

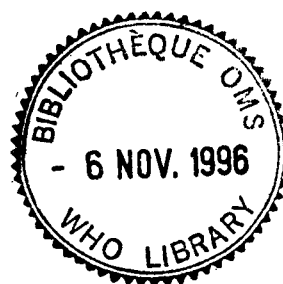


WORLD HEALTH ORGANIZATION

FORTY-NINTH WORLD HEALTH ASSEMBLY

GENEVA, 20-25 MAY 1996

**RESOLUTIONS AND DECISIONS
ANNEXES**



**GENEVA
1996**

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ACC	- Administrative Committee on Coordination	NORAD	- Norwegian Agency for International Development
ACHR	- Advisory Committee on Health Research	OAU	- Organization of African Unity
AGFUND	- Arab Gulf Programme for United Nations Development Organizations	OECD	- Organisation for Economic Co-operation and Development
ASEAN	- Association of South-East Asian Nations	PAHO	- Pan American Health Organization
CIDA	- Canadian International Development Agency	SAREC	- Swedish Agency for Research Cooperation with Developing Countries
CIOMS	- Council for International Organizations of Medical Sciences	SIDA	- Swedish International Development Authority
DANIDA	- Danish International Development Agency	UNAIDS	- United Nations Joint Programme on HIV/AIDS
ECA	- Economic Commission for Africa	UNCTAD	- United Nations Conference on Trade and Development
ECE	- Economic Commission for Europe	UNDCP	- United Nations International Drug Control Programme
ECLAC	- Economic Commission for Latin America and the Caribbean	UNDP	- United Nations Development Programme
ESCAP	- Economic and Social Commission for Asia and the Pacific	UNEP	- United Nations Environment Programme
ESCWA	- Economic and Social Commission for Western Asia	UNESCO	- United Nations Educational, Scientific and Cultural Organization
FAO	- Food and Agriculture Organization of the United Nations	UNFPA	- United Nations Population Fund
FINNIDA	- Finnish International Development Agency	UNHCR	- Office of the United Nations High Commissioner for Refugees
IAEA	- International Atomic Energy Agency	UNICEF	- United Nations Children's Fund
IARC	- International Agency for Research on Cancer	UNIDO	- United Nations Industrial Development Organization
ICAO	- International Civil Aviation Organization	UNRWA	- United Nations Relief and Works Agency for Palestine Refugees in the Near East
IFAD	- International Fund for Agricultural Development	UNSCEAR	- United Nations Scientific Committee on the Effects of Atomic Radiation
ILO	- International Labour Organisation (Office)	USAID	- United States Agency for International Development
IMO	- International Maritime Organization	WFP	- World Food Programme
ITU	- International Telecommunication Union	WIPO	- World Intellectual Property Organization
		WMO	- World Meteorological Organization
		WTO	- World Trade Organization

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation "country or area" appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The Forty-ninth World Health Assembly was held at the Palais des Nations, Geneva, from 20 to 25 May 1996, in accordance with the decision of the Executive Board at its ninety-sixth session. Its proceedings are published in three volumes, containing, in addition to other relevant material:

Resolutions and decisions,¹ annexes and list of participants - document WHA49/1996/REC/1

Verbatim records of plenary meetings - document WHA49/1996/REC/2

Summary records and reports of committees - document WHA49/1996/REC/3

¹ The resolutions, which are reproduced in the order in which they were adopted, have been cross-referenced to the relevant sections of the WHO *Handbook of Resolutions and Decisions*, volumes I, II and III (third edition), which contain most of the resolutions adopted by the Health Assembly and the Executive Board between 1948 and 1992. A list of the dates of sessions, indicating resolution symbols and the volumes in which the resolutions and decisions were first published, is given in volume III (third edition) of the *Handbook* (page XIII).

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¹ The agenda was adopted at the third plenary meeting.

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 - Strengthening nursing and midwifery (resolutions WHA45.5 and WHA48.8)
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 - Tobacco or health (resolution WHA48.11)¹
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18. Communicable disease prevention and control
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 - 20.1 Financial report on the accounts of WHO for the financial period 1994-1995, report of the External Auditor, and comments thereon of the Administration, Budget and Finance Committee
 - 20.2 Status of collection of assessed contributions

¹ Item transferred to Committee B.

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- 21. WHO reform and response to global change
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 - 21.4 Reassignment of Member States to regions
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- 25. Real Estate Fund
- 26. Personnel matters: employment and participation of women in the work of WHO
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A49/3	<i>The world health report 1996. Fighting disease, fostering development</i>
A49/4	Implementation of resolutions. Report by the Director-General
A49/5 ³	Communicable disease prevention and control: Smallpox eradication - destruction of variola virus stocks. Report by the Director-General
A49/6 and Add.1	New, emerging, and re-emerging infectious diseases, and revision of the International Health Regulations
A49/7	Financial Report and audited financial statements for the financial period 1 January 1994 - 31 December 1995 and Report of the External Auditor to the World Health Assembly
A49/7 Add.1	Financial report and audited financial statements for the financial period 1 January 1994 - 31 December 1995. Annex: Extrabudgetary resources for programme activities
A49/8	Status of collection of assessed contributions. Report by the Director-General
A49/9	Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution. Second report of the Administration, Budget and Finance Committee of the Executive Board to the Forty-ninth World Health Assembly
A49/10	Arrears of contributions of South Africa. Report by the Director-General
A49/11	WHO reform and response to global change. Implementation of recommendations on the WHO response to global change. Report by the Director-General
A49/12	Renewal of the health-for-all strategy. Progress report by the Director-General
A49/13	Review of the Constitution of the World Health Organization. Report by the Director-General

¹ Issued in Arabic, Chinese, English, French, Russian and Spanish.

² See page ix.

³ See Annex 2.

A49/14	Reassignment of Member States to regions. Report by the Director-General
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A49/16 and Add.1	Budgetary reform. Report by the Director-General
A49/17 and Add.1	Real Estate Fund. Report by the Director-General ¹
A49/18	Employment and participation of women. Report by the Director-General
A49/19	United Nations Joint Staff Pension Fund. Appointment of representatives to the WHO Staff Pension Committee
A49/20	Amendments to Articles 24 and 25 of the Constitution. Report by the Director-General
A49/21	Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine. Report by the Director-General
A49/22	Collaboration within the United Nations system and with other intergovernmental organizations. General matters. Report by the Director-General
A49/22 Add.1	Collaboration within the United Nations system and with other intergovernmental organizations. United Nations System-wide Special Initiative on Africa. Report by the Director-General
A49/23	Collaboration within the United Nations system and with other intergovernmental organizations. Coordinated follow-up and implementation of plans of action of international conferences. Report by the Director-General
A49/24	Collaboration within the United Nations system and with other intergovernmental organizations. International Decade of the World's Indigenous People. Report by the Director-General
A49/25	Collaboration within the United Nations system and with other intergovernmental organizations. Joint United Nations Programme on HIV/AIDS (UNAIDS). Report by the Director-General ²
A49/26	Collaboration within the United Nations system and with other intergovernmental organizations. Health assistance to specific countries. Report by the Director-General
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¹ See Annex 1.

² See Annex 3.

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A49/28	Financial Report and audited financial statements for the financial period 1 January 1994 - 31 December 1995 and Report of the External Auditor to the World Health Assembly. Comments of the Director-General
A49/29	Status of collection of assessed contributions. Ukraine's request for waiver of arrears related to period of inactive membership. Report by the Director-General
A49/30	Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution. Ukraine's request for restoration of voting rights. Report by the Director-General
A49/31	Collaboration within the United Nations system and with other intergovernmental organizations. International Programme to mitigate the Health Effects of the Chernobyl Accident (IPHECA). Report by the Director-General
A49/32	Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution. Georgia's request for restoration of voting rights. Report by the Director-General
A49/33	Financial report and audited financial statements for the financial period 1 January 1994 - 31 December 1995 and Report of the External Auditor to the World Health Assembly. First report of the Administration, Budget and Finance Committee of the Executive Board to the Forty-ninth World Health Assembly
A49/34	Real Estate Fund. Third report of the Administration, Budget and Finance Committee of the Executive Board to the Forty-ninth World Health Assembly
A49/35	Committee on Nominations. First report
A49/36	Committee on Nominations. Second report
A49/37	Committee on Nominations. Third report
A49/38	First report of Committee B
A49/39	Committee on Credentials. First report
A49/40	Second report of Committee B
A49/41	Election of Members entitled to designate a person to serve on the Executive Board
A49/42	First report of Committee A
A49/43	Third report of Committee B
A49/44	Fourth report of Committee B
A49/45	Second report of Committee A
A49/46	Committee on Credentials. Second report

Information documents¹

A49/INF.DOC./1	Awards. Amendments to the statutes governing the foundations administered by WHO
A49/INF.DOC./2	Tobacco or health. Plan of action for 1996-2000
A49/INF.DOC./3	Collaboration within the United Nations system and with other intergovernmental organizations. WHO response to the changing global economy
A49/INF.DOC./4	Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine
A49/INF.DOC./5	Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine ²
A49/INF.DOC./6	Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine

¹ Issued in English and French.

² Also available in Arabic.

OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

President

Dr A. J. MAZZA (Argentina)

Vice-Presidents

Dr S. MBA BEKALE (Gabon)

Mr A. B. S. AL-KHAYAREEN (Qatar)

Dr M. VITKOVA (Bulgaria)

Mr A. H. M. FOWZIE (Sri Lanka)

Mrs S. H. TIY (Fiji)

Secretary

Dr H. NAKAJIMA, Director-General

Committee on Credentials

The Committee on Credentials was composed of delegates of the following Member States: Austria, Botswana, Cape Verde, Estonia, Federated States of Micronesia, Iran (Islamic Republic of), Jamaica, Kenya, Malta, Myanmar, Syrian Arab Republic and Venezuela.

Chairman: Dr P. ABELA-HYZLER (Malta)

Vice-Chairman: Mrs W. G. MANYENENG
(Botswana)

Rapporteur: Dr OHN KYAW (Myanmar)

Secretary: Mr T. S. R. TOPPING, Legal Counsel

Committee on Nominations

The Committee on Nominations was composed of delegates of the following Member States: Albania, Algeria, Bahrain, Benin, Bolivia, China, Cyprus, Democratic People's Republic of Korea, Djibouti, Ethiopia, Finland, France, Lesotho, Mauritius, Mexico, Nepal, Panama, Republic of Korea, Russian Federation, Saint Lucia, Samoa, Senegal, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, and Uruguay.

Chairman: Mr K. LEE (Republic of Korea)

Secretary: Dr H. NAKAJIMA, Director-General

General Committee

The General Committee was composed of the President and Vice-Presidents of the Health Assembly and the Chairmen of the main committees, together with delegates of the following Member States: Australia, Canada, China, Croatia, Cuba, Ecuador, France, Lebanon, Mali, Nigeria, Oman, Russian Federation, Thailand, United Kingdom of Great Britain and Northern Ireland, United States of America, Zaire, and Zambia.

Chairman: Dr A. J. MAZZA (Argentina)

Secretary: Dr H. NAKAJIMA, Director-General

MAIN COMMITTEES

Under Rule 35 of the Rules of Procedure of the World Health Assembly, each delegation was entitled to be represented on each main committee by one of its members.

