-General and endorsed by the Executive Board,1 and of the close interrelationship between priority setting, programme planning and budgeting as products of this strategy;

Noting the greater coherence and closer linkage between the General programme of work, 2002-2005 and the Proposed programme budget 2002-2003;2

Welcoming the introduction of a process of programme planning supported by evaluation and prepared closer to the time of implementation as part of WHO’s efforts to become a more efficient and productive organization,


Seventh plenary meeting, 18 May 2001
A54/VR/7

---

1 Document EB105/3.
Infant and young child nutrition

The Fifty-fourth World Health Assembly,

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5 and WHA49.15 on infant and young child nutrition, appropriate feeding practices and related questions;

Deeply concerned to improve infant and young child nutrition and to alleviate all forms of malnutrition in the world, because more than one-third of under-five children are still malnourished — whether stunted, wasted, or deficient in iodine, vitamin A, iron or other micronutrients — and because malnutrition still contributes to nearly half of the 10.5 million deaths each year among preschool children worldwide;

Deeply alarmed that malnutrition of infants and young children remains one of the most severe global public health problems, at once a major cause and consequence of poverty, deprivation, food insecurity and social inequality, and that malnutrition is a cause not only of increased vulnerability to infection and other diseases, including growth retardation, but also of intellectual, mental, social and developmental handicap, and of increased risk of disease throughout childhood, adolescence and adult life;

Recognizing the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realization of this right;

Acknowledging the need for all sectors of society — including governments, civil society, health professional associations, nongovernmental organizations, commercial enterprises and international bodies — to contribute to improved nutrition for infants and young children by using every possible means at their disposal, especially by fostering optimal feeding practices, incorporating a comprehensive multisectoral, holistic and strategic approach;

Noting the guidance of the Convention on the Rights of the Child, in particular Article 24, which recognizes, inter alia, the need for access to and availability of both support and information concerning the use of basic knowledge of child health and nutrition, and the advantages of breastfeeding for all segments of society, in particular parents and children;

Conscious that despite the fact that the International Code of Marketing of Breast-milk Substitutes and relevant, subsequent Health Assembly resolutions state that there should be no advertising or other forms of promotion of products within its scope, new modern communication methods, including electronic means, are currently increasingly being used to promote such products;
and conscious of the need for the Codex Alimentarius Commission to take the International Code and subsequent relevant Health Assembly resolutions into consideration in dealing with health claims in the development of food standards and guidelines;

Mindful that 2001 marks the twentieth anniversary of the adoption of the International Code of Marketing of Breast-milk Substitutes, and that the adoption of the present resolution provides an opportunity to reinforce the International Code's fundamental role in protecting, promoting and supporting breastfeeding;

Recognizing that there is a sound scientific basis for policy decisions to reinforce activities of Member States and those of WHO; for proposing new and innovative approaches to monitoring growth and improving nutrition; for promoting improved breastfeeding and complementary feeding practices, and sound culture-specific counselling; for improving the nutritional status of women of reproductive age, especially during and after pregnancy; for alleviating all forms of malnutrition; and for providing guidance on feeding practices for infants of mothers who are HIV-positive;

Noting the need for effective systems for assessing the magnitude and geographical distribution of all forms of malnutrition, together with their consequences and contributing factors, and of foodborne diseases; and for monitoring food security;

Welcoming the efforts made by WHO, in close collaboration with UNICEF and other international partners, to develop a comprehensive global strategy for infant and young child feeding, and to use the ACC Sub-Committee on Nutrition as an interagency forum for coordination and exchange of information in this connection,

1. THANKS the Director-General for the progress report on the development of a new global strategy for infant and young child feeding;

2. URGES Member States:

(1) to recognize the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realization of this right and to call on all sectors of society to cooperate in efforts to improve the nutrition of infants and young children;

(2) to take necessary measures as States Parties effectively to implement the Convention on the Rights of the Child, in order to ensure every child’s right to the highest attainable standard of health and health care;

(3) to set up or strengthen interinstitutional and intersectoral discussion forums with all stakeholders in order to reach national consensus on strategies and policies including reinforcing, in collaboration with ILO, policies that support breastfeeding by working women, in order substantially to improve infant and young child feeding and to develop participatory mechanisms for establishing and implementing specific nutrition programmes and projects aimed at new initiatives and innovative approaches;

(4) to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive
breastfeeding, and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond, emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices;

(5) to support the Baby-friendly Hospital Initiative and to create mechanisms, including regulations, legislation or other measures, designed, directly and indirectly, to support periodic reassessment of hospitals, and to ensure maintenance of standards and the Initiative’s long-term sustainability and credibility;

(6) to improve complementary foods and feeding practices by ensuring sound and culture-specific nutrition counselling to mothers of young children, recommending the widest possible use of indigenous nutrient-rich foodstuffs; and to give priority to the development and dissemination of guidelines on nutrition of children under two years of age, to the training of health workers and community leaders on this subject, and to the integration of these messages into strategies for health and nutrition information, education and communication;

(7) to strengthen monitoring of growth and improvement of nutrition, focusing on community-based strategies, and to strive to ensure that all malnourished children, whether in a community or hospital setting, are correctly diagnosed and treated;

(8) to develop, implement or strengthen sustainable measures including, where appropriate, legislative measures, aimed at reducing all forms of malnutrition in young children and women of reproductive age, especially iron, vitamin A and iodine deficiencies, through a combination of strategies that include supplementation, food fortification and diet diversification, through recommended feeding practices that are culture-specific and based on local foods, as well as through other community-based approaches;

(9) to strengthen national mechanisms to ensure global compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions, with regard to labelling as well as all forms of advertising, and commercial promotion in all types of media, to encourage the Codex Alimentarius Commission to take the International Code and relevant subsequent Health Assembly resolutions into consideration in developing its standards and guidelines; and to inform the general public on progress in implementing the Code and subsequent relevant Health Assembly resolutions;

(10) to recognize and assess the available scientific evidence on the balance of risk of HIV transmission through breastfeeding compared with the risk of not breastfeeding, and the need for independent research in this connection; to strive to ensure adequate nutrition of infants of HIV-positive mothers; to increase accessibility to voluntary and confidential counselling and testing so as to facilitate the provision of information and informed decision-making; and to recognize that when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-positive women is recommended; otherwise, exclusive breastfeeding is recommended during the first months of life; and that those who choose other options should be encouraged to use them free from commercial influences;

(11) to take all necessary measures to protect all women from the risk of HIV infection, especially during pregnancy and lactation;

---

1 As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC/4).
(12) to strengthen their information systems, together with their epidemiological surveillance systems, in order to assess the magnitude and geographical distribution of malnutrition, in all its forms, and of foodborne disease;

3. REQUESTS the Director-General:

(1) to give, greater emphasis to infant and young child nutrition, in view of WHO’s leadership in public health, consistent with and guided by the Convention on the Rights of the Child and other relevant human rights instruments, in partnership with ILO, FAO, UNICEF, UNFPA and other competent organizations both within and outside the United Nations system;

(2) to foster, with all relevant sectors of society, a constructive and transparent dialogue in order to monitor progress towards implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions, in an independent manner and free from commercial influence, and to provide support to Member States in their efforts to monitor implementation of the Code;

(3) to provide support to Member States in the identification, implementation and evaluation of innovative approaches to improving infant and young child feeding, emphasizing exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding, the provision of safe and appropriate complementary foods, with continued breastfeeding up to two years of age or beyond, and community-based and cross-sector activities;

(4) to continue the step-by-step country- and region-based approach to developing the new global strategy on infant and young child feeding, and to involve the international health and development community, in particular UNICEF, and other stakeholders as appropriate;

(5) to encourage and support further independent research on HIV transmission through breastfeeding and on other measures to improve the nutritional status of mothers and children already affected by HIV/AIDS;

(6) to submit the global strategy for consideration to the Executive Board at its 109th session in January 2002 and to the Fifty-fifth World Health Assembly (May 2002).

Seventh plenary meeting, 18 May 2001

A54/VR/7

---

1 As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).
Salaries of staff in ungraded posts and of the Director-General

The Fifty-fourth World Health Assembly,

Noting the recommendation of the Executive Board with regard to remuneration of staff in ungraded posts and of the Director-General,

1. ESTABLISHES the salary for ungraded posts at US$ 151,840 per annum before staff assessment, resulting in a modified net salary of US$ 104,341 (dependency rate) or US$ 94,484 (single rate);

2. ESTABLISHES the salary for the Director-General at US$ 205,309 per annum before staff assessment, resulting in a modified net salary of US$ 137,492 (dependency rate) or US$ 122,268 (single rate);

3. DECIDES that those adjustments in remuneration shall take effect on 1 March 2001.

Eighth plenary meeting, 21 May 2001
A54/VR/8
Unaudited interim financial report on the accounts of WHO for 2000

The Fifty-fourth World Health Assembly, having examined the unaudited interim financial report for the year 2000 of the financial period 2000-2001; having noted the report of the Administration, Budget and Finance Committee of the Executive Board, accepts the Director-General’s unaudited interim financial report for the year 2000.

