

**WORLD HEALTH  
ORGANIZATION**



**ORGANISATION MONDIALE  
DE LA SANTÉ**

**REGIONAL OFFICE FOR THE WESTERN PACIFIC  
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL**

**REGIONAL COMMITTEE**

WPR/RC46/19

**Forty-sixth session  
Manila  
11-15 September 1995**

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Provisional agenda item 20.1

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

Consideration of resolutions of the Forty-eighth World Health Assembly  
and the Executive Board at its ninety-fifth and ninety-sixth sessions

Resolutions adopted by the Forty-eighth World Health Assembly of interest for the work of WHO in the Western Pacific Region are hereby presented to the Regional Committee for comment, together with a note on their implications for Member States of the Region and for WHO's programme of cooperation. Health Assembly and Executive Board resolutions directly related to other items on the provisional agenda of the current session of the Regional Committee form part of the documentation for those individual agenda items. Resolutions of the ninety-fifth session of the Executive Board are reflected in the resolutions of the subsequent World Health Assembly. One resolution of the ninety-sixth session of the Executive Board is included for discussion by the Regional Committee.

## **WORLD HEALTH ASSEMBLY RESOLUTIONS OF INTEREST TO THE REGION**

### **WHA48.1 - Transfer of Mongolia to the Western Pacific Region**

At the time of consideration during the last session of the World Health Assembly of resolution WHA48.1, which concerned the transfer of Mongolia from the South-East Asia Region to the Western Pacific Region, it was suggested by a Member State that the Director-General should take necessary measures to maintain an appropriate balance between regions and explore a procedure for the transfer of Member States from one region to another. At the subsequent ninety-sixth session of the Executive Board, this issue was also raised by an Executive Board member, who requested that it first be discussed at the meetings of the respective regional committees and then placed on the agenda for consideration at the ninety-seventh session of the Executive Board session in January 1996. This issue will accordingly be considered by the Executive Board at its next session under agenda item 3, "WHO Response to Global Change". The Regional Committee may therefore wish to express its views on the issue.

### **WHA48.2 - Emergency and humanitarian action**

This is the latest in a series of resolutions and discussions on the subject of emergency and humanitarian action, outlining the goals and actions of the WHO programme in this area.

The basic principle of the programme is that disaster reduction is an integral part of sustainable development. The programme supports the strengthening of capacity-building in countries prone to natural disasters.

The resolution specifically urges Member States to be more explicit about the need for disaster reduction and emergency preparedness in their national planning and budgetary documents. Countries are also encouraged to look more closely at intersectoral mechanisms for emergency management.

The resolution also outlines a range of activities to be supported by WHO. Three functions are clearly delineated for WHO in this area, namely those related to:

1. emergency preparedness and disaster reduction,
2. emergency response and humanitarian action, and
3. WHO's humanitarian advocacy role.

**WHA48.3 - Intensified cooperation with countries in greatest need**

This resolution joins a series on the programme, and deals in particular with poverty alleviation, which is receiving renewed attention within the United Nations as a whole.

The operative paragraphs are addressed to countries, the international community and the Director-General. For countries, the message is of the need to support increased efficiency through improved management. For the international community, the call is to mobilize more resources and to increase their support to capability-building in health development. WHO is requested to reinforce the intensified cooperation approach to health development, as well as support resource mobilization and coordination of resources.

**WHA48.7 - Revision and updating of the International Health Regulations**

Attention is drawn to operative paragraph (1), which urges Member States to participate in the revision of the International Health Regulations, contributing national expertise, experience and suggestions.

Attention is also drawn to operative paragraph (2), which urges other specialized agencies and organizations of the United Nations system, nongovernmental organizations and other groups concerned to cooperate in the revision of the International Health Regulations.

In the Western Pacific Region, there has been a notable improvement in compliance with the International Health Regulations, in particular, with regard to Article 3.

The Regional Office has collaborated with Member States in strengthening epidemiological surveillance and disease control activities, to combat the international spread of communicable diseases.

Attention is also drawn to operative paragraph (2), which urges governments of countries which have not yet reached the infant and child mortality reduction targets for the year 2000, to take steps to do so.

In the Western Pacific Region, high priority has already been given to facilitating the integration of ARI and CDD programme activities. The approach is highly compatible with that proposed in *New horizons in health*, providing quality integrated services to the children at most risk, at the point in life when they are most vulnerable.