Committee A

Chairman: Professor B. SANGSTER
(Netherlands)

Vice-Chairmen: Dr A. M. ALFARO DE
GAMERO (El Salvador) and
Dr M. M. DAYRIT (Philippines)

Rapporteur: Dr J. SINGAY (Bhutan)

Secretary: Dr B.-I. THYLEFORS, Director,
Programme for the Prevention of Blindness
and Deafness

Committee B

Chairman: Dr O. SHISANA (South Africa)

Vice-Chairmen: Dr A. Y. AL-SAIF (Kuwait) and
Professor A. K. SHAMSUDDIN SIDDIQUEY
(Bangladesh)

Rapporteur: Dr M. KÖKÉNY (Hungary)

Secretary: Mr A. K. ASAMOAH, Chief,
Administration and Staff Support Service

RESOLUTIONS

WHA49.1 **Strengthening nursing and midwifery**

The Forty-ninth World Health Assembly,

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

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

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

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

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

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

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

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

1. THANKS the Director-General for his report and for the increased support to nursing in Member States;
2. URGES Member States:
 - (1) to involve nurses and midwives more closely in health care reform and in the development of national health policy;
 - (2) to develop, where these do not exist, and carry out national action plans for health including nursing/midwifery as an integral part of national health policy, outlining the steps necessary to bring about change in health care delivery, ensuring further development of policy, assessment of needs and utilization of resources, legislation, management, working conditions, basic and continuing education, quality assurance and research;

¹ Document A49/4, part II.

- (3) to increase opportunities for nurses and midwives in the health teams when selecting candidates for fellowships in nursing and health-related fields;
- (4) to monitor and evaluate the progress toward attainment of national health and development targets and in particular the effective use of nurses and midwives in the priority areas of equitable access to health services, health protection and promotion, and prevention and control of specific health problems;
- (5) to strengthen nursing/midwifery education and practice in primary health care;

3. REQUESTS the Director-General:

- (1) to increase support to countries where appropriate in the development, implementation and evaluation of national plans for health development including nursing and midwifery;
- (2) to promote coordination between all agencies and collaborating centres and other organizations concerned in countries to support their health plan and make optimal use of available human and material resources;
- (3) to provide for the continued work of the Global Advisory Group on Nursing and Midwifery;
- (4) to promote and support the training of nursing and midwifery personnel in research methodology in order to facilitate their participation in health research programmes;
- (5) to keep the Health Assembly informed of progress made in the implementation of this resolution, and to report to the Fifty-fourth World Health Assembly in 2001.

Hbk Res., Vol. III (3rd ed.), 1.8

(Fifth plenary meeting, 23 May 1996 -
Committee A, first report)

WHA49.2 Financial report and audited financial statements for the financial period 1994-1995 and report of the External Auditor to the Health Assembly

The Forty-ninth World Health Assembly,

Having examined the financial report and audited financial statements for the financial period 1 January 1994 to 31 December 1995 and the report of the External Auditor to the Health Assembly;¹

Having considered the first report of the Administration, Budget and Finance Committee of the Executive Board to the Forty-ninth World Health Assembly,²

- 1. ACCEPTS the Director-General's financial report and audited financial statements for the financial period 1 January 1994 to 31 December 1995 and the report of the External Auditor to the Health Assembly;
- 2. EXPRESSES REGRET at the high level of borrowings;
- 3. REQUESTS the Director-General:
 - (1) to develop a financial plan for 1996-1997 and beyond to bring expenditure into line with expected income and to minimize internal borrowings;

¹ Documents A49/7 and Add.1.

² Document A49/33.

- (2) to report to the ninety-ninth session of the Executive Board in January 1997 on this matter, including the impact on programmes and activities in countries, and other issues raised by the External Auditor in his report to which priority attention should be given, as well as steps to improve financial control and internal audit.

Hbk Res., Vol. III (3rd ed.), 6.1.10.3

(Fifth plenary meeting, 23 May 1996 -
Committee B, first report)

WHA49.3 Status of collection of assessed contributions

The Forty-ninth World Health Assembly,

Noting with concern that, as at 31 December 1995:

- (a) the rate of collection in 1995 of contributions to the effective working budget for that year amounted to 56.31%, the lowest collection rate in WHO history, leaving US\$ 177 293 158 unpaid in respect of 1995 contributions;
- (b) only 96 Members had paid their contributions to the effective working budget for that year in full, and 78 Members had made no payment;
- (c) total unpaid contributions in respect of 1995 and prior years exceeded US\$ 243 million,

1. EXPRESSES deep concern at the unprecedented level of outstanding contributions, which has had a deleterious effect on programmes and on the financial situation;
2. CALLS THE ATTENTION of all Members to Financial Regulation 5.6, which provides that instalments of contributions shall be considered as due and payable in full by the first day of the year to which they relate, and to the importance of paying contributions as early as possible to enable the Director-General to implement the programme budget in an orderly manner;
3. REMINDS Members that, as a result of the adoption, by resolution WHA41.12, of an incentive scheme to promote the timely payment of assessed contributions, those that pay their assessed contributions early in the year in which they are due will have their contributions payable for a subsequent programme budget reduced appreciably, whereas Members paying later will have their contributions payable for that subsequent programme budget reduced only marginally or not at all;
4. URGES Members that are regularly late in the payment of their contributions to take immediate steps to ensure prompt and regular payment;
5. REQUESTS the Director-General to review, taking into account developments in other organizations of the United Nations system, all additional measures that may be appropriate to the circumstances of WHO with a view to ensuring a sound financial basis for the implementation of programmes, and to report on this matter to the ninety-ninth session of the Executive Board and the Fiftieth World Health Assembly;
6. REQUESTS the Director-General to draw this resolution to the attention of all Members.

Hbk Res., Vol. III (3rd ed.), 6.1.2.4

(Fifth plenary meeting, 23 May 1996 -
Committee B, first report)

WHA49.4 Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution

The Forty-ninth World Health Assembly,

Having considered the second report of the Administration, Budget and Finance Committee of the Executive Board to the Forty-ninth 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;¹

Having been informed that the voting rights of Burkina Faso, Cambodia, Guatemala, Haiti, Senegal, Yemen, and Zaire had been restored as a result of payments made which reduced their unpaid prior years' arrears of contributions to a level below that indicated in resolution WHA41.7;

Noting that, at the time of opening of the Forty-ninth World Health Assembly, the voting rights of Antigua and Barbuda, Chad, Comoros, Congo, Dominican Republic, Equatorial Guinea, Guinea-Bissau, Iraq, Liberia, Somalia, and Yugoslavia 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;

Having been informed that the voting rights of Congo have been restored as a result of a payment received after the opening of the Forty-ninth World Health Assembly;

Noting that, in accordance with resolution WHA48.6, the voting privileges of Angola, Armenia, Azerbaijan, Bosnia and Herzegovina, Cuba, Georgia, Kazakstan, Kyrgyzstan, Latvia, Niger, Nigeria, Peru, Republic of Moldova, Tajikistan, Turkmenistan, and Ukraine have been suspended as from 20 May 1996, 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 Burkina Faso, Burundi, Gambia, Guatemala, Mauritania, Togo, Uruguay, and Venezuela were in arrears at the time of the opening of the Forty-ninth 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 Members should be suspended at the opening of the Fiftieth World Health Assembly;

Having been informed that as a result of a payment received after the opening of the Forty-ninth World Health Assembly, the arrears of contributions of Guatemala had been reduced to a level below the amount which would justify invoking Article 7 of the Constitution,

1. EXPRESSES serious concern at the increasingly large number of Members that have been in arrears in the payment of their contributions in recent years to an extent which would justify invoking Article 7 of the Constitution and the unprecedented level of contributions owed by them;
2. URGES the Members concerned to regularize their position at the earliest possible date;
3. FURTHER URGES Members that have not communicated their intention to settle their arrears to do so as a matter of urgency;
4. REQUESTS the Director-General to approach the Members in arrears to an extent which would justify invoking Article 7 of the Constitution, with a view to pursuing the question with the governments concerned;

¹ Document A49/9.

5. REQUESTS the Executive Board, in the light of the Director-General's report to the Board at its ninety-ninth session and after the Members concerned have had an opportunity to explain their situation to the Board, to report to the Fiftieth World Health Assembly on the status of payment of contributions;

6. DECIDES:

(1) that in accordance with the statement of principles in resolution WHA41.7 if, by the time of the opening of the Fiftieth World Health Assembly, Burkina Faso, Burundi, Gambia, Mauritania, Togo, Uruguay, and Venezuela 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 Fiftieth and subsequent Health Assemblies, until the arrears of the Member concerned 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.

Hbk Res., Vol. III (3rd ed.), 6.1.2.4

(Fifth plenary meeting, 23 May 1996 -
Committee B, first report)

WHA49.5 Arrears of contributions of South Africa

The Forty-ninth World Health Assembly,

Having studied the report of the Director-General on the arrears of contributions of South Africa;¹

Recalling that on the opening day of the Forty-seventh World Health Assembly in May 1994 all rights and privileges associated with full membership of WHO were restored with immediate effect to South Africa by virtue of resolution WHA47.1 following a period of non-participation from 1966 to 1993;

Recalling further that the Forty-seventh World Health Assembly also decided at that time to defer consideration of the Director-General's report on the arrears of contributions of South Africa in respect of the period 1966 to 1993 until the Forty-eighth World Health Assembly in May 1995;

Recalling further that, following a request received from South Africa, the Forty-eighth World Health Assembly decided to leave the matter in abeyance for a further year until such time as discussions in New York on South Africa's financial obligations to the United Nations system as a whole were completed;

Noting that on 15 December 1995 the United Nations General Assembly adopted resolution 50/83 recognizing that, owing to the exceptional circumstances which had previously arisen from apartheid, South Africa had asked not to be held liable for contributions relating to the period 30 September 1974 to 23 June 1994;

Noting further that by resolution 50/83 the United Nations General Assembly had accepted South Africa's request to be exempted from payment of its contributions in respect of that period;

¹ Document A49/10.

Noting also that in WHO the assessed contributions of South Africa for the period 1966 to 1993 had been placed in the undistributed reserve throughout that period and were therefore not required for financing of effective working budgets during that period;

Expressing satisfaction at the fact that South Africa had paid in full all assessed contributions for the period following restoration of its rights and privileges in WHO and that these payments had been provisionally applied to the 1994, 1995 and 1996 contributions without any intention of prejudging the outcome of decisions to be taken by the Health Assembly,

1. ACCEPTS, owing to the exceptional and unique circumstances of the non-participation of South Africa in WHO during the period 1966 to 1993, South Africa's request not to have to pay its contributions for that period;
2. DECIDES that these contributions, totalling US\$ 22 345 060, should be offset against the corresponding amount in the undistributed reserve.

Hbk Res., Vol. III (3rd ed.), 6.1.2.4

(Fifth plenary meeting, 23 May 1996 -
Committee B, first report)

WHA49.6 Reassignment of Member States to regions

The Forty-ninth World Health Assembly,

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

1. DECIDES that any request by a Member State for reassignment from one region to another should be examined by the regional committees concerned, and that their views should be conveyed to the Health Assembly for its consideration before it acts upon such a request;
2. REQUESTS the Director-General, when he receives a request by a Member State for such reassignment, to ensure implementation of the above provisions.

Hbk Res., Vol. III (3rd ed.), 4.1.2

(Fifth plenary meeting, 23 May 1996 -
Committee B, second report)

WHA49.7 WHO reform and response to global change: report of the ad hoc group

The Forty-ninth World Health Assembly,

Having considered the report by the Director-General on WHO reform and response to global change: report of the ad hoc group;¹ and the recommendation contained in paragraph 3 of resolution EB97.R10, adopted by the Executive Board at its ninety-seventh session, concerning a change in the Rules of Procedure of the World Health Assembly;

Noting that, as a general principle, it is not appropriate to apply such a change to an incumbent Director-General;

¹ Document A49/15.

Accepting therefore the proviso recorded in paragraph 5 of document A49/15;

Noting further that its acceptance of this proviso does not mean that the Health Assembly is taking the position that the incumbent Director-General should in fact serve for a further term; and that the question who should serve as Director-General from July 1998 remains to be decided in accordance with the relevant rules and procedures,

AMENDS Rule 108 of the Rules of Procedure of the World Health Assembly as follows:

Rule 108

In pursuance of Article 31 of the Constitution, the Director-General shall be appointed by the Health Assembly on the nomination of the Board and on such terms as the Health Assembly may determine, subject to the provisions of Rules 109 to 112 inclusive. The term of office of the Director-General shall be five years, and he or she shall be eligible for reappointment once only.