Eighth plenary meeting, 21 May 2001
A54/VR/8

---

1 Documents A54/20, A54/20 Add.1 and A54/20 Add.1 Corr.1.
Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution

The Fifty-fourth World Health Assembly,

Having considered the second report of the Administration, Budget and Finance Committee of the Executive Board to the Fifty-fourth World Health Assembly on Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution;

Noting that, at the time of opening of the Fifty-fourth World Health Assembly, the voting rights of Afghanistan, Antigua and Barbuda, Armenia, Azerbaijan, Bosnia and Herzegovina, Central African Republic, Chad, Comoros, Dominican Republic, Gambia, Georgia, Guinea-Bissau, Iraq, Kazakhstan, Kyrgyzstan, Liberia, Niger, Republic of Moldova, Somalia, Tajikistan, Turkmenistan and Ukraine remained suspended, such suspension to continue until the arrears of the Member State concerned have been reduced, at the present or future Health Assemblies, to a level below the amount which would justify invoking Article 7 of the Constitution;

Noting that, in accordance with resolution WHA53.2, the voting privileges of Nauru and Nigeria have been suspended as from 14 May 2001 at the opening of the Health Assembly, such suspension to continue until the arrears have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution;

Noting that Belarus, Burundi, Djibouti, Democratic Republic of the Congo, Guinea, Mauritania, Peru, Suriname and Togo were in arrears at the time of the opening of the Fifty-fourth World Health Assembly to such an extent that it is necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these countries should be suspended at the opening of the Fifty-fifth World Health Assembly,

DECIDES:

(1) that in accordance with the statement of principles in resolution WHA41.7 if, by the time of the opening of the Fifty-fifth World Health Assembly, Belarus, Burundi, Djibouti, Democratic Republic of the Congo, Guinea, Peru, Suriname and Togo are still in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, their voting privileges shall be suspended as from the said opening;
(2) that any suspension which takes effect as aforesaid shall continue at the Fifty-fifth and subsequent Health Assemblies, until the arrears of Belarus, Burundi, Djibouti, Democratic Republic of the Congo, Guinea, Peru, Suriname and Togo have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution;

(3) that this decision shall be without prejudice to the right of any Member to request restoration of its voting privileges in accordance with Article 7 of the Constitution.

Eighth plenary meeting, 21 May 2001
A54/VR/8
Special arrangements for settlement of arrears

The Fifty-fourth World Health Assembly,

Recalling previous resolutions of the Health Assembly concerning Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution and, in particular, resolutions WHA8.13 and WHA41.7;

1. INVITES Members that are in arrears to an extent which would invoke the provisions of Article 7 of the Constitution, or that expect difficulties in meeting their obligations to the Organization, to contact the Director-General to review the status of their accounts;

2. FURTHER INVITES those Members in arrears who wish to reschedule the payment of their arrears as part of an arrangement to have their voting rights restored to address requests in writing to the Director-General, to be received no later than 31 March, including at least the following information: (i) the total amount due, including the current year's assessment; (ii) the period over which payment is proposed; (iii) the minimum amount of payment that the Member State intends to make each year; and (iv) an indication of whether the Member State expects to request approval from the Director-General to make the payment in local currency, in accordance with the Financial Regulations and Financial Rules;

3. REQUESTS the Director-General to review such requests with the Member States concerned and to submit proposals to reschedule payment of arrears to the Administration, Budget and Finance Committee of the Executive Board at its meeting immediately before the Health Assembly; and

4. REQUESTS the Administration, Budget and Finance Committee, on behalf of the Executive Board, to make appropriate recommendations to the Health Assembly for consideration.
FIFTY-FOURTH WORLD HEALTH ASSEMBLY

Agenda item 15.4

Real Estate Fund

The Fifty-fourth 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 2001 to 31 May 2002 and the possible future WHO/UNAIDS office development in Geneva;

Expressing appreciation to the Swiss Confederation and to the Republic and Canton of Geneva for the continued expression of their hospitality;

Recognizing that certain estimates must necessarily remain provisional,

1. AUTHORIZES the financing from the Real Estate Fund of the expenditures indicated under Section III of the Director-General’s report, at an estimated cost of US$ 3 250 000;

2. APPROPRIATES to the Real Estate Fund from casual income the sum of US$ 2 689 712;

3. AUTHORIZES the Director-General to proceed with negotiations with the Swiss authorities on the project outlined in Section II of her report;

4. REQUESTS the Director-General to report further on the project to the Fifty-fifth World Health Assembly.

Eighth plenary meeting, 21 May 2001

A54/VR/8
Casual income

The Fifty-fourth World Health Assembly,

DECIDES that the estimated amount available in casual income as at 31 December 2000 should be used:

(i) to part finance the regular budget for the period 2002-2003, to be apportioned among Members in accordance with the financial incentive scheme (resolution WHA41.12) from the estimated interest earnings in 2000 6 883 150

(ii) to finance the Real Estate Fund in accordance with proposals contained in the report by the Director-General 2 689 712

(iii) to replenish the Working Capital Fund by the estimated amount of arrears of contributions credited to casual income 7 602 828

(iv) to retain the estimated balance in the Casual Income account pending disposition as part of Miscellaneous Income 6 111 160

Eighth plenary meeting, 21 May 2001
A54/VR/8
Assessment of the Federal Republic of Yugoslavia

The Fifty-fourth World Health Assembly,

Noting that the United Nations General Assembly, in resolution 55/5, established the assessment of the Federal Republic of Yugoslavia at the rate of 0.026% for 2000 and of 0.020% for 2001;

Recalling the principle established in resolution WHA5.8, and confirmed in resolution WHA24.12, that the latest available United Nations scale of assessments should be used as a basis for determining the scale of assessments to be used by WHO,

DECIDES:

(1) that the Federal Republic of Yugoslavia shall be assessed at an annual rate of 0.026% for the year 2000;

(2) that its assessment for the year 2000 shall be reduced to two-twelfths of 0.026%;

(3) that the Federal Republic of Yugoslavia shall be assessed at an annual rate of 0.020% for the year 2001.
Scaling up the response to HIV/AIDS

The Fifty-fourth World Health Assembly,

Taking into consideration the report on HIV/AIDS; 1

Recognizing that AIDS is a crisis of unprecedented proportions that threatens development, social cohesion, political stability, life expectancy and places a devastating burden on many countries and regions;

Recalling that the Constitution of the World Health Organization states that enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, and considering that progressive realization of that right in the context of HIV/AIDS, should involve access, on a non-discriminatory basis to health facilities, prevention, care, treatment and support;

Considering that stigmatization, silence, discrimination and denial aggravate the impact of the pandemic;

Acknowledging that all countries must continue to emphasize widespread and effective prevention, including education, nutrition, information and services, as well as access to, among other products, vaccines, condoms, microbicides and drugs;

Recognizing that prevention and care are inextricably linked, and that their effectiveness is increased when they are used together;

Considering that HIV/AIDS affects women and children with special severity;

Recognizing that inexpensive and effective drugs to prevent and treat opportunistic infections exist, are urgently needed, and can be made rapidly available;

Acknowledging that the lack of affordable pharmaceuticals and of feasible supply structures and health systems continues to hinder an effective response to HIV/AIDS in many countries and especially for the poorest people;

1 Document A54/15.
Recognizing that, where it has been available, antiretroviral therapy has reduced mortality and prolonged healthy lives, that recent reductions in prices create a new opportunity to extend this benefit to those that would otherwise not be able to afford them;

Noting the critical role that health services and systems must play in delivering or scaling up delivery of these responses, and that the health systems in many developing countries are already overstretched by the existing burden of diseases and particularly by the added impact of HIV/AIDS;

Recognizing that in order to implement a comprehensive and multisectoral approach to combat HIV/AIDS, tuberculosis and other infectious diseases will require adequate human and financial resources at national and international levels;

Taking into account the need to implement measures that incorporate HIV/AIDS prevention, care and awareness interventions in humanitarian assistance programmes to ensure that populations affected by conflict, and natural and human disasters – refugees, internally displaced persons and, in particular, women and children – are protected from and treated appropriately for HIV and related infections;

Recalling efforts to make drugs available at lower prices for those in need;

Welcoming the work in progress to develop a global AIDS and health fund;

Bearing in mind various regional initiatives, including the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, of the African Heads of State and Government, which recognizes that those epidemics should be tackled as an integral part of the agenda for promoting poverty reduction and sustainable development and the Declaration of Quebec City of the Heads of State and Governments of the Americas, which emphasizes that good health and equal access to medical attention, health services and affordable medical drugs are vital for human development and for achievement of political, economic and social objectives;

Noting resolutions 2001/33 and 2001/51 adopted by the Commission on Human Rights at its 57th session;