The Regional Office will continue to collaborate with the Member States to further strengthen national ARI and CDD programmes and to plan and implement national activities for integrated management of the sick child. Collaboration in planning for this has already been initiated in the Philippines and Viet Nam.

**WHA48.13 - Communicable diseases prevention and control: new, emerging, and re-emerging infectious diseases**

Resolution WHA48.13 requests WHO and Member States to ensure and establish appropriate systems to combat new, emerging and re-emerging infectious diseases. Attention is drawn to operative paragraph 1, which urges Member States to strengthen their surveillance programmes and diagnostic capabilities for early and accurate diagnosis, and prompt identification of the diseases. It also urges implementation of control measures against outbreak of the diseases and improved communications between national and international levels to exchange information on disease detection, notification, etc.

Tuberculosis, HIV/AIDS, malaria, dengue/dengue haemorrhagic fever, cholera, Hantavirus infection, and Japanese encephalitis, etc., have been recognized as new, emerging and re-emerging infectious diseases during the past decade.

There are three collaborating centres for HIV/AIDS and sexually transmitted diseases, three for tuberculosis, three for arthropod-borne virus, including dengue/dengue haemorrhagic fever and Japanese encephalitis, and one for human T-cell leukemia virus in the Region. These WHO collaborating centres are the key stations for the development of new diagnostic techniques, training of human resources, training of WHO fellows, reference functions for each pathogen, and research on drug resistance against bacteria.

Prevention and control of new, emerging and re-emerging communicable diseases is one of the most important activities of the Regional Office. This activity should be strengthened by improving surveillance and laboratory diagnostic capabilities. The Regional Office has been involved in many practical disease control projects, supporting vaccine production, vector control activities, public education, health workers' training, etc. These activities are among the top priorities of the Regional Office.

**EXECUTIVE BOARD RESOLUTION OF INTEREST  
TO THE REGIONAL COMMITTEE**

**EB96.R1 - Amendments to Articles 24 and 25 of the Constitution  
Increase in membership of the Executive Board**

Attention is drawn to the operative paragraph requesting "the Director-General to propose for the consideration of the Forty-ninth World Health Assembly draft amendments to the Constitution, which would increase the membership of the Executive Board from 32 to 33..."

Such a decision would permit a subsequent increase from seven to eight in the number of Member States of the European Region entitled to designate a person to serve on the Board.

Should the above proposed amendments be ratified, the distribution of seats on the Executive Board will be as follows:

<b>Region</b>	<b>Number of Member States</b>	<b>Number of seats</b>
Africa	46	7
The Americas	35	6
South-East Asia	10	3
Europe	50	8
Eastern Mediterranean	22	5
Western Pacific	27	4
<b>Total</b>	<b>190</b>	<b>33</b>



世界卫生大会 决议

مؤتمرات الجمعية الصحية العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RESOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

**FORTY-EIGHTH WORLD HEALTH ASSEMBLY**

**WHA48.1**

Supplementary agenda item 1

4 May 1995

## **Transfer of Mongolia to the Western Pacific Region**

The Forty-eighth World Health Assembly,

Having considered the request from the Government of Mongolia for the inclusion of that country in the Western Pacific Region;

**RESOLVES** that Mongolia shall form part of the Western Pacific Region.

Seventh plenary meeting, 4 May 1995  
A48/VR/7

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世界衛生大會 決議

مؤتمرات الجمعية الصحية العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RESOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

**FORTY-EIGHTH WORLD HEALTH ASSEMBLY**

**WHA48.2**

Agenda item 19

8 May 1995

## **Emergency and humanitarian action**

The Forty-eighth World Health Assembly.