Hbk Res., Vol. III (3rd ed.), 3.2.3.2

(Fifth plenary meeting, 23 May 1996 -
Committee B, second report)

WHA49.8 Real Estate Fund¹

The Forty-ninth World Health Assembly,

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

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

AUTHORIZES the financing from the Real Estate Fund of the expenditures summarized in part III of the Director-General's report, at an estimated cost of US\$ 406 000.

Hbk Res., Vol. III (3rd ed.), 6.1.7

(Fifth plenary meeting, 23 May 1996 -
Committee B, second report)

WHA49.9 Employment and participation of women in the work of WHO

The Forty-ninth World Health Assembly,

Having considered the report of the Director-General on the employment and participation of women in the work of WHO;²

Recalling resolutions WHA38.12, EB91.R16 and EB93.R17;

Noting resolution WHA48.28;

¹ See Annex 1.

² Document A49/18.

Noting the situation at September 1995 regarding the proportion of women on the staff in established offices and their distribution by grade;

Noting that improving the participation of women in the work of the Organization is an essential factor in improving its effectiveness;

Aware of the current budgetary reductions which may lead to restriction of recruitment and abolition of posts,

1. REITERATES the importance of achieving the 30% target for representation of women in the professional categories in the very near future;
2. WELCOMES the initial steps taken with respect to increasing the participation of women in the highest management categories, but stresses that further progress is necessary at all managerial levels;
3. REQUESTS the Director-General:
 - (1) to investigate the obstacles to progress in the recruitment, promotion, and retention of women in professional posts, and to develop strategies to overcome these obstacles at all levels of the Organization;
 - (2) to ensure adequate participation of women in all WHO committees, both technical and administrative, including advisory bodies and selection committees;
 - (3) to ensure that "gender issues" are included in staff development and training activities at all levels and that the Organization provide technical assistance for training women in developing countries;
4. URGES the Director-General and Regional Directors:
 - (1) to invite governments to designate women to serve as members of the Executive Board and ensure that women are represented on delegations to regional committees and the Health Assembly;
 - (2) to ensure that the appointment and/or promotion of women to management-level posts, especially at level of D2 and above, are accelerated;
 - (3) to establish a high-level advisory committee including senior women to assist them in increasing the participation of women at all levels of the Organization in those regions where the 30% target for the recruitment of women to professional and higher-graded posts has not been met;
5. DRAWS TO THE ATTENTION of the Director-General the potential disproportionate effect on women of further reductions in force should they occur, and the need to ensure that the progress achieved in increasing the proportion of women is sustained;
6. ENDORSES the recommendation made by the Administration, Budget and Finance Committee at its meeting in January 1996 that the Director-General report to the ninety-eighth session of the Executive Board in May 1996 on progress made in the employment and participation of women.¹

Hbk Res., Vol. III (3rd ed.), 6.2.2.3

(Fifth plenary meeting, 23 May 1996 -
Committee B, second report)

¹ See document EB97/3, recommendation (7).

WHA49.10 Smallpox eradication - destruction of variola virus stocks¹

The Forty-ninth World Health Assembly,

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

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

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

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

Hbk Res., Vol. III (3rd ed.), 1.16.12

(Sixth plenary meeting, 25 May 1996 -
Committee A, second report)

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

The Forty-ninth World Health Assembly,

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

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

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

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

¹ See Annex 2.

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

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

1. URGES Member States to participate fully in a reestablished action programme on malaria concentrating on ways and means of preventing and controlling the disease, including the research and training activities needed to accomplish these goals, and recommends that malaria control should be developed as an integral part of primary health care in the national systems;
2. URGES regional committees to ensure that the programme is vigorously pursued in their region and that to this end regional and subregional plans of action are prepared and adequate resources allocated to the programme and subsequently in the regional programme budgets;
3. REQUESTS the Director-General to explore the possibility of establishing a special programme on malaria;
4. FURTHER REQUESTS the Director-General:
 - (1) to reinforce the malaria training programme at the country, regional and global levels;
 - (2) to intensify his efforts to increase the extrabudgetary resources for the special account on malaria on the basis of a plan of action for intensification of the programme and to submit a report to the ninety-ninth session of the Executive Board on the progress made, including the commitment of additional resources.

Hbk Res., Vol. III (3rd ed.), 1.16.3.1

(Sixth plenary meeting, 25 May 1996 -
Committee A, second report)

WHA49.12 WHO global strategy for occupational health for all

The Forty-ninth World Health Assembly,

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

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

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

¹ Document A49/4, part V.

² WHO document OCH/80.2.

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

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

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

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

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

1. ENDORSES the global strategy for occupational health for all, proposing the following major objectives for action: strengthening of international and national policies for health at work; promotion of a healthy work environment, healthy work practices and health at work; strengthening of occupational health services; establishment of appropriate support services for occupational health; development of occupational health standards based on scientific risk assessment; development of human resources; establishment of registration and data systems; strengthening of research;
2. URGES Member States to devise national programmes on occupational health for all, based on the global strategy, with special attention to full occupational health services for the working population, including migrant workers, workers in small industries and in the informal sector, and other occupational groups at high risk and with special needs, including child workers;
3. REQUESTS the Director-General:
 - (1) to promote the implementation of the global strategy for occupational health and occupational safety for all within the framework of the Ninth General Programme of Work (1996-2001), including mobilization of extrabudgetary funds;
 - (2) to invite organizations of the United Nations system, particularly the International Labour Organisation, intergovernmental bodies, such as the European Commission, nongovernmental and national organizations, as well as social partners, to strengthen their action in this field and their cooperation and coordination with WHO;
 - (3) to encourage Member States to update education and training curricula for developing human resources for occupational health, including both occupational health and safety professionals (occupational physicians, ergonomists, occupational health nurses, occupational hygienists, and other experts) and professionals responsible for the design and management of the workplace (architects, engineers and managers) and to give them corresponding support;
 - (4) to encourage the network of the WHO collaborating centres in occupational health to facilitate and support the implementation of the global strategy, and to make full use of the network's capacity accordingly;
 - (5) to give special attention to working people by developing appropriate health care in workplaces as a contribution to the attainment of health for all by the year 2000;

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

Hbk Res., Vol. III (3rd ed.), 1.12.3

(Sixth plenary meeting, 25 May 1996 -
Committee A, second report)

WHA49.13 Prevention and control of iodine deficiency disorders

The Forty-ninth World Health Assembly,

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

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

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

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

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

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

3. URGES Member States:

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

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

4. REQUESTS the Director-General:

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

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

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

¹ Document A49/4, part VII.

- (4) to establish a mechanism for verifying the elimination of iodine deficiency disorders in the world;
- (5) to report to the Health Assembly by 1999 on progress achieved in the elimination of iodine deficiency disorders.

Hbk Res., Vol. III (3rd ed.), 1.11.1

(Sixth plenary meeting, 25 May 1996 -
Committee A, second report)

WHA49.14 Revised drug strategy

The Forty-ninth World Health Assembly,

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

Having considered the report of the Director-General on the revised drug strategy;¹

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

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

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

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

Aware that effective drug regulation takes time;

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

1. URGES Member States:

- (1) to reaffirm their commitment to the development and implementation of national drug policies to ensure equitable access to essential drugs;
- (2) to increase efforts to promote the rational use of drugs, through the intensification of training and education of health workers and education of the public;
- (3) to enhance drug regulatory mechanisms for the monitoring and control of efficacy, quality and safety;

¹ Document A49/4, part III.

- (4) to establish and strengthen, as appropriate, programmes for the monitoring of safety and efficacy of marketed drugs;
- (5) to control unethical marketing of drugs;
- (6) to eliminate inappropriate donation of drugs, as recommended by the interagency Guidelines for Drug Donations issued by WHO in May 1996;¹
- (7) to involve health workers, consumers, academic institutions or individuals, industry, and others concerned in open intersectoral negotiation to develop, implement and monitor these activities in order to improve access to and use of drugs;
- (8) to evaluate progress regularly, making use of indicators developed by WHO or other suitable mechanisms;

2. REQUESTS the Director-General:

- (1) to support Member States in their efforts to coordinate the various elements of a national drug policy, improve access to essential drugs, and ensure the rational use of drugs;
- (2) to encourage Member States, as far as possible, to establish a system for the coordination and harmonization of their national strategies;
- (3) to develop a clear strategy for the review and assessment of the effectiveness of the WHO Ethical Criteria on Medicinal Drug Promotion;
- (4) to promote vigorously the use of the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce;
- (5) to disseminate the interagency Guidelines for Drug Donations issued by WHO in May 1996 and to encourage, in collaboration with all interested parties, their use and review after one year;
- (6) to strengthen market intelligence, review in collaboration with interested parties information on prices and sources of information on prices of essential drugs and raw materials of good quality, which meet requirements of internationally recognized pharmacopoeias or equivalent regulatory standards, and provide this information to Member States;
- (7) to continue the development, harmonization and promotion of standards to enhance drug regulatory and quality control mechanisms;
- (8) to continue the development and dissemination of information on pharmaceutical products thereby assuring the safe, effective and rational use of drugs;
- (9) to encourage the promotion of research on drugs for rare and tropical diseases, and their development;
- (10) to report on the impact of the work of the World Trade Organization (WTO) with respect to national drug policies and essential drugs and make recommendations for collaboration between WTO and WHO, as appropriate;

¹ Document WHO/DAP/96.2.

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

Hbk Res., Vol. III (3rd ed.), 1.15.2

(Sixth plenary meeting, 25 May 1996 -
Committee A, second report)

WHA49.15 Infant and young child nutrition

The Forty-ninth World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition;¹

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

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

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

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

1. THANKS the Director-General for his report;
2. STRESSES the continued need to implement the International Code of Marketing of Breast-Milk Substitutes, subsequent relevant resolutions of the Health Assembly, the Innocenti Declaration, and the World Declaration and Plan of Action for Nutrition;
3. URGES Member States:
 - (1) to ensure that complementary foods are not marketed or used in ways that undermine exclusive and sustained breast-feeding;
 - (2) to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative;
 - (3) to ensure that monitoring the application of the International Code and subsequent relevant resolutions is carried out in a transparent, independent manner, free from commercial influence;
 - (4) to ensure that the appropriate measures are taken, including health information and education in the context of primary health care, to encourage breast-feeding;
 - (5) to ensure that the practices and procedures of their health care systems are consistent with the principles and aim of the International Code;
 - (6) to provide the Director-General with complete and detailed information on the implementation of the Code;

¹ Document A49/4, part VIII.

4. REQUESTS the Director-General to disseminate as soon as possible to Member States the "Guiding principles for feeding infants and young children during emergencies".¹

Hbk Res., Vol. III (3rd ed.), 1.12.1

(Sixth plenary meeting, 25 May 1996 -
Committee A, second report)

WHA49.16 Tobacco-or-health programme

The Forty-ninth World Health Assembly,

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

Having considered the Director-General's report on "Tobacco or health",²

ENDORSES the plan of action for the WHO programme on tobacco or health for 1996-2000.³

Hbk Res., Vol. III (3rd ed.), 1.11.4

(Sixth plenary meeting, 25 May 1996 -
Committee B, third report)

WHA49.17 International framework convention for tobacco control

The Forty-ninth World Health Assembly,

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

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

1. URGES all Member States, and, where applicable, organizations of the United Nations system and other international organizations progressively to implement comprehensive tobacco control strategies that include the measures referred to in resolutions WHA39.14 and WHA43.16 as well as other appropriate measures;
2. URGES Member States to contribute the necessary extrabudgetary resources to permit the implementation of this resolution;
3. REQUESTS the Director-General:
 - (1) to initiate the development of a framework convention in accordance with Article 19 of the WHO Constitution;

¹ Document WHO/NUT/96.4 (in preparation).

² Document A49/4, part VI.

³ Document A49/INF.DOC./2.

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

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

(4) to keep the Health Assembly informed of the development of the framework convention in his biennial reports to the Health Assembly on the progress and effectiveness of Member States' comprehensive tobacco control programmes, as called for in resolution WHA43.16.