Recognizing the role of UNAIDS in leading the global response to HIV/AIDS and its support to national AIDS programmes, the leadership of the United Nations Secretary-General, particularly in the context of the special session of the United Nations General Assembly on HIV/AIDS (June 2001);

Recognizing also the key role that WHO plays in health promotion, prevention of disease, care and treatment, organization of services, dissemination of information to support the formulation of health policies, and the improvement of access to affordable drugs and commodities;

1. URGES Member States:

(1) to ensure that HIV/AIDS is one of the highest priorities on the health and development agenda and to allocate sufficient resources for the response to HIV/AIDS;

(2) to take effective measures, within a supportive environment, to ensure that people everywhere, particularly young people, know how to avoid infection, and to facilitate access to services and methods of prevention which should be the mainstay of programmes;
(3) to scale up their responses to HIV/AIDS, with particular emphasis on building up partnerships across sectors, strengthening health care systems, nutritional programmes, education and information programmes and developing prevention, treatment and care interventions that involve people living with HIV/AIDS;

(4) to recognize and act on the need for a society-wide response to reduce stigma and discrimination associated with HIV/AIDS;

(5) to make every effort to provide, progressively and in a sustainable manner, the highest standard of treatment for HIV/AIDS, including the prophylaxis and treatment of opportunistic infections, and effective use of quality-controlled antiretroviral therapy in a careful and monitored manner to improve adherence and effectiveness and reduce the risk of development of resistance;

(6) to strive to include participation of people living with HIV/AIDS in the formulation of national policies on HIV/AIDS;

(7) while taking into account differences of health care systems, to develop appropriate modalities of care such as outpatient services, home-based care, day care in the context of a true continuum of care, so as to ensure sustainable and high-quality diagnosis, counselling, testing, care, treatment and support;

(8) to support, encourage and provide incentives for increased investment in research related to HIV/AIDS, including social and behavioural research, and in the development of new preventive and therapeutic approaches and technologies, including in particular HIV/AIDS vaccines and microbicides;

(9) to make every effort to provide financial support and technical cooperation to enable Member States to expand their response to the pandemic;

(10) in order to increase access to medicines, to cooperate constructively in strengthening pharmaceutical policies and practices, including those applicable to generic drugs and intellectual property regimes, in order further to promote innovation and the development of domestic industries consistent with international law;

(11) to support the establishment of a global HIV/AIDS and health fund;

2. URGES the Director-General:

(1) to provide Member States and other health and development partners with high-quality, normative, health-related guidance and sustained and comprehensive technical support that will enable countries to intensify their national responses to HIV/AIDS in line with their particular circumstances and priorities;

(2) to assist in the development and implementation of integrated and comprehensive prevention and care strategies;

(3) to expand with urgency support for the development of necessary health system capacities and structures, and to provide normative guidance and technical cooperation in order
to enhance prevention, clinical management, nursing care, counselling, and social and psychological support to people living with HIV/AIDS;

(4) to foster research, including ethical, controlled, clinical trials, on HIV vaccines, microbicides, and new antiretroviral therapies, and on necessary commodities such as testing kits;

(5) to give guidance and support the building of national capacity for surveillance of adverse drug reactions and emergence of resistance in connection with antiretroviral medicines;

(6) to maintain close collaboration with the international community and the private sector with the aim of improving the availability of medicines for HIV/AIDS, including antiretroviral therapy;

(7) to take an active part, together with other international actors, in the development and establishment of a global HIV/AIDS and health fund, including promoting mechanisms for a transparent and participatory governance structure including representation of civil society.

Eighth plenary meeting, 21 May 2001
A54/VR/8
WHO medicines strategy

The Fifty-fourth World Health Assembly,

Recalling resolutions, nominally WHA39.27, WHA41.16, WHA43.20, WHA45.27, WHA47.12, WHA47.16, WHA47.17, WHA49.14 and WHA52.19;

Having considered the report on the revised drug strategy,\(^1\) and bearing in mind the previous report on the subject,\(^2\) that highlight challenges related to international trade agreements, access to essential drugs, drug quality and rational use of medicines, together with the urgent need to improve access to drugs for treating priority health problems such as malaria, childhood illnesses, HIV/AIDS and tuberculosis, among others;

Acknowledging the four main objectives of WHO's medicines strategy, namely, to frame and implement policy; to ensure access; to ensure quality, safety and efficacy; and to promote rational use of medicines;

Taking into account that the aforementioned health problems are particularly acute among poor and vulnerable populations, entrapping them in poverty, and substantially inhibiting the growth of national and international economies to the detriment of all humanity;

Recalling that the Constitution of the World Health Organization provides that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, and considering that progressive realization of that right should involve access, on a non-discriminatory basis, to health facilities, prevention, care, treatment and support in the context of access to medicines;

Bearing in mind the WHO global framework for expanding access to essential drugs, and its four components: the rational selection and use of medicines, reliable health and supply systems, sustainable financing, and affordable prices;

Taking into account that access to medicines is particularly price sensitive, since most people in developing countries have to pay personally for health care, and that the commitment of governments,
organizations of the United Nations system, the private sector, and the civil society is necessary in order to achieve universal access;¹

Taking into account the urgency of implementing the WHO medicines strategy in order fully to realize the enormous health benefits that essential drugs can offer to the one-third of the human population now lacking them;

Taking into account the need to increase the current levels of international technical and economic assistance channeled to implementation of the WHO medicines strategy;

Recognizing the importance of national drug policies established in accordance with WHO guidelines;

Commending the strong leadership that WHO has shown in re-emphasizing the essential drugs concept, and the contribution of nongovernmental organizations working in public health to attaining such objectives as the framing of national drug policies and related aspects;

Noting that the impact of international trade agreements on access to, or local manufacturing of, essential drugs and on the development of new drugs needs to be further evaluated;

Recognizing that well-functioning and equitable health systems, including reliable supply systems, are key elements in any framework for expanding access to essential drugs;

Noting resolution 2001/33 on access to medication in the context of pandemics such as HIV/AIDS adopted by the United Nations Commission on Human Rights at its 57th session;

1. URGES Member States:

(1) to reaffirm their commitment to ensuring public health interests and to make every effort to promote equitable access to medicines, and to undertake the necessary action within their national health policies, including for priority diseases and pandemics, as an important element for progressively achieving the highest attainable standard of health;

(2) to take effective measures in accordance with international law and international agreements acceded to in order to ensure improved access to medicines;

(3) to cooperate with respect to resolution 2001/33 of the United Nations Commission on Human Rights;

(4) to pursue measures directed to expanding access of their populations to essential drugs, including the implementation of resolution WHA52.19 taking into account the cost-effectiveness of rational drug use as well as affordability;

(5) in order to increase access to medicines, and in accordance with the health needs of people, especially those who can least afford the costs, and recognizing the efforts of Member States to expand access to drugs and promote domestic industry, cooperate constructively in strengthening pharmaceutical policies and practices, including those applicable to generic drugs,

and intellectual property regimes in order further to promote innovation and the development of domestic industries, consistent with applicable international law;

(6) to provide financial support and technical cooperation to enable Member States in need to expand access of their populations to essential drugs;

2. REQUESTS the Director-General:

(1) jointly with Member States, nongovernmental organizations and other partners involved in public health, to keep under review the effectiveness of the current strategy for essential drugs, and to stimulate the development of drugs for diseases whose burden lies predominantly in poor countries;

(2) to explore the feasibility and effectiveness of implementing, in collaboration with nongovernmental organizations and other concerned partners, systems for voluntary monitoring drug prices and reporting global drug prices with a view to improving equity in access to essential drugs in health systems, and to provide support to Member States in that regard;

(3) to provide support for implementation of drug monitoring systems in order better to identify development of resistance, adverse reactions and misuse of drugs within health systems, thus promoting rational use of drugs;

(4) to continue and to enhance efforts to study and report on existing and future health implications of international trade agreements in close cooperation with relevant intergovernmental organizations;

(5) to provide enhanced support to Member States that need and request support in achieving the priorities set out in the WHO medicines strategy;

(6) to provide support to Member States to set up efficient national regulatory mechanisms for quality assurance that will help ensure compliance with good manufacturing practices, bioavailability and bioequivalence;

(7) to continue WHO’s work in the field of traditional medicines;

(8) to report to the Fifty-fifth World Health Assembly on the progress of initiatives taken, globally or regionally, to expand access to essential drugs.