Recalling resolution WHA42.16 on the International Decade for Natural Disaster Reduction; resolutions WHA44.41 and WHA46.6 on emergency and humanitarian relief operations; resolution WHA46.39 on health and medical services in times of armed conflicts; resolution WHA47.28 on collaboration within the United Nations system and with other intergovernmental organizations; and resolution WHA47.29 on Rwanda;

Recalling United Nations General Assembly resolutions 46/182 and 48/57 on strengthening of the coordination of humanitarian emergency assistance of the United Nations;

Recalling also United Nations General Assembly resolution 49/22 of 13 December 1994 on the International Decade for Natural Disaster Reduction, which calls upon all United Nations bodies and specialized agencies to participate actively in the implementation of the plan of action contained in the Yokohama Strategy for a Safer World and to consider this issue at the forthcoming sessions of their respective governing bodies;

Recognizing that disaster reduction is an integral part of sustainable development and consequently each country bears the primary responsibility for strengthening its capacity to protect its people from various hazards;

Recognizing further that the international community has a responsibility to supplement national efforts in disaster management, especially through mobilization of humanitarian assistance;

Reiterating the special needs of the disaster-prone countries;

Convinced that the primary role of the United Nations and its specialized agencies is to support national efforts in accordance with their respective sectoral responsibilities as well as to assist Member States in strengthening their capacity to deal with the humanitarian and socioeconomic effects of complex emergency situations,

1. **THANKS** the Director-General for his reports on emergency and humanitarian action;
2. **ADOPTS** the strategy described in the report of the Director-General on emergency and humanitarian action;<sup>1</sup>

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<sup>1</sup> Document A48/5.

3. **COMMENDS WHO for its role in promoting disaster reduction and in implementing related emergency prevention and preparedness strategies, and for improving its capacity to respond quickly and efficiently to urgent health needs arising from complex emergency situations;**
4. **ENDORSES the provisions of United Nations General Assembly resolution 49/22 of 13 December 1994 on the International Decade for Natural Disaster Reduction as they relate to the health sector;**
5. **URGES Member States:**
  - (1) **to include disaster reduction and emergency preparedness regularly in their national and subnational development plans and to allocate national budgetary resources for this purpose;**
  - (2) **to ensure permanent national and subnational mechanisms for intersectoral emergency management which include the health sector;**
6. **CALLS ON donors to give greater priority to health and nutrition aspects in the humanitarian assistance programmes which they carry out either on a bilateral or a multilateral basis, taking into consideration the coordinating role of WHO in all international health-related matters;**
7. **REQUESTS the Director-General within available resources:**
  - A. in emergency preparedness and disaster reduction**
    1. **to continue to support the efforts of Member States to strengthen their capacity in the field of emergency preparedness so as to protect the development achievements of countries and reduce the vulnerability of communities at risk;**
    2. **to seek extrabudgetary resources which will complement regular budgetary funds for this purpose;**
    3. **to promote and support the development of regional, bilateral and country emergency preparedness programmes;**
    4. **to intensify support for the emergency and humanitarian action programmes in disaster-prone countries;**
    5. **to continue to promote and actively take part in establishing, with appropriate partners in the United Nations system, a comprehensive, integrated and institutionalized approach to disaster reduction with the objective of ensuring comprehensive support to country programmes and related technical activities;**
    6. **to ensure the coordinated participation of appropriate WHO technical programmes in disaster reduction and preparedness;**
    7. **to further strengthen the technical and structural capacity of regional and interregional emergency preparedness centres;**
  - B. in emergency response and humanitarian action**
    1. **to emphasize the Organization's responsibility for technical and normative guidance while retaining the necessary flexibility to carry out certain operational activities, when necessary;**



2. to strengthen its partnership with governments, local authorities, organizations of the United Nations system, and particularly with the Department of Humanitarian Affairs (DHA), and with other humanitarian organizations, in the planning, implementation and monitoring of emergency, rehabilitation and recovery programmes;
3. to improve WHO's internal coordination and its capacity to provide effective coordination of health sector activities undertaken in response to emergencies in the field;
4. to strengthen the ability of WHO field offices, particularly in disaster-prone countries, to respond to early warning signals;

**C. in humanitarian advocacy**

1. to strengthen WHO's advocacy for the respect and protection of health personnel and infrastructure in conflict situations, in accordance with the concept of health as an investment for peace;
2. to advocate the protection of non-combatants and the setting-up of effective treatment and rehabilitation programmes for the victims of anti-personnel mines, as well as the systematic management of delayed health effects of mental and physical injuries in situations of collective violence;
3. to present a progress report to the ninety-ninth session of the Executive Board.