Hbk Res., Vol. III (3rd ed.), 1.11.4

(Sixth plenary meeting, 25 May 1996 -
Committee B, third report)

WHA49.18 Supply of controlled drugs for emergency care

The Forty-ninth World Health Assembly,

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

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

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

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

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

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

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

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

Hbk Res., Vol. III (3rd ed.), 1.2.2.3; 1.13.4.2

(Sixth plenary meeting, 25 May 1996 -
Committee B, third report)

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

The Forty-ninth World Health Assembly,

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

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

1. COMMENDS the progress made at global, regional and country level to implement the WHO policy of forming and strengthening partnerships within a United Nations system currently under reform and with different elements of "civil society" to place health at the centre of development;
2. URGES Member States, together with WHO, to play a strong coordinating role in working with external partners in health development, to establish health as a central component of national development, and to ensure capacity-building for health and overall development;
3. CALLS ON the international community, including development agencies and "civil society", to join forces in pursuing the WHO policy on collaboration with partners for health development and to mobilize further necessary technical and financial resources;
4. REQUESTS the Director-General to keep the Health Assembly informed of intensified collaboration with partners in the United Nations system, in particular the World Bank, and of developments in strategic alliances with intergovernmental organizations, notably the five regional commissions of the United Nations Economic and Social Council, the five regional development banks, and other regional intergovernmental institutions including the Organization of African Unity, the European Union, the Organization of American States, the African Economic Community and Asia-Pacific Economic Cooperation.

Hbk Res., Vol. III (3rd ed.), 7.1.1

(Sixth plenary meeting, 25 May 1996 -
Committee B, third report)

WHA49.20 Collaboration within the United Nations system and with other intergovernmental organizations: orientation of WHO policy in support of African recovery and development

The Forty-ninth World Health Assembly,

Deeply concerned about the serious situation affecting health and development in Africa, and the need for intensified, coordinated action;

Welcoming the steps taken by the Administrative Committee on Coordination to launch the United Nations System-wide Special Initiative on Africa;

Welcoming further the conclusions reached at ACC's first regular session of 1996 on the need to foster a decentralized, "country-driven" approach to implementation, to make maximum use of existing coordination mechanisms, in particular the lead and collaborating agencies, and to encourage the building of strong partnerships with governments, nongovernmental organizations and other elements of "civil society";

Appreciating the World Bank's action to mobilize the resources required for implementing the Special Initiative, the framework developed by the Bretton Woods institutions to solve the debt problems of African and other heavily indebted countries, and the need to foster health and social development in the context of structural adjustment;

Appreciating WHO's active promotion of and support for the Treaty Establishing the African Economic Community and its assistance in drafting the health protocol at the request of the Organization of African Unity;

Recognizing the solid basis for health development support constituted by WHO's organizational arrangements, including the network of collaborating centres and other partnerships, within and outside Africa,

1. WELCOMES the steps taken by WHO to ensure coordination of interagency support for implementation of the health component of the United Nations System-wide Special Initiative on Africa;
2. ENDORSES the orientation of WHO's policy in support of African recovery and development, responding to nationally defined needs and priorities, making full and effective use of African institutions as well as other partnerships within and outside the United Nations system;
3. URGES Member States to adapt their plans for health development support to reflect the specific framework for health policy and establishment of priorities in the African countries concerned, as endorsed by the WHO Regional Committees for Africa and the Eastern Mediterranean, and by the Health Assembly;
4. INVITES all development agencies and multilateral financial institutions concerned, including the World Bank, to make concerted efforts with WHO to mobilize the technical and financial resources required to implement the Special Initiative and other high-priority health initiatives in support of African recovery and development;
5. REQUESTS the Director-General to keep the Health Assembly informed of progress made in these initiatives, ensuring that the health component is placed at the centre of African development.

Hbk Res., Vol. III (3rd ed.), 7.1.1

(Sixth plenary meeting, 25 May 1996 -
Committee B, third report)

**WHA49.21 Collaboration within the United Nations system and with other
intergovernmental organizations: strengthening of the coordination of
emergency humanitarian assistance**

The Forty-ninth World Health Assembly,

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

1. WELCOMES resolution 1995/56 of the United Nations Economic and Social Council on the strengthening of the coordination of emergency humanitarian assistance;
2. REQUESTS the Director-General, in response to paragraph 2(b) of that resolution, to draw the attention of the Council to the relevant measures proposed to the Health Assembly and endorsed in resolution

¹ See document WHA48/1995/REC/1, Annex 1.

WHA48.2 in the areas of emergency preparedness and disaster reduction, emergency response and humanitarian action, and humanitarian advocacy;

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

Hbk Res., Vol. III (3rd ed.), 1.2.2.3; 7.1.1

(Sixth plenary meeting, 25 May 1996 -
Committee B, third report)

WHA49.22 International Programme on the Health Effects of the Chernobyl Accident

The Forty-ninth World Health Assembly,

Recalling resolutions 45/190 and 50/134 of the United Nations General Assembly and resolution 1990/50 of the United Nations Economic and Social Council on international cooperation in activities relating to the Chernobyl accident;

Recalling decision WHA41(9) of the Forty-first World Health Assembly authorizing the Organization to accede to the conventions concerning nuclear accidents;

Recalling resolution WHA44.36 of 16 May 1991 on "International programme on the health effects of the Chernobyl accident";

Noting the reports by the Director-General to the Forty-ninth World Health Assembly on the International Programme to mitigate the Health Effects of the Chernobyl Accident¹ and to the ninety-fifth session of the Executive Board on the same subject;²

Mindful of the severity of the accident and its grave implications for human health, especially the sharp increase in thyroid cancer as reported at the WHO International Conference on the Health Consequences of the Chernobyl and other Radiological Accidents (Geneva, 20-23 November 1995), the European Union Conference on the Radiological Consequences of the Chernobyl Accident (Minsk, 18-22 March 1996), and the International Conference "One Decade after Chernobyl: Summing up the Radiological Consequences of the Accident" jointly co-sponsored by the European Commission, WHO and IAEA (Vienna, 8-12 April 1996);

Noting with appreciation the work already being done by WHO and other international organizations to monitor and mitigate the adverse effects of the Chernobyl accident, and the support being given by Member States,

1. URGES Member States to participate actively in and to provide further support for the implementation of the International Programme on the Health Effects of the Chernobyl Accident;

2. REQUESTS the Director-General:

(1) to continue the implementation of the International Programme, in particular to build on the foundation of the pilot projects in the further development, validation and strengthening of methods, instruments and expertise;

¹ Document A49/31.

² Document EB95/30.

- (2) to give emphasis to the monitoring and mitigation of long-term health effects in highly exposed groups, including accident recovery workers and children and other residents of areas heavily contaminated with radioactive materials;
- (3) to seek to mitigate other significant health effects that are not radiation-induced but are attributable to the accident, including psychosocial and psychosomatic effects;
- (4) to continue close collaboration with other competent international organizations, including organizations of the United Nations system, in the further development and implementation of the International Programme.

Hbk Res., Vol. III (3rd ed.), 1.14.4

(Sixth plenary meeting, 25 May 1996 -
Committee B, third report)

**WHA49.23 WHO reform and response to global change: progress report on reform
(personnel policy)**

The Forty-ninth World Health Assembly,

Recalling resolution WHA48.15 of the Forty-eighth World Health Assembly;

Having considered the report by the Director-General;¹

Having also considered resolution EB97.R2 of the Executive Board on implementation of recommendations on the WHO response to global change;

Recalling resolution EB97.R11 of the Executive Board, which underlined the importance of technical competence, career development and rotation of staff;

Recognizing the challenges faced by the Organization in adapting to changing global needs;

Determined that WHO reform should permeate the Organization at all levels and in all regions, and that it should constitute an integral part of WHO's management culture;

Convinced that WHO's staff are its most important resource, and that an effective personnel policy is essential to the effective implementation of reform,

1. NOTES the progress achieved;

2. REQUESTS the Director-General:

(1) to ensure that urgent steps are taken to develop and implement a new personnel policy for WHO incorporating the recommendations of resolution EB97.R2 and compatible with the United Nations common system, and to submit that policy to the ninety-ninth session of the Executive Board for consideration;

(2) to ensure that the work begun by the development team on WHO's personnel policy is followed up, that proposals are developed for putting the recommendations into practice, and that concrete results are achieved;

¹ Document A49/11.

(3) to continue to report regularly to the Executive Board on achievements made and any obstacles encountered during the implementation of WHO reform;

(4) to report to the Fiftieth World Health Assembly on progress made in implementation of reform throughout WHO;

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

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

Hbk Res., Vol. III (3rd ed.), 3.2.4; 6.2.2

(Sixth plenary meeting, 25 May 1996 -
Committee B, fourth report)

WHA49.24 Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine

The Forty-ninth World Health Assembly,

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

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

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

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

Emphasizing the need to accelerate the implementation of the Declaration of Principles and the subsequent Accord;

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

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

Expressing the hope that the Palestinian patients will be able to benefit from health facilities available in the health institutions of Jerusalem;

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

Having considered the report of the Director-General,¹

1. EXPRESSES the hope that the peace talks will lead to the establishment of a just, lasting and comprehensive peace in the Middle East;
2. EXPRESSES the hope that the Palestinian people, having assumed responsibility for their health services, will be able themselves to carry out health plans and projects in order to participate with the peoples of the world in achievement of WHO's objective of health for all by the year 2000;
3. AFFIRMS the need to support the efforts of the Palestinian Authority in the field of health in order to enable it to develop its own health system so as to meet the needs of the Palestinian people in administering their own affairs and supervising their own health services;
4. URGES Member States, intergovernmental organizations, nongovernmental organizations and regional organizations to provide speedy and generous assistance in the achievement of health development for the Palestinian people;
5. THANKS the Director-General for his efforts and requests him:
 - (1) to take urgent steps in cooperation with Member States to support the Ministry of Health of the Palestinian Authority in its efforts to overcome the current difficulties, and in particular so as to guarantee free circulation of patients, of health workers and of emergency services, and the normal provision of medical goods to the Palestinian medical premises, including those in Jerusalem;
 - (2) to continue to provide the necessary technical assistance to support health programmes and projects for the Palestinian people in the transitional period;
 - (3) to take the necessary steps and make the contacts needed to obtain funding from various sources, including extrabudgetary sources, to meet the urgent health needs of the Palestinian people during the transitional period;
 - (4) to continue his efforts to implement the special health assistance programme and adapt it to the health needs of the Palestinian people, taking into account the health plan of the Palestinian people;
 - (5) to activate the organizational unit at WHO headquarters concerned with the health of the Palestinian people, and continue to provide health assistance so as to improve the health conditions of the Palestinian people;
 - (6) to report on implementation of this resolution to the Fiftieth World Health Assembly;
6. EXPRESSES gratitude to all Member States, intergovernmental organizations and nongovernmental organizations and calls upon them to provide assistance to meet the health needs of the Palestinian people.

Hbk Res., Vol. III (3rd ed.), 7.1.4.4

(Sixth plenary meeting, 25 May 1996 -
Committee B, fourth report)

¹ Document A49/21.

WHA49.25 Prevention of violence: a public health priority

The Forty-ninth World Health Assembly,

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

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

Endorsing the recommendations made at the International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995) urgently to tackle the problem of violence against women and girls and to understand its health consequences;

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

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

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

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

Recognizing that health workers are frequently among the first to see victims of violence, having a unique technical capacity and benefiting from a special position in the community to help those at risk;

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

1. DECLARES that violence is a leading worldwide public health problem;
2. URGES Member States to assess the problem of violence on their own territory and to communicate to WHO their information about this problem and their approach to it;
3. REQUESTS the Director-General, within available resources, to initiate public health activities to address the problem of violence that will:
 - (1) characterize different types of violence, define their magnitude and assess the causes and the public health consequences of violence using also a "gender perspective" in the analysis;
 - (2) assess the types and effectiveness of measures and programmes to prevent violence and mitigate its effects, with particular attention to community-based initiatives;
 - (3) promote activities to tackle this problem at both international and country level including steps to:
 - (a) improve the recognition, reporting and management of the consequences of violence;
 - (b) promote greater intersectoral involvement in the prevention and management of violence;

- (c) promote research on violence as a priority for public health research;
 - (d) prepare and disseminate recommendations for violence prevention programmes in nations, States and communities all over the world;
 - (4) ensure the coordinated and active participation of appropriate WHO technical programmes;
 - (5) strengthen the Organization's collaboration with governments, local authorities and other organizations of the United Nations system in the planning, implementation and monitoring of programmes of violence prevention and mitigation;
4. FURTHER REQUESTS the Director-General to present a report to the ninety-ninth session of the Executive Board describing the progress made so far and to present a plan of action for progress towards a science-based public health approach to violence prevention.