Eighth plenary meeting, 21 May 2001
A54/VR/8
The Fifty-fourth World Health Assembly,

Having reviewed the report on strengthening nursing and midwifery;

Recalling resolutions WHA42.27, WHA45.5, WHA47.9, WHA48.8 and WHA49.1 which recommended action aimed at strengthening nursing and midwifery;

Recognizing the importance of accessible health systems in efforts to improve the health of populations as highlighted in The world health report 2000;¹

Recognizing the importance of using appropriate resources, including human resources, in the provision of health services;

Aware that nurses and midwives play a crucial and cost-effective role in reducing excess mortality, morbidity and disability and in promoting healthy lifestyles and concerned that further action is needed to maximize their contribution;

Concerned about global shortages of nurses and midwives;

Recognizing the importance of nursing services and midwifery services being the core of any health system and in national health;

Mindful of the continuing need to work with the full range of partners whose work impacts on the health of the population, on health promotion and on health care,

1. **URGES** Member States:

   (1) to further the development of their health systems and to pursue health sector reform by involving nurses and midwives in the framing, planning and implementation of health policy at all levels;

   (2) to review or develop and implement national action plans for health and models of education, legislation, regulation and practice for nurses and midwives, and to ensure that these

---

adequately and appropriately reflect competencies and knowledge that enable nurses and midwives to meet the needs of the population they serve;

(3) to establish comprehensive programmes for the development of human resources which support the training, recruitment and retention of a skilled and motivated nursing and midwifery workforce within health services;

(4) to develop and implement policies and programmes which ensure healthy workplaces and quality of the work environment for nurses and midwives;

(5) to underpin the above measures through continuing assessment of nursing and midwifery needs and by developing, reviewing regularly, and implementing national action plans for nursing and midwifery, as an integral part of national health policy;

(6) to enhance the development of nursing and midwifery services that reduce risk factors and respond to health needs, on the basis of sound scientific and clinical evidence;

(7) to prepare plans for evaluating nursing services;

2. REQUESTS the Director-General:

(1) to provide support to Member States in setting up mechanisms for inquiry into the global shortage of nursing and midwifery personnel, including the impact of migration, and in developing human resources plans and programmes, including ethical international recruitment;

(2) to provide support to Member States in their efforts to strengthen the contribution of nurses and midwives to the health of the populations and to take the necessary measures to increase the number of WHO collaborating centres for nursing and midwifery in developing countries;

(3) to ensure the involvement of nursing and midwifery experts in the integrated planning of human resources for health, including to support Member States undertaking programmes of village skilled birth attendants, by developing guidelines and training modules, as an expanded role of nurses and in particular midwives;

(4) to continue to cooperate with governments to promote effective coordination between all agencies and organizations concerned with the development of nursing and midwifery;

(5) to provide continuing support for the work of the Global Advisory Group on Nursing and Midwifery, and to take account of the interest and contribution of nursing and midwifery in wider aspects of the development and implementation of WHO's policy and programmes;

(6) to develop and implement systems and uniform performance indicators at country, regional and global levels to monitor, measure, and report progress in achieving these goals;

(7) to prepare rapidly a plan of action for the strengthening of nursing and midwifery and to provide for external evaluation at the conclusion thereof;

(8) to keep the Health Assembly informed of progress made in the implementation of this resolution, and to report to the Fifty-sixth World Health Assembly in 2003.
Strengthening health systems in developing countries

The Fifty-fourth World Health Assembly,

Mindful of the principles of, and obvious need for, technical cooperation among developing countries and of the interest shown by the World Health Assembly by virtue of its resolutions WHA31.41, WHA31.54, WHA32.27, WHA35.24, WHA36.34, WHA37.15, WHA37.16, WHA38.23, WHA39.23, WHA40.17, WHA40.30, WHA50.27, WHA51.16 and WHA52.23 in strengthening this type of cooperation with a view to improving the health situation in developing countries;

Underlining the principles and purposes of the United Nations as set out in the United Nations Charter, including the sovereign equality of States and the development of friendly relations among nations based on the respect for equal rights and the self-determination of peoples, which have been consistently reaffirmed by Members of the Non-Aligned Movement;

Recognizing that in order to realize aspirations and achieve the social development and well-being of people, it is a central responsibility of governments and all sectors of society to establish measures which would facilitate the attainment of goals relating to the eradication of poverty, and to food security, health, education, employment, housing and social integration;

Reaffirming the commitments made in this regard during the twenty-fourth special session of the United Nations General Assembly entitled "World Summit for Social Development and beyond: achieving social development for all in a globalizing world";

Recognizing that the main determinants of ill health such as poverty and lack of education are also among the critical causes of underdevelopment, and that health is both a necessary precondition to, and an outcome of, the overall development process;

Further recognizing that the health needs of women, girls, children and older persons shall be given particular attention;

Mindful of the fact that globalization presents opportunities and challenges for all countries and that developing countries, especially the poorest, are vulnerable to those adverse effects of globalization that lead to greater inequities in health and health care both within such countries and between developed and developing countries;

Recalling that the lack of access to safe and affordable essential medicines and other health technologies is a significant factor in perpetuating and extending such inequities;
Noting with concern the need for funds for development cooperation in the face of growing demands within developing countries, and recognizing that debt-relief including HIPC and other efforts could potentially free up considerable resources for use in the development of health infrastructure and services;

Recognizing the progress that has been achieved in the areas of human genetics and biotechnology, and the potential rewards that could accrue from research in this area;

Noting with concern the increase in HIV/AIDS, tuberculosis and other diseases in developing countries, especially in sub-Saharan Africa;

Welcoming the prominence accorded to HIV/AIDS on the international agenda, and noting the adoption of a resolution on the access to care by the 57th Session of the Commission on Human Rights, the decision by the Abuja Summit on HIV/AIDS, tuberculosis and related diseases, the special discussion of the TRIPS Council of the WTO on the TRIPS Agreement and access to essential medicines to be held at the request of the Africa Group in June 2001 and the forthcoming United Nations General Assembly special session on HIV/AIDS;

Endorsing the recognition of mental health as a significant challenge requiring special attention within the health systems of developing countries;

Appreciating WHO's initiatives with regard to the promotion of horizontal cooperation among developing countries,

1. **REAFFIRMS** its commitment to the objectives of the health-for-all strategy, in particular the achievement of equitable, affordable, accessible and sustainable health systems based on primary health care in all Member States;

2. **RECOGNIZES** the sovereign right of each country to adopt national policies appropriate to the specific needs of its people;

3. **URGES** Member States:

   (1) to reaffirm the importance of health as an indispensable resource for sustainable development and to advance such development through actions which promote and maintain equity and equality, including between men and women;

   (2) to continue to develop health systems in accordance with the principles listed above, and to ensure that where markets exist within the health sector, they function efficiently within a suitable framework of ethical principles and in accordance with the technical regulations and standards established by the governmental authority;

   (3) to participate in the special discussion of the WTO TRIPS Council on intellectual property issues relevant to the access to essential medicines, with a view to addressing the concerns expressed by developing countries;

   (4) to adopt, as a matter of priority, measures that will serve the needs of the most vulnerable of their populations;
to make every effort to ensure that countries are not hindered in their efforts to utilize the options available to them under international agreements, acceded to in order to protect and advance the access to life-saving and essential medicines;

(6) to continue to support research in the area of human genetics and biotechnology subject to accepted scientific and ethical standards and to the potential benefit of all, especially the poor;

(7) to refrain from all measures, that are contrary to international law, including international conventions, and which hinder health service delivery and deny care to those in greatest need;

4. CALLS upon Member States, especially developed countries:

(1) to continue to facilitate the transfer of materials, equipment, technology and resources appropriate to the health needs of developing countries;

(2) to support technical cooperation with and among developing countries;

(3) to review, with a view to increasing, their allocation of resources intended for development cooperation and the fight against HIV/AIDS and other priority diseases;

5. REQUESTS the international community and multilateral institutions:

(1) to maintain a people-centred focus in their deliberations, particularly where measures proposed in such deliberations could directly or indirectly impact negatively on the health status of the most vulnerable;

(2) where appropriate, to integrate the health dimension into their programmes and strategies, particularly in respect of HIV/AIDS and other priority diseases;

(3) according to their mandate and particular expertise, to provide support for efforts aimed at strengthening the health systems of developing countries;

(4) to identify and implement development-oriented and durable solutions to the debt servicing problems of developing countries so as to alleviate external debt;

(5) to implement the conclusions of the United Nations summits and conferences that address health problems and to make further recommendations in this regard;

(6) to support the establishment of a global HIV/AIDS and health fund;

6. REQUESTS the Director-General:

(1) to continue to support Member States in their efforts to meet the health needs of their people, especially those who are most vulnerable;

(2) to cooperate with Member States in achieving access to safe and affordable essential medicines and other appropriate health technologies;
(3) to strengthen the capacity of the health sector to participate effectively in multisectoral efforts which seek to address the root causes of ill health;

(4) to continue to provide support for the work being undertaken by institutions in developing countries in the area of health sector reform, and to validate and collate the work of these and other institutions, in order to ensure that future policies and advice are founded on the best available evidence;

(5) to expand on the opportunities for interaction with Members of the Non-Aligned Movement and other developing countries, aimed at facilitating and enhancing the work of WHO;

(6) to report to the Fifty-sixth World Health Assembly on the steps taken and progress made in implementing this resolution.