Eleventh plenary meeting, 8 May 1995  
A48/VR/11

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世界衛生大會 決議

مؤتمرات الجمعية العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

**FORTY-EIGHTH WORLD HEALTH ASSEMBLY**

**WHA48.3**

Agenda item 19<sup>1</sup>

8 May 1995

## **Intensified cooperation with countries in greatest need**

The Forty-eighth World Health Assembly,

Noting the Director-General's report;<sup>1</sup>

Recognizing that poverty is the most fundamental obstacle to health and overall development and a permanent menace to world peace;

Emphasizing that an effective response is dependent on country-specific approaches;

Recalling resolutions WHA42.3, WHA43.17 and WHA46.30 on strengthening technical and economic support to countries facing serious economic constraints;

Recognizing the essential role of coordinated technical support from all levels of the Organization in intensified cooperation with countries in greatest need,

1. **URGES** Member States:

(1) to consider measures to alleviate poverty and its health effects as essential to progress towards health for all and development;

(2) to give much greater attention to strengthening their capacity for health development, setting time-limits and targets for achievement;

(3) to establish integrated strategies for health development, to institutionalize effective systems to coordinate all efforts and resources, internal and external, mobilized for their implementation, and develop more effective management tools in order to maximize efficiency;

2. **CALLS ON** the international community:

(1) to mobilize additional resources for health development in countries in greatest need, reversing the current trend of diminishing development assistance;

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<sup>1</sup> Document A48/7.

(2) to place particular emphasis on strengthening the capacity of countries in greatest need to initiate the process of health development, drawing in the first instance on national expertise and in addition on that of other developing and developed countries with appropriate experience;

(3) to strengthen collaboration with countries and with WHO in ensuring that resources made available are used to meet national priorities as determined by the countries themselves;

3. REQUESTS the Director-General:

(1) to accord high priority to providing a well-coordinated, country-specific WHO response to more countries in greatest need, allocating financial and technical resources according to criteria of income, health status and national capacity and willingness of Governments to meet health development needs, setting clearly-defined strategies, time-limits and targets for achievement, and strengthening the WHO country offices in more countries so that the staff have the technical competence and expertise to provide the necessary advice and leadership to the national Governments;

(2) to continue to reorient the structure and functions at all levels of the Organization, and strengthen the technical and managerial capacities in order to support WHO's intensified cooperation with countries, using the country-centred approach in the process of reform;

(3) to place renewed emphasis on cooperation with these countries in strengthening their capacity to develop and implement health development policies based on community participation which remove inequities in the health field, using intersectoral measures to promote economic and social development and improve financing and management of the health system at all levels;

(4) to intensify efforts to mobilize, coordinate and manage external resources, including human resources from countries that have emerged successfully from the state of a developing country to a developed one, and to make available the maximum resources for health development in the countries in greatest need;

(5) to report at regular intervals to the Executive Board and Health Assembly on progress achieved in implementing this resolution.

Eleventh plenary meeting, 8 May 1995  
A48/VR/11

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世界衛生大會 決議

مؤتمرات الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ  
RESOLUCIÓN DE LA ASAMBLEA MUNDIAL DE LA SALUD

**FORTY-EIGHTH WORLD HEALTH ASSEMBLY**

**WHA48.7**

Agenda item 18.2

12 May 1995

## **Revision and updating of the International Health Regulations**

The Forty-eighth World Health Assembly,

Recalling the adoption of the International Health Regulations by the Twenty-second World Health Assembly in 1969, their amendment by the Twenty-sixth World Health Assembly in 1973 with provisions for cholera, and their further revision by the Thirty-fourth World Health Assembly in 1981 to exclude smallpox in view of its global eradication;

Aware that plague, cholera and yellow fever are designated as diseases subject to the Regulations;

Recognizing that the purpose of the Regulations is to ensure the maximum possible protection against infection with minimum interference in international traffic;

Recognizing further that the Regulations seek to ensure such protection by preventing infection from spreading from countries where it exists or by containing it upon arrival;

Noting that there is a continuous evolution in the public health threat posed by infectious diseases related to the agents themselves, the facilitation of their transmission in changing physical and social environments and to diagnostic and treatment capacities;

Noting that regulations should be based on sound epidemiological and public health expertise;

Concerned about the threat posed by the considerable increases in international travel, especially commercial air transport, which may serve to disseminate infectious diseases rapidly;

Fully aware that the strengthening of epidemiological surveillance and disease control activities at national level is the main defence against the international spread of communicable diseases,

1. **URGES** Member States to participate in revision of the International Health Regulations, contributing national expertise, experience and suggestions;
2. **URGES** other specialized agencies and organizations of the United Nations system, nongovernmental organizations and other groups concerned to cooperate in revision of the International Health Regulations;

3. REQUESTS the Director-General:

- (1) to take steps to prepare a revision of the International Health Regulations and to submit it to the Health Assembly in accordance with Article 21 of the Constitution.