Hbk Res., Vol. III (3rd ed.), 1.11

(Sixth plenary meeting, 25 May 1996 -
Committee B, fourth report)

WHA49.26 International Decade of the World's Indigenous People

The Forty-ninth World Health Assembly,

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

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

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

Noting the report by the Director-General;¹

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

REQUESTS the Director-General:

- (1) to strengthen the focal point for the International Decade of the World's Indigenous People;

¹ Document A49/24.

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

Hbk Res., Vol. III (3rd ed.), 7.1.1

(Sixth plenary meeting, 25 May 1996 -
Committee B, fourth report)

WHA49.27 Joint United Nations Programme on HIV/AIDS (UNAIDS)

The Forty-ninth World Health Assembly,

Having considered the Director-General's reports on the implementation of the global strategy for the prevention and control of AIDS¹ and on progress towards establishing the Joint United Nations Programme on HIV/AIDS (UNAIDS);²

Recalling resolutions WHA40.26, WHA41.24, WHA42.33, WHA42.34, WHA43.10, WHA45.35 and WHA48.30, and United Nations General Assembly resolution 46/203 on HIV/AIDS, which has emerged as a major public health problem;

Noting the comments and resolutions of the regional committees on HIV/AIDS and the establishment of the Joint United Nations Programme on HIV/AIDS;

Noting that new resource mobilization mechanisms need to be developed to support countries in combating HIV/AIDS,

1. NOTES with concern that the impact of the HIV/AIDS epidemic - with parallel and related epidemics of sexually transmitted diseases - is expanding and being intensified, resulting both in increasing morbidity and mortality, particularly in developing countries, and in repercussions on the functioning of health services;
2. ACKNOWLEDGES with appreciation the essential leadership role played by WHO, through its Global Programme on AIDS since its inception, in the mobilization, guidance and coordination of activities for the prevention of HIV/AIDS, care and support of "persons living with HIV/AIDS", and promotion and coordination of research activities;
3. RECOGNIZES the dedication and exceptional contribution of the staff of the Global Programme on AIDS to the response to the HIV/AIDS epidemic, globally and within countries, and to the epidemics of sexually transmitted diseases, and expresses appreciation of this work;
4. NOTES with satisfaction that, pursuant to resolution WHA48.30, the Memorandum of Understanding has been concluded for the establishment of the Joint United Nations Programme on HIV/AIDS (UNAIDS);
5. ENDORSES:
 - (a) the formula drawn up by the United Nations Economic and Social Council for the membership of the Programme Coordinating Board of UNAIDS;
 - (b) the proposal that further consultation should be conducted on mechanisms for future elections of Member States to the Programme Coordinating Board;

¹ Document A49/4, part IX.

² See Annex 3.

(c) the functions of the Programme Coordinating Board described in the report of the Director-General;¹

6. URGES Member States:

- (a) to continue to show strong political commitment to national AIDS prevention efforts and give the ministries of health a leading role in collaborating with UNAIDS and its cosponsors;
- (b) to ensure expansion of the national response to HIV/AIDS and sexually transmitted diseases in both prevention and care, and surveillance of related health problems;
- (c) to ensure that maximum protection measures for health workers are promoted and sustained in all work situations;
- (d) to strengthen surveillance of the pandemic and development and planning of, and resource mobilization for, national HIV/AIDS/STD programmes in partnership with UNAIDS and its cosponsors;
- (e) to provide support to UNAIDS governance by participating actively in the work of the Programme Coordinating Board;

7. REQUESTS the Director-General:

- (a) to ensure support for Member States in their response to HIV/AIDS and sexually transmitted diseases through maintenance of a strong technical capability within WHO to respond to related health issues;
- (b) to provide technical guidance to UNAIDS on WHO's health policies, norms and strategies, and to facilitate cooperation between UNAIDS and the relevant WHO programmes and divisions;
- (c) to facilitate the incorporation of the specific policies, norms and strategies of UNAIDS into the activities of WHO at global, regional and country level, where appropriate;
- (d) to collaborate in all aspects of resource mobilization for HIV/AIDS activities, including (i) participation in joint fund-raising activity with UNAIDS and its other cosponsors; and (ii) strengthening of the capability of WHO country offices to participate in appeals for funds at the country level to combat HIV/AIDS in close collaboration with ministries of health;
- (e) to ensure that the Health Assembly receives the reports prepared by UNAIDS on its activities on a regular basis;
- (f) to keep the Executive Board and the Health Assembly informed about the development and implementation of an overall strategy for WHO's activities relating to HIV/AIDS and sexually transmitted diseases, including: (i) support to Member States; (ii) integration of activities into WHO programmes at all levels of the Organization, as appropriate; (iii) support provided by WHO to UNAIDS; and (iv) collaboration between WHO and UNAIDS as outlined in paragraph 7(d).

Hbk Res., Vol. III (3rd ed.), 1.16.13; 7.1.3

(Sixth plenary meeting, 25 May 1996 -
Committee B, fourth report)

¹ See Annex 3.

WHA49.28 Collaboration within the United Nations system and with other intergovernmental organizations: health assistance to specific countries

The Forty-ninth World Health Assembly,

Recalling and confirming the previous resolutions of the Health Assembly on health assistance to specific countries, the most recent being resolution WHA48.31, which includes reference to earlier resolutions WHA44.37 (Health and medical assistance to Lebanon); WHA44.38 (Health assistance to refugees and displaced persons in Cyprus); WHA44.39 (Assistance to Lesotho and Swaziland); WHA44.40 (Reconstruction and development of the health sector in Namibia); and WHA44.43 (Health and medical assistance to Somalia);

Noting that an increasing number of countries and areas are stricken by natural and man-made disasters, and noting the subsequent numerous reports submitted for discussion during the Health Assembly;

Taking note of United Nations General Assembly resolution 46/182, on "Strengthening of the coordination of humanitarian assistance of the United Nations";

Recalling resolution WHA35.1 on method of work of the Health Assembly, which draws attention to the desirability of a full discussion at regional level of all matters dealing with specific countries before such items are referred to the Health Assembly, and the recent decision on this matter by the Regional Committee for the Eastern Mediterranean (resolution EM/RC39/R.11),

1. EXPRESSES its appreciation to the Director-General for his continued efforts to strengthen the Organization's capacity to respond promptly and efficiently to emergencies in certain countries;
2. URGES the Director-General to continue to give high priority to countries mentioned in the above resolutions and to coordinate these and other WHO efforts in emergency preparedness and humanitarian assistance with the humanitarian affairs programmes of the United Nations system, including mobilization of extrabudgetary resources;
3. CALLS UPON the Director-General to report to the Fiftieth World Health Assembly on the implementation of this resolution.

Hbk Res., Vol. III (3rd ed.), 1.2.2.2; 1.2.2.3; 7.1.4.5

(Sixth plenary meeting, 25 May 1996 -
Committee B, fourth report)

WHA49.29 Modification of Regulations for Expert Advisory Panels and Committees

The Forty-ninth World Health Assembly

DECIDES to amend the Regulations for Expert Advisory Panels and Committees so that regulation 4.23 reads as follows:

4.23 The Director-General shall submit to the Executive Board a report on meetings of expert committees held since the previous session of the Board. It shall contain his observations on the implications of the expert committee reports and his recommendations on the follow-up action to be taken, and the texts of the recommendations of the expert committee shall be annexed. The Executive Board shall consider the report submitted by the Director-General and address its comments to it.

Hbk Res., Vol. III (3rd ed.), 1.5.1

(Sixth plenary meeting, 25 May 1996 -
Committee B, fourth report)

DECISIONS

WHA49(1) Composition of the Committee on Credentials

The Forty-ninth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following 12 Member States: Austria, Botswana, Cape Verde, Estonia, Iran (Islamic Republic of), Jamaica, Kenya, Malta, Micronesia (Federated States of), Myanmar, Syrian Arab Republic, Venezuela.

(First plenary meeting, 20 May 1996)

WHA49(2) Composition of the Committee on Nominations

The Forty-ninth World Health Assembly elected a Committee on Nominations consisting of delegates of the following 25 Member States: Albania, Algeria, Bahrain, Benin, Bolivia, China, Cyprus, Democratic People's Republic of Korea, Djibouti, Ethiopia, Finland, France, Lesotho, Mauritius, Mexico, Nepal, Panama, Republic of Korea, Russian Federation, Saint Lucia, Samoa, Senegal, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, Uruguay.

(First plenary meeting, 20 May 1996)

WHA49(3) Election of officers of the Forty-ninth World Health Assembly

The Forty-ninth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers:

President:	Dr A.J. Mazza (Argentina)
Vice-Presidents:	Dr S. Mba Bekale (Gabon)
	Mr A.B.S. Al-Khayareen (Qatar)
	Dr M. Vitkova (Bulgaria)
	Mr A.H.M. Fowzie (Sri Lanka)
	Mrs S. H. Tiy (Fiji)

(Second plenary meeting, 20 May 1996)

WHA49(4) Election of officers of the main committees

The Forty-ninth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers of the main committees:

Committee A:	Chairman	Professor B. Sangster (Netherlands)
Committee B:	Chairman	Dr O. Shisana (South Africa)

(Second plenary meeting, 20 May 1996)

The main committees subsequently elected the following officers:

Committee A:	Vice-Chairmen	Dr A.M. Alfaro de Gamero (El Salvador) and Dr M.M. Dayrit (Philippines)
	Rapporteur	Dr J. Singay (Bhutan)
Committee B:	Vice-Chairmen	Professor A.K. Shamsuddin Siddiquey (Bangladesh) and Dr A.Y. Al-Saif (Kuwait)
	Rapporteur	Dr M. Kökény (Hungary)

(First meetings of Committees A and B, 21 May 1996)

WHA49(5) Establishment of the General Committee

The Forty-ninth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the delegates of the following 17 countries as members of the General Committee: Australia, Canada, China, Croatia, Cuba, Ecuador, France, Lebanon, Mali, Nigeria, Oman, Russian Federation, Thailand, United Kingdom of Great Britain and Northern Ireland, United States of America, Zaire, Zambia.

(Second plenary meeting, 20 May 1996)

WHA49(6) Adoption of the agenda

The Forty-ninth World Health Assembly adopted the provisional agenda prepared by the Executive Board at its ninety-seventh session with the deletion of four items.