Ninth plenary meeting, 21 May 2001
A54/VR/9
Global health security: epidemic
alert and response

The Fifty-fourth World Health Assembly,

Recalling resolutions WHA48.7 on the International Health Regulations, WHA48.13 on new, emerging and re-emerging infectious diseases, and WHA51.17 on antimicrobial resistance;

Recalling that public health is a priority for development and that combating communicable diseases, which are a major burden in terms of human mortality and morbidity, provides important and immediate opportunities for progress;

Mindful of the globalization of trade and of the movement of people, animals, goods and food products, as well as the speed with which these take place;

Recognizing that, as a result, any upsurge in cases of infectious disease in a given country is potentially of concern for the international community,

1. EXPRESSES its support for:

(1) ongoing work on the revision of the International Health Regulations, including criteria to define what constitutes a health emergency of international concern;

(2) development of a global strategy for containment and, where possible, prevention of antimicrobial drug resistance;

(3) collaboration between WHO and all potential technical partners in the area of epidemic alert and response, including relevant public sectors, intergovernmental organizations, nongovernmental organizations and the private sector;

2. URGES Member States:

(1) to participate actively in the verification and validation of surveillance data and information concerning health emergencies of international concern, together with WHO and other technical partners;

(2) to develop and update national preparation and response plans;
3. REQUESTS the Director-General:

(1) to devise relevant international tools, and to provide technical support to Member States for developing or strengthening preparedness and response activities against risks posed by biological agents, as an integral part of their emergency management programmes;

(2) to provide technical support to Member States for developing intervention programmes that prevent epidemics and respond to communicable disease threats and emergencies, particularly with regard to epidemiological investigations, laboratory diagnoses and community and clinical management of cases;

(3) to make appropriate arrangements for the development of regional preparedness and response plans;

(4) to provide support to Member States for strengthening their capacity to detect and respond rapidly to communicable disease threats and emergencies, especially by developing the laboratory skills needed for diagnosis and providing training in epidemiological methods for use in the field, particularly in the most exposed countries;

(5) to make available relevant information on public health risks to Member States, relevant intergovernmental organizations and technical partners;

(6) to provide technical support to Member States in the implementation of national efforts to contain and prevent resistance to antimicrobials.
Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine

The Fifty-fourth World Health Assembly,

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

Recalling all its previous resolutions on health conditions in the occupied Arab territories;

Recalling the convening of the International Peace Conference on the Middle East (Madrid, 30 October 1991) on the basis of the United Nations Security Council Resolutions 242 (1967), 338 (1973) and 425 (1978), as well as on the basis of the principle of “land for peace” and the subsequent agreements between the Palestinian and Israeli sides, the latest of which is the Sharm El-Sheikh Agreement;

Reaffirming the inalienable, permanent and unqualified right of the Palestinian people to self-determination, including their right to establish their sovereign and independent Palestinian State;

Expressing deep concern at the deterioration of health conditions as a result of the escalation of violence since September 2000, which continues to cause high numbers of deaths and injuries, mostly among Palestinians;

Expressing deep concern also at the closure of and within the Palestinian areas, seriously affecting health programmes and the provision of health services to the Palestinian population, especially child and mother programmes, immunization and control of epidemics, school health, control of water safety, insect control, mental health and health education;

Emphasizing the urgent need fully to implement the Declaration of Principles and the subsequent Accords between the Palestine Liberation Organization and the Government of Israel;

Expressing grave concern about the ongoing Israeli settlement policies in the Palestinian occupied territory, including East Jerusalem, in violation of international law, the Fourth Geneva Convention and of relevant United Nations resolutions;

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

Expressing deep concern at the serious deterioration of the economic situation in the Palestinian territories and the resulting threat to the Palestinian health system, aggravated by the withholding by Israel of funds due to the Palestinian Authority;

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

Reaffirming the right of Palestinian patients and the medical staff to be able to benefit from health facilities available in the Palestinian Health Institutions in occupied East Jerusalem;

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

1. LOOKS FORWARD to the resumption of peace talks in order to bring about a just, lasting and comprehensive peace in the Middle East;

2. DEEPLY REGRETS the escalation of violence and the resulting high number of casualties, especially the excessive use of force against Palestinians;

3. AFFIRMS the need to support the efforts of the Palestinian Ministry of Health to secure emergency services, to continue delivering health programmes, and to face the present additional burden of casualties and resulting physical and mental disabilities;

4. CALLS ON Israel not to hamper the Palestinian Ministry of Health in carrying out their full responsibility for the Palestinian People, including in occupied East Jerusalem, to lift the closures of and within the Palestinian areas, and to release the funds due to the Palestinian Authority;

5. URGES Member States, intergovernmental, nongovernmental and regional organizations to provide speedy and generous assistance to bring about health development for the Palestinian people and meet its urgent humanitarian needs;

6. THANKS the Director-General for her effort, and requests her:

   (a) to take urgent steps in cooperation with Member States to support the Palestinian Ministry of Health in its efforts to overcome the current difficulties, and in particular so as to guarantee free circulation of those responsible for health, of patients, of health workers and of emergency services, and the normal provision of medical goods to the Palestinian medical premises, including those in Jerusalem;

   (b) to continue to provide the necessary technical assistance to support health programmes and projects for the Palestinian people, and to encourage the provision of emergency humanitarian assistance to meet needs arising from the current crisis;
(c) to take the necessary steps and make the contacts needed to obtain funding from various sources including extrabudgetary sources, to meet the urgent health needs of the Palestinian people;

(d) to continue her efforts to implement the special health assistance programme and adapt it to the health needs of the Palestinian people, taking into account the health plan of the Palestinian people;

(e) to report on implementation of this resolution to the Fifty-fifth World Health Assembly, and to include an evidence-based, comparative assessment of the health situation in the occupied territory in light of the current crisis;

7. EXPRESSES gratitude to all Member States, intergovernmental organizations and nongovernmental organizations and calls upon them to provide the assistance needed to meet the health needs of the Palestinian people.
International Decade of the World’s Indigenous People

The Fifty-fourth World Health Assembly,

Recalling resolutions WHA47.27, WHA48.24, WHA49.26, WHA50.31, WHA51.24 and WHA53.10 on WHO’s contribution to achieving the objectives of the International Decade of the World’s Indigenous People (1994-2003);

Further recalling United Nations General Assembly resolution 50/157, which adopted the programme of activities for the International Decade, 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”; that focal points for matters concerning indigenous people should be established in all appropriate organizations of the United Nations system; 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 field of competence, “in close cooperation with indigenous people”;

Welcoming the decision by the United Nations Economic and Social Council in its resolution 2000/22 of 28 July 2000 to establish a Permanent Forum on Indigenous Issues as an advisory body to the Council with a mandate to discuss indigenous issues within the mandate of the Council relating to economic and social development, culture, the environment, education, health and human rights, thereby fulfilling an important objective of the Decade;

Commending the progress made in the Region of the Americas on the Initiative on the Health of Indigenous People of the Americas;

Deeply concerned about the disparities in health conditions of indigenous people in comparison to the overall population,

1. URGES Member States:

   (1) to recognize and protect the right of indigenous people to enjoyment of the highest attainable standard of health, as mentioned in the WHO Constitution, within overall national development policies;

   (2) to make adequate provisions for indigenous health needs in their national health systems, including through improved collection and reporting of statistics and health data;
(3) to respect, preserve and maintain traditional healing practices and remedies, consistent with nationally and internationally accepted standards, and to seek to ensure that indigenous people retain this traditional knowledge and its benefits;

2. REQUESTS WHO’s regional committees to give urgent attention to the adoption of regional plans of action on indigenous health that take into account, as appropriate, the health conclusions and recommendations of the “International Consultation on the Health of Indigenous Peoples” (Geneva, November 1999);

3. REQUESTS the Director-General:

(1) to strengthen the partnership with indigenous people in all appropriate WHO activities;

(2) to collaborate with partners in health and development for protection and promotion of the right of the world’s indigenous people to enjoyment of the highest attainable standard of health, as mentioned in the WHO Constitution, including through the use of accurate and up-to-date information on indigenous health status;

(3) to complete, in close consultation with national governments and organizations of indigenous people, a framework for a global plan of action to improve the health of indigenous people, with particular emphasis on an approach geared to the needs of those in developing countries and the determinants of health, for submission to the Fifty-fifth World Health Assembly with the aim of finalizing the global plan of action by the end of the Decade;

(4) to cooperate with and to support the Secretary-General of the United Nations and the Office of the High Commissioner for Human Rights, in its role as lead agency for the establishment of the Permanent Forum on Indigenous Issues, and with other specialized agencies and Member States, in preparation for the Forum’s inaugural meeting in 2002, including by submission of information on indigenous health issues.