Twelfth plenary meeting, 12 May 1995  
A48/VR/12

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世界卫生大会 决议

مؤتمرات الجمعية الصحية العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RESOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

**FORTY-EIGHTH WORLD HEALTH ASSEMBLY**

**WHA48.8**

Agenda item 18.2

12 May 1995

## **Reorientating medical education and medical practice for health for all**

The Forty-eighth World Health Assembly,

Considering the need to achieve relevance, quality, cost-effectiveness and equity in health care throughout the world;

Mindful of the importance of an adequate number and mix of health care providers to achieve optimal health care delivery and the reorientation of the education and practice of all health care providers for health for all and the need to begin systematic consideration of each;

Recognizing the importance of medical education being put into the context of multidisciplinary education and of primary health care being provided in a multidisciplinary way;

Recognizing the important influence of medical practitioners on health care expenditure and in decisions to change the manner of health care delivery;

Aware that medical practitioners can play a pivotal role in improving the relevance, quality and cost-effectiveness of health care delivery and in the attainment of health for all;

Concerned that current medical practices should be adapted in order to respond better to health care needs of both individuals and communities, using existing resources;

Acknowledging the need for medical schools to improve their contribution to changes in the manner of health care delivery through more appropriate education, research and service delivery, including preventive and promotional activities in order to respond better to people's needs and improve health status;

Recognizing that reforms in medical practice and medical education must be coordinated, relevant and acceptable;

Recognizing the important contribution that women make to the medical workforce;

Considering WHO's privileged position in facilitating working relations between health authorities, professional associations and medical schools throughout the world,

1. **URGES Member States:**

- (1) to review, within the context of their needs for human resources for health, the special contribution of medical practitioners and medical schools in attaining health for all;
- (2) to collaborate with all bodies concerned, including professional associations, in defining the desired profile of the future medical practitioner and, where appropriate, the respective and complementary roles of generalists and specialists and their relations with other primary health care providers, in order to respond better to people's needs and improve health status;
- (3) to promote and support health systems research to define optimal numbers, mix, deployment, infrastructure and working conditions to improve the medical practitioner's relevance and cost-effectiveness in health care delivery;
- (4) to support efforts to improve the relevance of medical educational programmes and the contribution of medical schools to the implementation of changes in health care delivery, and to reform basic education in the spirit and roles of general practitioners for their contributions towards primary health care oriented services;

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

- (1) to promote coordinated efforts by health authorities, professional associations and medical schools to study and implement new patterns of practice and working conditions that would better enable general practitioners to identify the health needs of the people they serve and to respond to these needs to enhance the quality, relevance, cost-effectiveness and equity of health care;
- (2) to support the development of guidelines and models that enable medical schools and other educational institutions to enhance their capacity for initial and continuing training of the medical workforce and reorient their research, clinical and community health activities to make an optimal contribution to changes in the manner of health care delivery;
- (3) to respond to requests from Member States for technical cooperation in the implementation of reforms in medical education and medical practice by involving networks of WHO collaborating centres and nongovernmental organizations as well as using available resources within WHO;
- (4) to encourage and facilitate coordination of worldwide efforts to reform medical education and medical practice in line with the principles of health for all, by cosponsoring consultative meetings and regional initiatives to put forward appropriate policies, strategies and guidelines for undergraduates and postgraduates, by collecting and disseminating relevant information and monitoring progress in the reform process;
- (5) to pay particular attention to the needs of many countries that do not have facilities to train their own medical practitioners;
- (6) to present to the Executive Board at its ninety-seventh session a report on the reorientation of education and practice of nurses and midwives, and at its ninety-ninth session a similar report relating to other health care providers for health for all, complementary to the reorientation of medical education and practice in this resolution, and to request the Executive Board to present its recommendations on the reorientations of nurses and midwives and other health care providers to the Forty-ninth and Fiftieth World Health Assemblies.