(Third plenary meeting, 20 May 1996)

WHA49(7) Verification of credentials

The Forty-ninth World Health Assembly recognized the validity of the credentials of the following delegations: Afghanistan; Albania; Algeria; Angola; Argentina; Armenia; Australia; Austria; Azerbaijan; Bahrain; Bangladesh; Barbados; Belarus; Belgium; Belize; Benin; Bhutan; Bolivia;¹ Bosnia and Herzegovina; Botswana; Brazil; Brunei Darussalam; Bulgaria; Burkina Faso; Burundi; Cambodia; Cameroon; Canada; Cape Verde; Central African Republic;¹ Chile; China; Colombia; Comoros; Congo; Cook Islands; Costa Rica; Côte d'Ivoire;¹ Croatia; Cuba; Cyprus; Czech Republic; Democratic People's Republic of Korea; Denmark; Djibouti; Dominica; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Ethiopia; Fiji; Finland; France; Gabon; Gambia; Georgia; Germany; Ghana; Greece; Guatemala; Guinea; Guinea-Bissau; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran (Islamic Republic of); Iraq; Ireland; Israel; Italy; Jamaica; Japan; Jordan; Kazakstan; Kenya; Kiribati; Kuwait; Kyrgyzstan; Lao People's Democratic Republic; Latvia; Lebanon; Lesotho; Libyan Arab Jamahiriya; Lithuania; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Mauritania; Mauritius; Mexico; Micronesia (Federated States of); Monaco; Mongolia; Morocco; Mozambique; Myanmar; Namibia; Nauru;¹ Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; Norway; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay;¹ Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Republic of Moldova; Romania; Russian Federation; Rwanda; Saint Kitts and Nevis; Saint Lucia; Samoa; San Marino; Sao Tome and Principe; Saudi Arabia; Senegal; Seychelles; Sierra Leone; Singapore; Slovakia; Slovenia; South Africa; Spain; Sri Lanka; Sudan; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Thailand; The Former

¹ Credentials provisionally accepted.

Yugoslav Republic of Macedonia; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Tuvalu; Uganda; Ukraine; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Tanzania; United States of America; Uruguay; Uzbekistan;¹ Vanuatu; Venezuela; Viet Nam; Yemen; Zaire; Zambia; Zimbabwe.

(Fourth and sixth plenary meetings, 22 and 25 May 1996)

WHA49(8) Review of *The world health report 1996* incorporating the Director-General's report on the work of WHO

The Forty-ninth World Health Assembly, after reviewing *The world health report 1996*, incorporating the Director-General's report on the work of the Organization in 1995,² commended the Director-General and expressed its satisfaction with the manner in which the programme of the Organization was being implemented.

(Fifth plenary meeting, 23 May 1996)

WHA49(9) United Nations Joint Staff Pension Fund: appointment of representatives to the WHO Staff Pension Committee

The Forty-ninth World Health Assembly appointed Professor H. Agboton, delegate of Benin, as a member of the WHO Staff Pension Committee, and Dr S. Tapa, delegate of Tonga, as alternate member of the Committee, the appointments being for a period of three years.

(Fifth plenary meeting, 23 May 1996)

WHA49(10) Election of Members entitled to designate a person to serve on the Executive Board

The Forty-ninth World Health Assembly, after considering the recommendations of the General Committee,³ elected the following as Members entitled to designate a person to serve on the Executive Board: Angola, Benin, Botswana, Burkina Faso, Honduras, Indonesia, Japan, Poland, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland.

(Fifth plenary meeting, 23 May 1996)

WHA49(11) Quality of biological products moving in international commerce

The Forty-ninth World Health Assembly recognized and endorsed the aim and intentions of the draft resolution on quality of biological products moving in international commerce [see summary record of the fifth meeting of Committee A, first section]. It recommended to the Director-General that he convene an ad hoc working group to study the technical and legal implications and report to the Executive Board at its ninety-ninth session in January 1997.

(Sixth plenary meeting, 25 May 1996)

¹ Credentials provisionally accepted.

² *The world health report 1996*, Geneva, World Health Organization, 1996.

³ For report of the General Committee, see document WHA49/1996/REC/3.

The Forty-ninth World Health Assembly, after reviewing the Executive Board's reports on its ninety-sixth¹ and ninety-seventh² sessions, approved the reports; commended the Board on the work it had performed; and expressed its appreciation of the dedication with which the Board had carried out the tasks entrusted to it. It requested the President to convey the thanks of the Health Assembly in particular to those members of the Board who would be completing their terms of office immediately after the closure of the Assembly.

(Sixth plenary meeting, 25 May 1996)

The Forty-ninth World Health Assembly, in accordance with Article 14 of the Constitution, decided that the Fiftieth World Health Assembly would be held in Switzerland.

(Sixth plenary meeting, 25 May 1996)

¹ Document EB96/1995/REC/1.

² Documents EB97/1996/REC/1 and EB97/1996/REC/2.

ANNEXES

ANNEX 1

Real Estate Fund¹

Report by the Director-General

PART I

[A49/17 - 25 March 1996]

I. STATUS OF CURRENT PROJECTS UNDERTAKEN PRIOR TO 31 MAY 1996

Regional Office for Africa

1. The project for the replacement of the drinking-water pipes on the Djoué estate of the Regional Office for Africa has been completed at a cost just below the previously estimated amount of US\$ 135 000.²
2. The basis for the previous cost estimate of US\$ 100 000³ for the replacement of the wiring of the print shop in the Regional Office for Africa will have to be reviewed in the light of further studies being carried out by a consulting engineer. Once this is completed bids on the project will be called for and the Health Assembly will be kept informed of the results.
3. Bids for the replacement of the main passenger lift in the Regional Office have been called for and it is expected that a contract will be awarded in the course of 1996. The costs are expected to remain within the previously estimated amount of US\$ 130 000.³
4. The proposal to replace the air-conditioning unit for the computer and print rooms in the Regional Office has had to be revised to conform to specifications, which could result in a modification to the earlier estimated amount of US\$ 120 000⁴ for the project. The Health Assembly will be kept informed.

Regional Office for the Americas/Pan American Sanitary Bureau

5. The contractor for the construction of the Caribbean Programme Coordination office in Barbados has been selected. Construction is expected to start as soon as certain legal details have been worked out. The contribution to the project by the Real Estate Fund is expected to remain within the estimated amount of US\$ 325 000.⁵

¹ See resolution WHA49.8.

² Document EB91/1993/REC/1, Annex 2, p. 35, and document WHA48/1995/REC/1, Annex 4, p. 69.

³ Document WHA48/1995/REC/1, Annex 4, p. 70.

⁴ Document WHA48/1995/REC/1, Annex 4, p. 71.

⁵ Document WHA47/1994/REC/1, Annex 5, p. 144, and document WHA48/1995/REC/1, Annex 4, p. 69.

6. There has been no further major development for the construction of the PAHO/WHO Representative's office in Mexico since the last report to the Health Assembly. The cost to the Real Estate Fund should not exceed the previously estimated amount of US\$ 250 000.¹

Regional Office for South-East Asia

7. Both lifts in the Regional Office for South-East Asia have now been replaced within the initial estimate of US\$ 71 000.²

8. Negotiations with the local government authorities for the addition of one floor to the Regional Office building are still under way. It is not clear at this stage when final approval will be obtained. The costs of the project should remain within the previously estimated amount of US\$ 145 000.²

9. The air-conditioning plant for the Regional Office has been received and will be installed by early 1996. As reported earlier certain improvements recommended by a consulting engineer, as well as price increases since the initial estimate, will result in a cost for this project about 20% above the initially estimated amount of US\$ 250 000.³

10. The renovation/restructuring of the Regional Office building has commenced. Bids for some major works are still awaited but it is expected to complete the project before the end of 1996 within the previously estimated amount of US\$ 400 000.⁴

Regional Office for Europe

11. The project for the improvement of security arrangements in the Regional Office for Europe is well advanced. Certain essential equipment is awaited and on receipt the installation will be completed, probably by mid-1996. The cost of the project is not expected to exceed the previously estimated amount of US\$ 150 000.⁵

Regional Office for the Eastern Mediterranean

12. During the forty-second session of the Regional Committee for the Eastern Mediterranean in 1995 the Government of Egypt offered to make a plot of land available to WHO in Cairo for the construction of a new Regional Office building. The Regional Committee in resolution EM/RC42/R.2 appealed to the Executive Board to take appropriate action to secure the extra funds needed for the building. A detailed study of the proposed project is under way, and it is expected that the financial consequences of this proposal for the Real Estate Fund will be available for presentation to the Forty-ninth World Health Assembly in an addendum to this document (see Part II of this report).

Headquarters

13. Work has been completed on the reinforcement of the structure of the tunnel under the access road to the entrance of the main building. The costs for this project remained within the initially estimated amount of SFr. 1 500 000.⁶

¹ Document WHA47/1994/REC/1, Annex 5, p. 144, and document WHA48/1995/REC/1, Annex 4, p. 69.

² Document EB89/1992/REC/1, Annex 3, p. 46, and document WHA48/1995/REC/1, Annex 4, pp. 69-70.

³ Document EB91/1993/REC/1, Annex 2, p. 36, and document WHA48/1995/REC/1, Annex 4, pp. 69-70.

⁴ Document WHA48/1995/REC/1, Annex 4, p. 71.

⁵ Document EB91/1993/REC/1, Annex 2, p. 35, and document WHA48/1995/REC/1, Annex 4, p. 70.

⁶ Document WHA47/1994/REC/1, Annex 5, p. 143, and document WHA48/1995/REC/1, Annex 4, p. 70.

14. Permission to renovate the sub-basement of the headquarters building has been received from the local authorities. Work on the removal of the old structures and installations has started. Project specifications and bids are now being finalized. The work on the new structures and installations should start by March 1996 and the project should be completed by the end of that year within the previously estimated Swiss franc equivalent of US\$ 1 780 000,¹ adjusted to reflect the Swiss franc/US dollar exchange rate fluctuations.

15. Work on the replacement of the headquarters Local Area Network (LAN) is progressing satisfactorily. Space for the network components has been prepared and the contract for the new wiring installation has been adjudged. It is expected that the new LAN will be operational by autumn 1996 and it should be completed within the previously estimated Swiss franc equivalent of US\$ 6 765 000,¹ adjusted to reflect the Swiss franc/US dollar exchange rate fluctuations.

II. ESTIMATED REQUIREMENTS FOR THE PERIOD 1 JUNE 1996 TO 31 MAY 1997

Regional Office for the Western Pacific

16. The horseshoe table in the main conference hall of the Regional Office for the Western Pacific needs replacement owing to the increase in Member States. In 1958 this table was designed to accommodate 14 Member States. There are today 32 Member States and one Associate Member as well as represented areas such as Hong Kong and Macao. Over the years seats were added to the table, but no further additions are possible. At the forty-sixth session of the Regional Committee in 1995 43 persons had to be accommodated around the table, and the cramped conditions made it obvious that such a situation could not continue. The conference hall also accommodates several other important meetings during the year, such as those of WHO Representatives and country liaison officers. While the table is being replaced the opportunity will be taken to renew other fittings in the conference hall, including the interpretation equipment, maintenance of which has become expensive and difficult. The larger table will also require other modifications to the conference hall. The entire project is estimated to cost US\$ 496 000, of which US\$ 90 000 will be financed from regional resources; US\$ 406 000 is being requested from the Real Estate Fund.

III. SUMMARY

17. On the basis of the foregoing considerations and bearing in mind the need to inform the Health Assembly further concerning the construction of the new Regional Office for the Eastern Mediterranean (paragraph 12), the provisional estimated requirements of the Real Estate Fund for the period 1 June 1996 to 31 May 1997 are as follows:

	US \$
- Replacement of the conference table and improvement of the conference hall in the Regional Office for the Western Pacific (paragraph 16)	406 000
Total estimated requirements	406 000
Unencumbered balance of the Real Estate Fund, including accrued interest, as at 31 December 1995 (see Appendix) rounded off at	449 000

¹ Document WHA48/1995/REC/1, Annex 4, p. 72.

IV. MATTERS FOR THE PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY

18. [The Health Assembly adopted as resolution WHA49.8 the text recommended by the Executive Board in its resolution EB97.R22.]