Ninth plenary meeting, 22 May 2001
A54/VR/9
Assessments for the financial period 2002-2003

The Fifty-fourth World Health Assembly,

1. DECIDES that the assessed contributions of Members for the biennium 2002-2003 shall be as set out in the Annex;

2. FURTHER DECIDES to review, on the basis of operative paragraph 1, the assessments for 2003 at its Fifty-fifth session, after review by the Executive Board.
<table>
<thead>
<tr>
<th>Country</th>
<th>Year 2002</th>
<th>Year 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>12,640</td>
<td>12,640</td>
</tr>
<tr>
<td>Albania</td>
<td>12,640</td>
<td>12,640</td>
</tr>
<tr>
<td>Algeria</td>
<td>294,929</td>
<td>294,929</td>
</tr>
<tr>
<td>Andorra</td>
<td>16,853</td>
<td>16,853</td>
</tr>
<tr>
<td>Angola</td>
<td>8,427</td>
<td>8,427</td>
</tr>
<tr>
<td>Antigua and Barbuda</td>
<td>8,427</td>
<td>8,427</td>
</tr>
<tr>
<td>Argentina</td>
<td>4,571,398</td>
<td>4,629,330</td>
</tr>
<tr>
<td>Armenia</td>
<td>8,427</td>
<td>8,427</td>
</tr>
<tr>
<td>Australia</td>
<td>6,147,161</td>
<td>6,310,425</td>
</tr>
<tr>
<td>Austria</td>
<td>3,905,701</td>
<td>3,918,341</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>16,853</td>
<td>16,853</td>
</tr>
<tr>
<td>Bahamas</td>
<td>50,559</td>
<td>50,559</td>
</tr>
<tr>
<td>Bahrain</td>
<td>71,626</td>
<td>72,679</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>42,133</td>
<td>42,133</td>
</tr>
<tr>
<td>Barbados</td>
<td>33,706</td>
<td>34,759</td>
</tr>
<tr>
<td>Belarus</td>
<td>80,052</td>
<td>80,052</td>
</tr>
<tr>
<td>Belgium</td>
<td>4,575,611</td>
<td>4,611,424</td>
</tr>
<tr>
<td>Belize</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Benin</td>
<td>8,427</td>
<td>8,427</td>
</tr>
<tr>
<td>Bhutan</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Bolivia</td>
<td>29,493</td>
<td>30,546</td>
</tr>
<tr>
<td>Bosnia and Herzegovina</td>
<td>16,853</td>
<td>16,853</td>
</tr>
<tr>
<td>Botswana</td>
<td>42,133</td>
<td>42,133</td>
</tr>
<tr>
<td>Brazil</td>
<td>6,096,602</td>
<td>6,741,232</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>84,265</td>
<td>96,905</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>46,346</td>
<td>48,453</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>8,427</td>
<td>8,427</td>
</tr>
<tr>
<td>Burundi</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Cambodia</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Cameroon</td>
<td>37,919</td>
<td>37,919</td>
</tr>
<tr>
<td>Canada</td>
<td>10,689,066</td>
<td>10,689,066</td>
</tr>
<tr>
<td>Cape Verde</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Chad</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Chile</td>
<td>564,578</td>
<td>617,244</td>
</tr>
<tr>
<td>China</td>
<td>4,124,791</td>
<td>4,694,636</td>
</tr>
<tr>
<td>Colombia</td>
<td>450,820</td>
<td>515,072</td>
</tr>
<tr>
<td>Comoros</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Congo</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Cook Islands</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>67,412</td>
<td>71,626</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>37,919</td>
<td>37,919</td>
</tr>
<tr>
<td>Croatia</td>
<td>122,185</td>
<td>131,665</td>
</tr>
<tr>
<td>Cuba</td>
<td>101,118</td>
<td>106,385</td>
</tr>
<tr>
<td>Cyprus</td>
<td>139,038</td>
<td>143,251</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>442,393</td>
<td>509,806</td>
</tr>
<tr>
<td>Country</td>
<td>Year 2002</td>
<td>Year 2003</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Democratic People's Republic of Korea</td>
<td>37,919</td>
<td>37,919</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>16,853</td>
<td>16,853</td>
</tr>
<tr>
<td>Denmark</td>
<td>2,869,237</td>
<td>2,934,543</td>
</tr>
<tr>
<td>Djibouti</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Dominica</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>63,199</td>
<td>71,626</td>
</tr>
<tr>
<td>Ecuador</td>
<td>84,265</td>
<td>89,532</td>
</tr>
<tr>
<td>Egypt</td>
<td>269,649</td>
<td>286,502</td>
</tr>
<tr>
<td>El Salvador</td>
<td>50,559</td>
<td>56,879</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Eritrea</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Estonia</td>
<td>42,133</td>
<td>42,133</td>
</tr>
<tr>
<td>Dominica</td>
<td>16,853</td>
<td>16,853</td>
</tr>
<tr>
<td>Fiji</td>
<td>16,853</td>
<td>16,853</td>
</tr>
<tr>
<td>Finland</td>
<td>2,178,261</td>
<td>2,178,261</td>
</tr>
<tr>
<td>France</td>
<td>27,011,274</td>
<td>27,011,274</td>
</tr>
<tr>
<td>Country</td>
<td>Year 2002 US$</td>
<td>Year 2003 US$</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Lebanon</td>
<td>50,559</td>
<td>50,559</td>
</tr>
<tr>
<td>Lesotho</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Liberia</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Libyan Arab Jamahiriya</td>
<td>278,076</td>
<td>278,076</td>
</tr>
<tr>
<td>Lithuania</td>
<td>63,199</td>
<td>65,306</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>282,289</td>
<td>294,929</td>
</tr>
<tr>
<td>Madagascar</td>
<td>12,640</td>
<td>12,640</td>
</tr>
<tr>
<td>Malawi</td>
<td>8,427</td>
<td>8,427</td>
</tr>
<tr>
<td>Malaysia</td>
<td>758,389</td>
<td>814,214</td>
</tr>
<tr>
<td>Maldives</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Mali</td>
<td>8,427</td>
<td>8,427</td>
</tr>
<tr>
<td>Malta</td>
<td>58,986</td>
<td>60,039</td>
</tr>
<tr>
<td>Marshall Islands</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Mauritania</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Mauritius</td>
<td>37,919</td>
<td>40,026</td>
</tr>
<tr>
<td>Mexico</td>
<td>4,124,791</td>
<td>4,228,016</td>
</tr>
<tr>
<td>Micronesia (Federated States of)</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Monaco</td>
<td>16,853</td>
<td>16,853</td>
</tr>
<tr>
<td>Mongolia</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Morocco</td>
<td>168,531</td>
<td>172,744</td>
</tr>
<tr>
<td>Mozambique</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Myanmar</td>
<td>33,706</td>
<td>33,706</td>
</tr>
<tr>
<td>Namibia</td>
<td>29,493</td>
<td>29,493</td>
</tr>
<tr>
<td>Nauru</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Nepal</td>
<td>16,853</td>
<td>16,853</td>
</tr>
<tr>
<td>Netherlands</td>
<td>6,766,512</td>
<td>6,889,750</td>
</tr>
<tr>
<td>New Zealand</td>
<td>914,280</td>
<td>937,453</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Niger</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Nigeria</td>
<td>130,611</td>
<td>155,891</td>
</tr>
<tr>
<td>Niue</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Norway</td>
<td>2,527,962</td>
<td>2,571,148</td>
</tr>
<tr>
<td>Oman</td>
<td>210,664</td>
<td>222,250</td>
</tr>
<tr>
<td>Pakistan</td>
<td>244,370</td>
<td>246,476</td>
</tr>
<tr>
<td>Palau</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Panama</td>
<td>54,773</td>
<td>60,039</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>25,280</td>
<td>25,280</td>
</tr>
<tr>
<td>Paraguay</td>
<td>58,986</td>
<td>61,092</td>
</tr>
<tr>
<td>Peru</td>
<td>408,687</td>
<td>429,754</td>
</tr>
<tr>
<td>Philippines</td>
<td>337,062</td>
<td>357,075</td>
</tr>
<tr>
<td>Poland</td>
<td>813,161</td>
<td>940,613</td>
</tr>
<tr>
<td>Portugal</td>
<td>1,786,426</td>
<td>1,822,239</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Qatar</td>
<td>134,825</td>
<td>135,878</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>4,171,137</td>
<td>5,062,244</td>
</tr>
<tr>
<td>Republic of Moldova</td>
<td>8,427</td>
<td>8,427</td>
</tr>
<tr>
<td>Romania</td>
<td>231,730</td>
<td>234,890</td>
</tr>
<tr>
<td>Russian Federation</td>
<td>4,466,066</td>
<td>4,593,518</td>
</tr>
<tr>
<td>Country</td>
<td>Year 2002</td>
<td>Year 2003</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Rwanda</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Saint Kitts and Nevis</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Saint Lucia</td>
<td>4,213</td>
<td>5,267</td>
</tr>
<tr>
<td>Saint Vincent and the Grenadines</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Saoa</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>San Marino</td>
<td>8,427</td>
<td>8,427</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>2,317,299</td>
<td>2,317,299</td>
</tr>
<tr>
<td>Senegal</td>
<td>21,066</td>
<td>21,066</td>
</tr>
<tr>
<td>Seychelles</td>
<td>8,427</td>
<td>8,427</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Singapore</td>
<td>741,536</td>
<td>966,945</td>
</tr>
<tr>
<td>Slovakia</td>
<td>143,251</td>
<td>151,678</td>
</tr>
<tr>
<td>Slovenia</td>
<td>252,796</td>
<td>273,863</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Somalia</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>South Africa</td>
<td>1,516,777</td>
<td>1,563,123</td>
</tr>
<tr>
<td>Spain</td>
<td>10,524,748</td>
<td>10,524,748</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>50,559</td>
<td>54,773</td>
</tr>
<tr>
<td>Sudan</td>
<td>25,280</td>
<td>25,280</td>
</tr>
<tr>
<td>Suriname</td>
<td>8,427</td>
<td>8,427</td>
</tr>
<tr>
<td>Swaziland</td>
<td>8,427</td>
<td>8,427</td>
</tr>
<tr>
<td>Sweden</td>
<td>4,289,109</td>
<td>4,289,109</td>
</tr>
<tr>
<td>Switzerland</td>
<td>5,039,071</td>
<td>5,099,110</td>
</tr>
<tr>
<td>Syrian Arab Republic</td>
<td>265,436</td>
<td>283,342</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Thailand</td>
<td>703,616</td>
<td>791,041</td>
</tr>
<tr>
<td>The Former Yugoslav Republic of Macedonia</td>
<td>16,853</td>
<td>18,960</td>
</tr>
<tr>
<td>Togo</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Tokelau</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Tonga</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>67,412</td>
<td>67,412</td>
</tr>
<tr>
<td>Tunisia</td>
<td>113,758</td>
<td>116,918</td>
</tr>
<tr>
<td>Turkey</td>
<td>1,824,346</td>
<td>1,828,559</td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>12,640</td>
<td>12,640</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Uganda</td>
<td>16,853</td>
<td>16,853</td>
</tr>
<tr>
<td>Ukraine</td>
<td>219,090</td>
<td>219,090</td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>737,322</td>
<td>764,709</td>
</tr>
<tr>
<td>United Kingdom of Great Britain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and Northern Ireland</td>
<td>21,112,696</td>
<td>21,616,182</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>12,640</td>
<td>12,640</td>
</tr>
<tr>
<td>United States of America</td>
<td>92,691,940</td>
<td>92,691,940</td>
</tr>
<tr>
<td>Uruguay</td>
<td>198,024</td>
<td>232,783</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>46,346</td>
<td>46,346</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>4,213</td>
<td>4,213</td>
</tr>
<tr>
<td>Venezuela</td>
<td>661,483</td>
<td>714,149</td>
</tr>
<tr>
<td></td>
<td>Year 2002</td>
<td>Year 2003</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td>US$</td>
<td>US$</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>29 493</td>
<td>35 813</td>
</tr>
<tr>
<td>Yemen</td>
<td>29 493</td>
<td>29 493</td>
</tr>
<tr>
<td>Yugoslavia</td>
<td>84 265</td>
<td>84 265</td>
</tr>
<tr>
<td>Zambia</td>
<td>8 427</td>
<td>8 427</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>33 706</td>
<td>33 706</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>400 673 550</strong></td>
<td><strong>405 827 433</strong></td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>20 653 450</td>
<td>15 499 567</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>421 327 000</strong></td>
<td><strong>421 327 000</strong></td>
</tr>
</tbody>
</table>