Twelfth plenary meeting, 12 May 1995  
A48/VR/12



世界衛生大會 決議

فأرجمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RESOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.9

Agenda item 18.2

12 May 1995

## Prevention of hearing impairment

The Forty-eighth World Health Assembly,

Recalling resolution WHA38.19 on prevention of hearing impairment and deafness, and WHA42.28 on disability prevention and rehabilitation;

Concerned at the growing problem of largely preventable hearing impairment in the world, where at present 120 million people are estimated to have disabling hearing difficulties;

Recognizing that severe hearing impairment in children constitutes a particularly serious obstacle to optimal development and education, including language acquisition, and that hearing difficulties leading to communication problems are a major subject of concern in the elderly and thus one of growing worldwide importance in view of the aging of populations;

Aware of the significant public health aspects of avoidable hearing loss, related to causes such as congenital disorders and infectious diseases, as well as use of ototoxic drugs and exposure to excessive noise;

Noting the persistent inadequacy of resources for hearing impairment prevention, despite the increasing commitment of international nongovernmental organizations,

### 1. URGES Member States:

- (1) to prepare national plans for the prevention and control of major causes of avoidable hearing loss, and for early detection in babies, toddlers, and children, as well as in the elderly, within the framework of primary health care;
- (2) to take advantage of existing guidelines and regulations or introduce appropriate legislation for the proper management of particularly important causes of deafness and hearing impairment, such as otitis media, use of ototoxic drugs and harmful exposure to noise, including noise in the work environment and loud music;
- (3) to ensure the highest possible coverage of childhood immunization against the target diseases of the Expanded Programme on Immunization and against mumps, rubella and (meningococcal) meningitis whenever possible;
- (4) to consider the setting-up of mechanisms for collaboration with nongovernmental or other organizations for support to, and coordination of, action to prevent hearing impairment at country level, including the detection of hereditary factors, by genetic counselling;



(5) to ensure appropriate public information and education for hearing protection and conservation in particularly vulnerable or exposed population groups;

2. REQUESTS the Director-General:

(1) to further technical cooperation in the prevention of hearing impairments, including the development of appropriate technical guidelines;

(2) to assist countries in the assessment of hearing loss as a public health problem;

(3) to support, to the extent that resources are available, the planning, implementation, monitoring and evaluation of measures in countries to prevent hearing impairment;

(4) to develop further collaboration and coordination with nongovernmental and other interested organizations and institutions;

(5) to promote and support, to the extent feasible, applied and operations research for the optimal prevention and treatment of major causes of hearing impairment;

(6) to mobilize extrabudgetary resources to strengthen technical cooperation in hearing impairment prevention, including possible support from organizations concerned;

(7) to keep the Executive Board and the Health Assembly informed of progress, as appropriate.

Twelfth plenary meeting, 12 May 1995  
A48/VR/12

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世界衛生大會 決議

مؤتمرات الجمعية العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RESOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

**FORTY-EIGHTH WORLD HEALTH ASSEMBLY**

**WHA48.12**

Agenda item 19

12 May 1995

## **Control of diarrhoeal diseases and acute respiratory infections: integrated management of the sick child**

The Forty-eighth World Health Assembly,

Recalling resolutions WHA40.34 and WHA44.7 concerning the strengthening of national programmes for the prevention and case management of diarrhoeal diseases and acute respiratory infections in children;

Mindful of the target for reduction of infant and child mortality rates by the year 2000 set at the World Summit for Children in 1990, and of WHO's commitment to ensuring survival and healthy development of children, as reflected in the Ninth General Programme of Work;

Noting with appreciation the progress made in the implementation of national programmes for control of diarrhoeal diseases and acute respiratory infections and the effect they are likely to have in the global reduction of mortality in children under five years of age;

Concerned, however, at the fact that diarrhoeal diseases and acute respiratory infections remain the two major causes of child mortality, accounting, together with malaria, measles and malnutrition, for seven out of 10 deaths in children less than five years of age in the developing world;

Considering, also, that significantly intensified efforts and increased resources at global level will be needed to meet the end-of-decade goals for reduction of child mortality;

Noting that WHO has pioneered research and the development of guidelines and training materials for integrated case management of major childhood illness at first-level health facilities;