REAL ESTATE FUND
SITUATION AS AT 31 DECEMBER 1995

(expressed in US dollars)

	1 January 1970 - 31 December 1991	1992-1993	1994-1995	Total (from inception)
1. BALANCE AT 1 JANUARY	-	5 922 950	3 160 172	-
2. INCOME				
Balance of Revolving Fund for Real Estate Operations (resolution WHA23.14)	68 990	-	-	68 990
Casual income appropriated (resolutions WHA23.15, WHA24.23, WHA25.38, WHA28.26, WHA29.28, WHA33.15, WHA34.12, WHA35.12, WHA36.17, WHA37.19, WHA39.5, WHA42.10, WHA43.6, WHA44.29)	22 914 186	-	-	22 914 186
resolution WHA46.22	-	145 000	-	145 000
resolutions WHA47.25, WHA48.22	-	-	9 412 250	9 412 250
Transfer from Part II of the Working Capital Fund (resolution WHA23.15)	1 128 414	-	-	1 128 414
Rents collected	6 530 557	775 431	734 258	8 040 246
Interest	5 337 645	254 290	620 020	6 211 955
Other	1 567	-	-	1 567
Total income	35 981 359	1 174 721	10 766 528	47 922 608
Total funds available	35 981 359	7 097 671	13 926 700	-
3. OBLIGATIONS AND EXPECTED OBLIGATIONS (see Attachment to this Appendix)	30 058 409	3 937 499	13 477 223	47 473 131
4. BALANCE AT 31 DECEMBER	5 922 950	3 160 172	449 477	449 477

Appendix

Attachment

REAL ESTATE FUND
OBLIGATIONS AND EXPECTED OBLIGATIONS FROM INCEPTION
(1 JANUARY 1970) TO 31 DECEMBER 1995

(expressed in US dollars)

Purpose	Relevant authorization (resolution/decision)	Obligations				Total
		1 Jan 1970-31 Dec 1991	1992-1993	1994-1995		
				Obligated	Earmarked	
1. Maintenance, repairs and alterations to houses for staff	WHA23.14, para. 3(i)					
Regional Office for Africa		4 168 841	518 716	505 280	14 706	5 207 543
Regional Office for the Eastern Mediterranean		161 419	19 636	20 000	-	201 055
		4 330 260	538 352	525 280	14 706	5 408 598
2. Major repairs, and repairs to the Organization's existing buildings	WHA23.14, para. 3(ii)					
Headquarters:						
Current repairs		903 101	-	-	-	903 101
Restoration of the structural safety of the eighth floor of the main building	WHA35.12 & WHA36.17	363 193	-	-	-	363 193
Renovation of the headquarters roofing and the technical installations built thereon	WHA39.5	335 757	-	-	-	335 757
Remodelling of the headquarters eighth floor	WHA39.5	1 550 363	-	-	-	1 550 363
Replacement of the telephone exchange	WHA42.10	2 071 272	102 863	45 018	-	2 219 153
Replacement of the Freon gas in the air-conditioning system	WHA47.25	-	-	-	231 000	231 000
Strengthening of the supporting structure below the access road to the headquarters building	WHA47.25	-	-	1 204 570	106 930	1 311 500
Replacement of Local Area Network (LAN)	WHA48.22	-	-	3 683 946	3 416 254	7 100 200
Renovation of sub-basement	WHA48.22	-	-	522 873	1 300 827	1 823 700
Regional Office for Africa		1 716 220	-	3 408	346 592	2 066 220
Regional Office for the Americas		167 470	215 250	110 250	-	492 970
Regional Office for South-East Asia		242 311	255 217	351 003	400 749	1 249 280
Regional Office for Europe		964 479	572 442	110 876	106 847	1 754 644
Regional Office for the Eastern Mediterranean		157 816	-	-	-	157 816
Regional Office for the Western Pacific		892 922	-	-	-	892 922
		9 364 904	1 145 772	6 031 944	5 909 199	22 451 819
3. Acquisition of land, construction/extension of buildings	WHA23.14, para. 3(iii)					
Headquarters						
Main building:						
Transfer to Headquarters Building Fund for part settlement of litigation with Compagnie française d'Entreprise	WHA23.18	655 140	-	-	-	655 140
Acquisition of land	WHA23.17	1 000 095	-	-	-	1 000 095
Second prefabricated building	WHA24.22	689 791	-	-	-	689 791
Third prefabricated building	WHA28.26	1 799 575	-	-	-	1 799 575
Architectural studies for proposed extension of main building	WHA24.22 & WHA25.38	243 832	-	-	-	243 832
Alterations to "V" building	WHA33.15	102 658	-	-	-	102 658
Additional car park	WHA33.15	104 564	-	-	-	104 564
Construction of a building to house the kitchen and restaurant	WHA36.17	2 728 844	-	-	-	2 728 844

Purpose	Relevant authorization (resolution/decision)	Obligations					Total
		1 Jan 1970-31 Dec 1991	1992-1993	1994-1995			
				Obligated	Earmarked		
Regional Office for Africa							
Construction of additional staff housing	WHA23.16	936 937	-	-	-	-	936 937
First extension of Regional Office building . .	WHA23.16	751 585	-	-	-	-	751 585
Second extension of Regional Office building .	WHA28.26	930 588	-	-	-	-	930 588
Acquisition of land for additional staff housing	WHA24.24	13 517	-	-	-	-	13 517
Conversion of staff housing	WHA34.12	292 955	-	-	-	-	292 955
Construction of small office building and staff housing in Malabo, Equatorial Guinea . . .	WHA34.12	599 287	-	-	-	-	599 287
Third extension of Regional Office building .	WHA37.19	863 552	-	-	-	-	863 552
Purchase of five staff houses in Namibia . . .	WHA43.6	353 740	611	-	-	-	354 351
Replacement of the telephone exchange	WHA44.29	-	1 001 197	260 687	13 516	-	1 275 400
Regional Office for the Americas							
Construction of Zone Office, Brasilia (WHO's contribution)	WHA25.39	100 000	-	-	-	-	100 000
Construction of a building for the Caribbean Food and Nutrition Institute (WHO's contribution)	WHA35.12	300 000	-	-	-	-	300 000
Construction of an office for the Caribbean Programme Coordination, Barbados	WHA47.25	-	-	-	325 000	-	325 000
Construction of an office for the PAHO/WHO Representative in Mexico	WHA47.25	-	-	-	250 000	-	250 000
Regional Office for South-East Asia							
Extension of Regional Office building	WHA24.25	137 331	-	-	-	-	137 331
Fire-fighting equipment and emergency generator	WHA28.26	63 172	-	-	-	-	63 172
Installation of new telephone exchange	Dec.EB63(8)	120 557	-	-	-	-	120 557
Extension of Regional Office building, including new air-conditioning plant and electrical substation	WHA34.12	673 497	-	-	-	-	673 497
Additional stand-by generator	WHA35.12	84 791	-	-	-	-	84 791
Addition of one floor at the Regional Office building	WHA45.9	-	1 596	4 176	139 228	-	145 000
Regional Office for Europe							
Renovation of additional premises:	WHA27.15 &						
39 Strandpromenaden	WHA29.28	93 213	-	-	-	-	93 213
33 Strandpromenaden	Dec.EB63(8)	91 546	-	-	-	-	91 546
Installation of new telephone exchange	WHA29.28	190 000	-	-	-	-	190 000
Preliminary architectural study for extension of Regional Office building	WHA34.12	63 707	-	-	-	-	63 707
Lift and toilet facilities for disabled persons in the Regional Office	WHA34.12	38 102	-	-	-	-	38 102
Regional Office for the Eastern Mediterranean							
Extension of Regional Office building	WHA25.40	39 634	-	-	-	-	39 634
Additional extension of Regional Office building	WHA38.9	190 000	-	-	-	-	190 000
Architectural study for the extension of Regional Office building	WHA41.13	10 000	-	-	-	-	10 000
Construction of an annex at the Regional Office	WHA43.6	50 241	549 572	-	-	-	599 813
Regional Office for the Western Pacific							
Installation of fire detection and control equipment	WHA27.16	25 097	-	-	-	-	25 097
Extension of Regional Office building	WHA29.28	537 437	-	-	-	-	537 437
Additional extension of Regional Office building	WHA33.15	1 090 141	-	-	-	-	1 090 141
Construction of an annex at the Regional Office	WHA43.6	398 119	700 399	3 487	-	-	1 102 005
Total acquisition of land, construction/extension of buildings		16 363 245	2 253 375	268 350	727 744		19 612 714
TOTAL OBLIGATIONS AND EXPECTED OBLIGATIONS		30 058 409	3 937 499	6 825 574	6 651 649		47 473 131

PART II

[A49/17 Add.1 - 15 May 1996]

This part outlines the background of the proposal regarding accommodation for the Regional Office for the Eastern Mediterranean, indicates the severe space constraints under which the Office is currently operating, gives projections of its space requirements over the next 10 years, proposes a solution to the accommodation difficulties, and outlines some implications of the proposed move of the Regional Office from Alexandria to Cairo.

BACKGROUND

1. The Regional Office for the Eastern Mediterranean was officially established in Alexandria in 1949, pursuant to resolution EB3.R30. Since then it has occupied a site and building provided by the Government of Egypt. Over the years, with the increase in programmes and workload, the Regional Office has expanded, and has long since outgrown the present accommodation. This matter has been brought to the attention of the Executive Board and the Health Assembly over the past several years.
2. In October 1987 the Regional Committee, largely because of the unavailability of suitable land in Cairo, recommended extending the present building in Alexandria. The Forty-first World Health Assembly (May 1988) authorized an architectural study to review options for that extension. The study concluded in favour of an extension in front of the main building, partially underground, and the Forty-third World Health Assembly (May 1990) approved funding for the partially underground extension to the amount of US\$ 2 381 000.¹
3. Before beginning this work, the Alexandria authorities made available space adjacent to the Regional Office to carry out the extension, thus providing a more practical option than constructing offices underground, and the acceptance of this alternative solution was reported to the Executive Board at its eighty-seventh session (January 1991). This solution ran into legal difficulties, however, as reported to the Executive Board at its ninetieth session (May 1992), and work was stopped.
4. The Executive Board was informed of subsequent efforts to undertake a joint project with the Ministry of Culture on a plot of land adjacent to the Regional Office. The difficulties inherent to this joint project, including legal complications, militated against this solution.
5. In the meantime, the Government of Egypt informed the Regional Committee of the allocation of a suitable plot of land in Cairo for the construction of a new Regional Office building. The Regional Committee was in favour of this solution and, during its forty-second session in Cairo (October 1995), passed resolution EM/RC42/R.2 to that effect. The Executive Board at its ninety-seventh session (January 1996) was informed of this situation,² which is also reported to the Health Assembly in Part I, paragraph 12, above.

¹ Resolution WHA43.6 and document WHA43/1990/REC/1, Annex 2.

² Document EB97/1996/REC/2, pp. 214-216.

CURRENT PREMISES

6. The building housing most of the Regional Office was originally two storeys high, but with the growth of WHO programmes in the Region it became necessary to add two storeys, and later to add rooms immediately behind the main Office building and on the roof-top. Subsequently, the Office was obliged to acquire annexes for several services and for its stores at some distance from the main building. At present, eight different leases are maintained for space separate from the main building.

7. It is structurally impossible to make additional space available in the main building and impractical to continue splintering the Office by renting premises away from the main building. There are now 22 Member States in the Region, and there is not enough conference room space for sessions of the Regional Committee. Large meetings, such as on the occasion of World Health Day, are difficult to organize. There is insufficient parking space. Further, because of the age of the building, electrical wiring, computer cabling, water supply and other systems can only be installed or repaired with difficulty, patchily, and not always to adequate security standards.

SPACE REQUIREMENTS

8. The Regional Office building would need to provide sufficient offices and work areas for 77 professional and 165 general service fixed-term staff, with additional offices for short-term staff. Adequate and appropriate space will be necessary for conference facilities for the Regional Committee and other large meetings, as well as for a library, a cafeteria, stores, a workshop, the telephone system, a computer centre, a printshop, the registry, the medical clinic, lifts, generators, the heating/cooling system, etc., and also parking space for staff, visitors and delegates.

9. Over the next 10 years it is planned that all of the above, excluding parking and grounds, would require approximately 8000 m² of built space, as compared with approximately 5800 m² at present in use in all locations.

PROPOSED SOLUTION

10. The Governorate of Cairo has informed the Regional Committee for the Eastern Mediterranean that it has allocated 5000 m² of land in Cairo for the construction of a new Regional Office building, with the stipulation that construction must start within one year of the official handing over of this land. Formal legislative approval for this allocation to be free of charge is awaited.