Ninth plenary meeting, 22 May 2001
A54/VR/9
Transparency in tobacco control process

The Fifty-fourth World Health Assembly,

Noting with great concern the findings of the Committee of Experts on Tobacco Industry Documents, namely, that the tobacco industry has operated for years with the expressed intention of subverting the role of governments and of WHO in implementing public health policies to combat the tobacco epidemic;

Understanding that public confidence would be enhanced by transparency of affiliation between delegates to the Health Assembly and other meetings of WHO and the tobacco industry,

1. URGES WHO and its Member States to be alert to any efforts by the tobacco industry to continue this practice and to assure the integrity of health policy development in any WHO meetings and in national governments;

2. URGES Member States to be aware of affiliations between the tobacco industry and members of their delegations;

3. CALLS ON WHO to continue to inform Member States on activities of the tobacco industry that have negative impact on tobacco control efforts.

Ninth plenary meeting, 22 May 2001
A54/VR/9
Schistosomiasis and soil-transmitted helminth infections

The Fifty-fourth World Health Assembly,

Recalling resolutions EB5.5, WHA3.26, EB55.22, WHA28.53 and WHA29.58 on schistosomiasis;

Noting the report on the control of schistosomiasis and soil-transmitted helminth infections;

Recognizing that where control measures have been implemented in a sustainable way, as demonstrated in several countries, mortality, morbidity and transmission have decreased dramatically, leading to elimination in a number of countries;

Expressing concern that 2000 million people are infected by schistosomes and soil-transmitted helminths worldwide, of whom 300 million have associated severe morbidity, and that schistosomiasis and soil-transmitted helminth infections are invariably more prevalent in the poorest sections of the populations residing in the least-developed countries;

Further recognizing that sanitation and safe water are essential, and that repeated chemotherapy with safe, single-dose, affordable drugs at regular intervals ensures that levels of infection are kept below those associated with morbidity, and improves health and development, especially of children,

1. **ENDORSES** as the best means of reducing mortality and morbidity and improving health and development in infected communities, the regular treatment of high-risk groups, particularly school-age children, and ensured access to single-dose drugs against schistosomiasis and soil-transmitted helminth infections in primary health care services, complemented by the simultaneous implementation of plans for basic sanitation and adequate safe water supplies.

2. **URGES** Member States:

   (1) to sustain successful control activities in low-transmission areas in order to eliminate schistosomiasis and soil-transmitted helminth infections as a public health problem, and to give high priority to implementing or intensifying control of schistosomiasis and soil-transmitted helminth infections in areas of high transmission while monitoring drug quality and efficacy;

   (2) to ensure access to essential drugs against schistosomiasis and soil-transmitted helminth infections in all health services in endemic areas for the treatment of clinical cases and groups at high risk of morbidity such as women and children, with the goal of attaining a minimum target
of regular administration of chemotherapy to at least 75% and up to 100% of all school-age children at risk of morbidity by 2010;

(3) to promote access to safe water, sanitation and health education through intersectoral collaboration;

(4) to ensure that any development activity likely to favour the emergence or spread of parasitic diseases is accompanied by preventive measures to limit their impact;

(5) to mobilize resources in order to sustain activities for control of schistosomiasis and soil-transmitted helminth infections;

3. ENCOURAGES organizations of the United Nations system, bilateral agencies, and nongovernmental organizations:

(1) to intensify support for control of helminth infections, and to take advantage of the synergy that can be created with existing initiatives for the prevention, control and elimination of other communicable diseases;

(2) to intensify support to sanitation and safe water programmes as well as taking into account the health aspects of agricultural development programmes and programmes to develop water resources with respect to the possible re-emergence of diseases;

4. REQUESTS the Director-General:

(1) to combat schistosomiasis and soil-transmitted helminth infections by advocating new partnerships with organizations of the United Nations system, bilateral agencies, nongovernmental organizations and the private sector, and by continuing to provide international direction and coordination;

(2) to continue to seek the resources required to support advocacy, coordination, programmes and research activities;

(3) to continue to promote the strengthening of health systems and services as an important component of successful disease control programmes;

(4) to keep the Executive Board and Health Assembly informed of the progress made in controlling or eliminating schistosomiasis and soil-transmitted helminth infections in high- and low-transmission countries, respectively.