Recognizing that UNICEF, agencies for bilateral cooperation and national research institutions in developed and developing countries have committed themselves to supporting the WHO research and development initiative on the integrated management of childhood illness,

1. **ENDORSES** the integrated management of the sick child as a more cost-effective approach to ensuring the survival and healthy development of children;
2. **URGES** governments of countries which have not yet reached the infant and child mortality reduction targets for the year 2000:

- (1) to accelerate and sustain the programmes for control of diarrhoeal disease and acute respiratory infections in order to reach the target of reduction of infant and child mortality rates by the year 2000;
- (2) to apply existing technical guidelines for the integrated management of the sick child, and to plan for the transition from specific programmes against childhood diseases to an integrated approach to illness in children with continued efforts to prevent sickness among young children, using, where available, all the primary health care development logistics;
- (3) to strengthen the existing health system mechanisms for disease prevention, in-service training, logistics, communication, supervision, monitoring and evaluation in order to provide a solid basis for the integrated management of the sick child;
- (4) to strengthen and maintain managerial activities for the prevention and control of diarrhoea and acute respiratory infections and activities to tackle the underlying problems of malnutrition in children during the transition to the integrated approach;

3. REQUESTS the Director-General:

- (1) to continue the development of managerial tools including technical guidelines, planning guides, training courses, communication materials, and manuals for the planning, supervision, monitoring and evaluation of national activities for integrated management of the sick child;
- (2) to promote the prevention of the major causes of child mortality;
- (3) to promote, coordinate and support research and development on activities to overcome technical and operational problems arising during the development of managerial tools and the initial implementation of the integrated management of the sick child;
- (4) to facilitate the provision of tools for prevention of acute respiratory infections such as haemophilus influenza B vaccine and a conjugate pneumococcal for vaccination of children in developing countries;
- (5) to promote the rational use of antimicrobials as an essential element of the integrated management of the sick child and to monitor the evolution and antimicrobial resistance of the main causative organisms of the major infectious diseases of children, in close coordination with the Organization's efforts in relation to new, emerging and re-emerging infectious diseases;
- (6) to cooperate with Member States in formulating technical guidelines, based on the WHO managerial tools, for the planning and implementation of national activities for integrated management of the sick child;
- (7) to maintain close and effective collaboration with other interested agencies and organizations, in particular UNICEF, UNDP and the World Bank, to promote the concept and practice of the integrated management of the sick child;
- (8) to step up the search for the extrabudgetary funds required for the implementation of this initiative;
- (9) to keep the Executive Board and the Health Assembly informed of the progress made, as appropriate.

Twelfth plenary meeting, 12 May 1995  
A48/VR/12



世界衛生大會 決議

مؤتمرات الجمعية الصحية العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RESOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

**FORTY-EIGHTH WORLD HEALTH ASSEMBLY**

**WHA48.13**

Agenda item 19

12 May 1995

## **Communicable diseases prevention and control: new, emerging, and re-emerging infectious diseases**

The Forty-eighth World Health Assembly,

Having considered the report of the Director-General on new, emerging, and re-emerging infectious diseases;<sup>1</sup>

Recalling resolutions WHA39.27 on rational use of drugs, WHA44.8 and WHA46.36 on tuberculosis, WHA45.35 on human immunodeficiency virus, WHA46.31 on dengue prevention and control, WHA46.32 on malaria, and WHA46.6 on emergency and humanitarian relief;

Aware that with the increasing global population many are forced to live under conditions of overcrowding, inadequate housing, and poor hygiene; that more frequent international travel leads to rapid global exchange of human pathogens; that changes in health technology and food production, as well as its distribution (including international trade) and handling, create new opportunities for human pathogens; that human behavioural changes expose large segments of the global population to diseases not previously experienced; that expanding areas of human habitation expose thousands of people to enzootic pathogens previously unknown as causes of human disease; and that microbes continue to evolve and adapt to their environment, leading to the appearance of new pathogens;

Aware also of the continued threat of well-known diseases such as influenza and meningococcal infections, and of tuberculosis, cholera and plague, once thought to be conquered, and the growing danger of diseases transmitted by vectors no longer controlled, such as dengue haemorrhagic fever and yellow fever;

Concerned at the lack of coordinated global surveillance to monitor, report and respond to new, emerging, and re-emerging infectious diseases, by the general absence of the diagnostic capabilities necessary to identify accurately pathogenic microorganisms and the insufficient numbers of trained health care professionals to investigate these infectious diseases;

Alarmed by the increasing frequency of antimicrobial resistance in bacterial pathogens, which can make some diseases such as tuberculosis virtually untreatable with currently available antibiotics,

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<sup>1</sup> Document A48/15.

1. URGES Member States:

- (1) to strengthen national and local programmes of active surveillance for infectious diseases, ensuring that efforts are directed to early detection of outbreaks and prompt identification of new, emerging and re-emerging infectious diseases;
- (2) to improve routine diagnostic capabilities for common microbial pathogens so that outbreaks due to infectious diseases may be more easily identified and accurately diagnosed;
- (3) to enhance, and to participate actively in, communications between national and international services involved in disease detection, early notification, surveillance, control and response;
- (4) to encourage routine testing of antimicrobial sensitivity, and to foster practices for rational prescription, availability and administration of antimicrobial agents in order to limit the development of resistance in microbial pathogens;
- (5) to increase the number of staff skilled in both epidemiological and laboratory investigations of infectious diseases and promotion in such specialization;
- (6) to foster more applied research in areas such as the development of sensitive, specific and inexpensive diagnostics, the setting of standards for basic public health procedures, and the establishment of fundamental disease prevention strategies;
- (7) to control outbreaks and promote accurate and timely reporting of cases at national and international levels;

2. URGES other specialized agencies and organizations of the United Nations system, bilateral development agencies, nongovernmental organizations and other groups concerned to increase their cooperation in the recognition, prevention and control of new, emerging and re-emerging infectious diseases both through continued support for general social and health development and through specific support to national and international programmes to recognize and respond to new, emerging, and re-emerging infectious diseases;

3. REQUESTS the Director-General:

- (1) to establish, in consultation with Member States, strategies to improve recognition and response to new, emerging and re-emerging infectious diseases in a manner sustainable by all countries and prompt dissemination of relevant information among all Member States;
- (2) to draw up plans for improved national and international surveillance of infectious diseases and their causative agents, including accurate laboratory diagnosis and prompt dissemination of case definition, surveillance information, and to coordinate their implementation among interested Member States, agencies and other groups;
- (3) to increase WHO's capacity, within available resources, for directing and strengthening applied research for the prevention and control of these diseases, and to ensure that reference facilities remain available for safely characterizing new or unusual pathogens;
- (4) to establish strategies enabling rapid national and international responses to investigate and to combat infectious disease outbreaks and epidemics including identifying available sources of diagnostic, preventive and therapeutic products meeting relevant international standards. Such strategies should involve active cooperation and coordination among pertinent organizational programmes and activities

including those of the Global Programme for Vaccines, the Action Programme on Essential Drugs, and the Division of Drug Management and Policy;

(5) to coordinate WHO's initiative on new, emerging and re-emerging infectious diseases in cooperation with other specialized agencies and organizations of the United Nations system, bilateral development agencies, nongovernmental organizations, Member States, and other groups concerned;

(6) to improve programme monitoring and evaluation at national, regional and global levels;

(7) to keep the Executive Board and the Health Assembly informed of progress in the implementation of this resolution.

Twelfth plenary meeting, 12 May 1995  
A48/VR/12

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世界衛生組織執行委員會決議

قرار المجلس التنفيذي لمنظمة الصحة العالمية

RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO  
RESOLUTION DU CONSEIL EXECUTIF DE L'OMS  
РЕЗОЛЮЦИЯ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА ВОЗ  
RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

Ninety-sixth Session

EB96.R1

Agenda item 11

16 May 1995

## **Amendments to Articles 24 and 25 of the Constitution**

### **Increase in the membership of the Executive Board**

The Executive Board,

Having considered resolution EUR/RC44/R3 adopted at the forty-fourth session of the Regional Committee for Europe:

Taking into account the recent increase in the number of Member States in the European Region,

REQUESTS the Director-General to propose for the consideration of the Forty-ninth World Health Assembly draft amendments to the Constitution increasing the membership of the Executive Board from 32 to 33, and to transmit such draft amendments to Member States at least six months in advance of their consideration, in accordance with the provisions of Article 73 of the Constitution.

Fourth meeting, 16 May 1995

EB96/SR/4

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