Ninth plenary meeting, 22 May 2001
A54/VR/9

= = =
Appropriation resolution for the financial period 2002-2003

The Fifty-fourth World Health Assembly,

1. COMMENDS the Director-General on the further progress in budget reform with the integrated presentation of the proposed programme budget for 2002-2003;

2. NOTES with satisfaction that the proposed programme budget for 2002-2003 has been developed on the basis of a strategic approach to results-based budgeting, and thus complies with earlier resolutions by the Executive Board and the World Health Assembly in this regard;

3. NOTES FURTHER that significant improvements have also been made in the transparency, accountability and effectiveness of the Organization’s financial systems in accordance with best management practice, as requested by resolution WHA52.20;

4. RESOLVES to appropriate for the financial period 2002-2003 an amount of US$ 935 654 000 under the regular budget as follows:
A. Appropriation section

<table>
<thead>
<tr>
<th>Appropriation section</th>
<th>Amount US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communicable diseases</td>
<td>50 892 000</td>
</tr>
<tr>
<td>2. Noncommunicable diseases and mental health</td>
<td>40 170 000</td>
</tr>
<tr>
<td>3. Family and community health</td>
<td>33 372 000</td>
</tr>
<tr>
<td>4. Sustainable development and healthy environments</td>
<td>47 368 000</td>
</tr>
<tr>
<td>5. Health technology and pharmaceuticals</td>
<td>34 982 000</td>
</tr>
<tr>
<td>6. Evidence and information for policy</td>
<td>94 132 000</td>
</tr>
<tr>
<td>7. External relations and governing bodies</td>
<td>44 746 000</td>
</tr>
<tr>
<td>8. General management</td>
<td>139 459 000</td>
</tr>
<tr>
<td>9. Director-General, Regional Directors and independent functions</td>
<td>21 528 000</td>
</tr>
<tr>
<td>10. Country programmes</td>
<td>336 005 000</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>842 654 000</strong></td>
</tr>
<tr>
<td>11. From miscellaneous income:</td>
<td></td>
</tr>
<tr>
<td>11.1 Exchange rate hedging (in lieu of the facility under financial regulation 4.4)</td>
<td>10 000 000</td>
</tr>
<tr>
<td>11.2 Real Estate Fund</td>
<td>3 000 000</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>13 000 000</strong></td>
</tr>
<tr>
<td><strong>Effective working budget</strong></td>
<td><strong>855 654 000</strong></td>
</tr>
<tr>
<td>12. Transfer to Tax Equalization Fund</td>
<td>80 000 000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>935 654 000</strong></td>
</tr>
</tbody>
</table>

B. Amounts not exceeding the appropriations approved under paragraph A shall be available for the payment of obligations incurred during the financial period 1 January 2002 to 31 December 2003 in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial period 2002-2003 to sections 1 to 11.

C. Notwithstanding the provisions of Financial Regulation 4.3, the Director-General is authorized to make transfers between appropriation sections 1 to 10 of the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made. All such transfers shall be reported in the financial report for the financial period 2002-2003. Any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.3.
D. The amount required to meet payments under the financial incentive scheme in accordance with Financial Regulation 6.5, estimated at US$ 3,000,000, shall be financed from miscellaneous income.

E. The appropriations approved under paragraph A shall be financed by assessments on Members and miscellaneous income in accordance with the provisions of resolution WHA54.17 (Assessments for the financial period 2002-2003). In establishing the amounts payable by individual Members in respect of their contributions, there shall be a reduction for the amount estimated in respect of the programme support costs payable by UNDP estimated at US$ 500,000; the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that require staff members of WHO to pay taxes on their emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization, and amounts earned under the financial incentive scheme.

5. WELCOMES efforts under way to effect efficiency savings in pursuance of resolution WHA52.20, and requests that such efforts should continue also in 2002-2003, to be applied towards the required adjustments for cost increases and currency fluctuations of US$ 16,172,000;

6. WELCOMES further the assurance by the Director-General to provide budget information on staffing and categories of expenditure resulting from the operational planning for 2002-2003 to the Executive Board, at its 109th session;

7. REQUESTS that the Executive Board and the Health Assembly should also be regularly informed of other aspects of reform under way, notably in the area of programme monitoring and evaluation;

8. NOTES the estimated expenditure in the programme budget for 2002-2003 to be financed from sources other than the regular budget in an amount of US$ 1,380,000,000, leading to a total budget under all sources of funds of US$ 2,235,654,000.

Ninth plenary meeting, 22 May 2001
A54/VR/9
The Fifty-fourth World Health Assembly,

1. ENDORSES the second edition of the International Classification of Impairments, Disabilities and Handicaps (ICIDH), with the title International Classification of Functioning, Disability and Health, henceforth referred to in short as ICF;

2. URGES Member States to use the ICF in their research, surveillance and reporting as appropriate, taking into account specific situations in Member States and, in particular, in view of possible future revisions;

3. REQUESTS the Director-General to provide support to Member States, at their request, in making use of ICF.

Ninth plenary meeting, 22 May 2001
A54/VR/9
Reform of the Executive Board

The Fifty-fourth World Health Assembly,

Being guided by the Purposes and Principles of the Charter of the United Nations which recognize the sovereign equality of all Member States of the United Nations;

Affirming the need for equitable participation of Members of the Organization in its affairs;

Recalling the Constitution of the World Health Organization, in particular, Articles 18, 24, 27 and 28;

Noting the views and concerns expressed by Member States on the methods of work of the Executive Board and on the limited participation of Member States not represented in the Executive Board or its subsidiary bodies in the proceedings thereof;

Bearing in mind that improved participation of Member States not represented in the Board in its proceedings, especially in its working groups and drafting committees may contribute to improving the work of the Executive Board,

1. REQUESTS the Executive Board:

   (1) to conduct a review of its working methods and those of its subsidiary bodies in order to ensure that they are effective, efficient and transparent, and to ensure improved participation of Member States in its proceedings, including working groups and drafting committees;

   (2) to establish, for that purpose, an ad hoc open-ended intergovernmental working group that will make recommendations to the Executive Board for improvement of its working methods;

   (3) to inform the Fifty-fifth World Health Assembly on the progress of the review, including any recommendations for consideration by the Assembly;
2. REQUESTS the Director-General, within her mandate, to ensure that Member States participating in the proceedings of the Board, but not being members thereof, have adequate seating arrangements with name plates.

Ninth plenary meeting, 22 May 2001
A54/VR/9

= = =
Health systems performance assessment

The Executive Board,

Having analysed *The world health report 2000: health systems: improving performance*, published on 24 June 2000, which included a health system performance index and an overall attainment index as exercises comparing the performance of the health systems of WHO's 191 Member States;

Taking note of the report on assessment of health systems' performance¹ and of the report by the Chairman of the Executive Board;²

Considering the importance of health in the development and well-being of populations;

Bearing in mind the importance of health systems in improving health conditions and the quality of life;

Recognizing the important role of evaluation of the performance of national health systems in improving quality, equity, and other criteria relevant to these systems;

Appreciating the potential for such evaluations to raise awareness of the needs of health systems and the main policy issues faced, and to help seek additional resources for health;

Aware that such evaluation exercises should be based on science and evidence and be as participatory as possible, seeking inputs from all Member States;

Bearing in mind the resolution of the United Nations Economic and Social Council entitled "Basic indicators for the integrated and coordinated implementation of and follow-up to major United Nations conferences and summits at all levels", dated 28 August 2000, which emphasized that such basic indicators should be developed with the full participation of all countries and approved by the relevant intergovernmental bodies;³

¹ Document EB107/9.
² Document EB107/35 Rev. 1.
³ Resolution E/2000/27.
Noting the presentations made by the Secretariat during the 103rd and 105th sessions of the Executive Board on trends and challenges in world health,¹


Bearing in mind that the first stage of such comparative assessment should be a broad agreement on its framework, design and data sources, that seeks inputs from all Member States;

Taking account of the many methodological considerations and technical improvements that have already been introduced by Member States on the framework, design and data sources used in order to compile indexes on the performance of Member States’ health systems published in The world health report 2000: health systems: improving performance;

Aware of the technical difficulties and political sensitivities associated with comparing the performance of national health systems; and

Recognizing that WHO, within its mandate, has a historical and important role to play in conducting these evaluations and issuing recommendations on health policy;

Further recognizing that evaluation of performance of national health systems has relevance for health systems planners and policy-makers,

1. TAKES NOTE with satisfaction of the measures proposed by the Director-General to help Member States contribute to the WHO assessment of their health system performance regularly, namely:

   (1) to establish a technical consultation process, bringing together personnel and perspectives from Member States in different WHO regions, supported jointly by staff from WHO at country, regional and global level;

   (2) to ensure that each Member State is consulted on the best data to be used for assessing health system performance, and is provided advance information on the indicator values that WHO obtains using these data;

   (3) to establish a small advisory group, including some members from the Executive Board and the Advisory Committee on Health Research, that can help monitor WHO’s support for the assessment of health system performance;

   (4) to compile a report on the performance of Member States’ health systems every two years;

   (5) to complete the next draft report by May 2002 for publication, after consultation, in October 2002;

¹ Documents EB103/3 and EB105/4.
(6) to ensure that Member States receive the reports before they are made available to the general public;

2. REQUESTS the Director-General:

   (1) to initiate a scientific peer review of health systems performance methodology as part of the technical consultation process including updating on methodology and new data sources relevant to the performance of health systems;

   (2) to ensure that WHO consults with Member States and shares the results of the scientific peer review and its recommendations;

   (3) to develop a multi-year plan for further research and development of the framework and its relevant indicators to assess the effectiveness and efficiency of health systems as part of the technical consultation process;

   (4) to develop a plan to improve data quality to be used to assess health systems performance;

   (5) to report to Member States on the impact of health systems performance reports on Member States' policy and practice;

   (6) to provide the reports to health authorities of Member States 15 days before the intended date of publication.

Tenth meeting, 19 January 2001
EB107/SR/10