11. Cairo has a number of advantages over Alexandria as a location for the Regional Office from the standpoint of travel and communications. Most air travel to and from Alexandria must pass via Cairo, with considerable inconvenience, risk, loss of time and greater expense to both the Office and the Member States. The Alexandria location does not give the Regional Office convenient access to Egyptian Government offices or to embassies of other Member States, which are located in Cairo, and it has been necessary for the Regional Office to maintain a liaison office and staff at additional expense in Cairo for that purpose; rental of premises in eight different locations in Cairo and Alexandria, at market rates, could be dispensed with.

12. Transfer to new premises would permit the Regional Office to take advantage of functional and efficient technology in an entirely new building; a modern construction can be envisaged, with a modular design, convenient for operation and maintenance and efficient use of space. Adequate parking, delivery and working space would thus be available for at least the next 10 years. The advantages, from the viewpoint of the work efficiency of having all Regional Office services located in one building, do not require elaboration.

13. Consulting architects were requested to prepare a preliminary project with cost estimates which has now been received, according to which it is estimated that a building that meets the requirements stated under paragraphs 8 and 9 above would cost US\$ 9.1 million at present exchange rates.

ADDITIONAL IMPLICATIONS OF MOVING THE REGIONAL OFFICE TO CAIRO

14. A certain number of nonconstruction cost implications of moving from Alexandria to Cairo are outlined below, with rough estimates where available. None of the costs, however, would have implications for the Real Estate Fund, but would be charged to the regional budget.

15. It is expected that about half the general service staff in Alexandria would not wish to move to Cairo. Those staff would have to be released and an estimated US\$ 650 000 paid in terminal emoluments. New general service staff would have to be recruited in Cairo and given the necessary training.

16. Since professional staff would be reassigned, statutory entitlements would have to be paid, such as travel costs, shipment of personal effects, installation allowances, etc., estimated at about US\$ 1 980 000.

17. The post adjustment and local salary scales are higher in Cairo than in Alexandria and the additional recurrent cost of maintaining staff is estimated at US\$ 1 million per year.

18. Until the Cairo office is fully operational a period of parallel functioning of both offices would have to be foreseen. This would also imply decreased efficiency and productivity for the duration of the adjustment.

19. On the other hand, travel and per diem costs of about US\$ 125 000 per year, at present incurred for journeys between Cairo and Alexandria, would be saved.

20. In the long term a gain in efficiency and productivity would result from running the Regional Office in one building instead of eight separate locations, with a saving in rent of about US\$ 50 000 a year.

MATTERS FOR THE PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY

21. [The Health Assembly was thus invited: (a) to consider the proposal by the Regional Committee for the Eastern Mediterranean to construct a new Regional Office building in Cairo on land allocated by the Governorate of Cairo; and (b) to decide on the relocation of the Regional Office from Alexandria to Cairo.]

22. [Funding for the construction work would have to be appropriated from casual income (if available) to the Real Estate Fund. The availability of casual income for this purpose would have to take into account the priorities already established by the Health Assembly for its use, as well as requirements for exchange rate fluctuations and the status of collection of assessed contributions.]

23. [The Health Assembly was provided with further information during the discussion of this item in Committee B: the Administration, Budget and Finance Committee (ABFC) of the Executive Board, which met on 17 May 1996, reported on behalf of the Board to the Health Assembly on this matter in its third report,¹ recommending that it "should approve the principle of the relocation of the Regional Office for the Eastern Mediterranean from Alexandria to Cairo;" ABFC also recommended that the Board "at its ninety-ninth session in January 1997 should be provided with a thorough financial analysis of the proposals", and that the matter "should be brought up again before the Fiftieth World Health Assembly ...". The recommendations were endorsed.²]

¹ Document A49/34.

² See document WHA49/1996/REC/3, fourth meeting of Committee B, section 1.

ANNEX 2

Smallpox eradication - destruction of variola virus stocks¹

Report by the Director-General

[A49/5 - 27 February 1996]

This report contains a brief outline of one of the major issues remaining after the declaration of the global eradication of smallpox in 1980 - the retention or destruction of the last known stocks of variola virus. It takes into account the discussion in the Executive Board at its ninety-seventh session, to which an earlier version of the report was submitted.

BACKGROUND

1. Since the global eradication of smallpox was declared on 8 May 1980, stocks of variola virus have been gradually reduced and are now restricted to two laboratories: the WHO Collaborating Centre on Smallpox and other Poxvirus Infections designated at the Centers for Disease Control and Prevention, Atlanta, Georgia, USA, and the Russian State Centre for Research on Virology and Biotechnology, Koltsovo, Novosibirsk Region, Russian Federation.
2. The members of the Committee on Orthopoxvirus Infections which met in March 1986 unanimously recommended the destruction of these last remaining virus stocks. The Committee noted that the variola gene pool could be cloned into non-expressing sites of bacterial plasmids for future studies of variola virus and that archival records of variola virus would be satisfied by such cloned DNA. The Committee also considered that the cloned DNA would provide sufficient reference material to resolve any future diagnostic problem involving suspected smallpox.
3. The meeting of the *Ad Hoc* Committee on Orthopoxvirus Infections in December 1990 confirmed the recommendation and proposed a deadline of 31 December 1993 for the destruction. The Committee recommended that, in the meantime, the complete nucleotide sequence of the genome of at least one variola virus strain should be determined. It considered that the sequence information might represent a useful and potentially safer record than the cloned material for archival purposes.
4. The WHO Technical Committee on the Analysis of Nucleotide Sequences of Variola Virus Genomes reviewed the data obtained in the sequencing project at a meeting in January 1994. It acknowledged that the information obtained in the project exceeded the minimum requested by WHO.

¹ See resolution WHA49.10.

5. The *Ad Hoc* Committee's recommendation to destroy the variola viruses had, however, given rise to mixed reactions among the public and in the scientific community. In view of the controversy over this crucial subject and the fact that a decision to destroy the virus would be irrevocable, WHO once more asked the advice of the *Ad Hoc* Committee on Orthopoxvirus Infections, bearing in mind the arguments raised since the meeting in December 1990.

6. The *Ad Hoc* Committee discussed the issues related to the destruction of the last stocks of variola virus thoroughly during a meeting on 9 September 1994. It unanimously agreed that at some date all remaining stocks of variola and whitepox viruses, viral genomic DNA and clinical specimens and other material containing infectious material should be destroyed.¹

7. Eight of the ten members of the *Ad Hoc* Committee favoured destruction by 30 June 1995 on the grounds that the genomic sequence information from several strains of variola virus, with the availability of other sequences cloned in bacterial plasmids, satisfied the need for an archival record of the virus. They noted that these cloned DNA fragments would provide sufficient reference material to resolve any future diagnostic problem involving suspected smallpox and allowed for future studies of properties of variola virus genes and proteins. They also stressed that escape of variola virus from the laboratory would be a serious risk to the increasing proportion of the population that lacks immunity to smallpox. Destruction of the stocks of variola virus was seen as the last step in the complete and final global eradication of smallpox. Two members of the Committee were in favour of extending the archival storage of the variola virus for a further five years. They considered that the rapid advances in science and technology now occurring would enable new questions to be addressed in the future and that it was therefore too early to take this irrevocable step in 1995.

8. The Executive Board at its ninety-seventh session supported the recommendation that the remaining stocks of variola virus should be destroyed. The date for the destruction was discussed, and the Board recommended to the Forty-ninth World Health Assembly that the remaining stocks should be destroyed on 30 June 1999 after a decision has been taken by the Health Assembly to that effect, the intervening period being used to enable a broader consensus to be reached on destruction.

KEEPING OF CLONED MATERIAL

9. Cloned DNA fragments of the variola virus genome are themselves not infectious but are safe, and provide a useful resource and tool for analysing variola virus genes and protein structure and function. The majority (nine out of ten) of the members of the *Ad Hoc* Committee recommended that such cloned material should be kept. The Committee also recommended the establishment of two international repositories for the storage, maintenance, distribution and monitoring of the cloned DNA fragments of the variola virus genome - one at the WHO Collaborating Centre for Smallpox and other Poxvirus Infections, Centers for Disease Control and Prevention, Atlanta, Georgia, USA and the second at the Russian State Centre for Research on Virology and Biotechnology, Koltsovo, Novosibirsk Region, Russian Federation.

RESERVE OF SMALLPOX VACCINE

10. The *Ad Hoc* Committee also recommended that 500 000 doses of smallpox vaccine should be kept by WHO in case of an emergency and that the smallpox vaccine seed virus (vaccinia virus strain Lister Elstree) should be maintained in the WHO Collaborating Centre on Smallpox Vaccine at the National Institute of Public Health and Environmental Protection, Bilthoven, Netherlands.

¹ The report of the meeting (document CDS/BVI/94.3) is available in English.

MATTERS FOR THE PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY

11. [The Health Assembly adopted in its resolution WHA49.10 the text recommended by the Executive Board in its resolution EB97.R24.]

ANNEX 3

**Joint United Nations Programme
on HIV/AIDS (UNAIDS)¹**

Report by the Director-General

[A49/25 - 6 March 1996]

This report, an earlier version of which was prepared in response to resolution WHA48.30 (May 1995) and submitted to the Executive Board at its ninety-seventh session, describes the action taken for establishment of the Joint United Nations Programme on HIV/AIDS, which became operational on 1 January 1996.

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¹ See resolution WHA49.27.

I. INTRODUCTION

1. This report was prepared in response to resolution WHA48.30 (May 1995) which endorsed the establishment of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and requested the Director-General to report on progress towards its establishment to the Forty-ninth World Health Assembly.

II. COMMITTEE OF COSPONSORING ORGANIZATIONS

2. Since the Forty-eighth World Health Assembly in May 1995 the Committee of Cosponsoring Organizations has met three times, in June, July and October 1995, making a total of six meetings since its creation in September 1994. At these meetings, and in several other working contacts, the Memorandum of Understanding was discussed and other key documents were reviewed, such as the UNAIDS strategic plan for 1996-2000 (see paragraph 6) and the proposed programme budget for the 1996-1997 biennium (see paragraph 7; see also paragraph 5 below).

3. At the meeting in June 1995 the executive heads of the six cosponsoring organizations agreed to send a letter to all country representatives of the cosponsors through the United Nations Resident Coordinator, describing the purpose of UNAIDS and how it would work at country level. The letter was dispatched in August 1995 (see Appendix 1).

III. PROGRAMME COORDINATING BOARD

4. In order to ensure a smooth start for the Joint Programme, it was recognized that guidance should be obtained from the Programme Coordinating Board before formal establishment. At its first meeting (Geneva, July 1995) the Board was composed of 22 members, selected from among the Member States of the cosponsoring organizations in accordance with a formula drawn up within the United Nations Economic and Social Council, together with the six cosponsors and five nongovernmental organizations (see Appendix 2 and further explanation in paragraphs 16-19 below). The Board reviewed indicative budgetary proposals for the 1996-1997 biennium; requested that an overall budget should be drawn up within an indicative range of US\$ 120 million to US\$ 140 million; authorized the phased recruitment of staff; and adopted its *modus operandi*.

5. At its second meeting (Geneva, November 1995) the Board reviewed, *inter alia*, the UNAIDS strategic plan for 1996-2000; the proposed programme budget for the 1996-1997 biennium; the Country Support Framework: mode of operations at country level (see paragraph 8); and the HIV/AIDS activities of the cosponsors for 1996-1997.

IV. PROGRAMME DEVELOPMENT

Strategic plan

6. After consultation with the cosponsors in mid-March 1995 and five consultative workshops in New Delhi, Santiago, Nairobi, Venice, Italy and Dakar between April and June, a draft strategic plan was prepared and sent to the cosponsors for comment in early August. It was also sent to a broad range of "partners" with a request for written comments; over 100 replies were received. The cosponsors reviewed the plan in detail in October and a final draft was submitted to the Programme Coordinating Board at its second meeting.

Proposed programme budget for the 1996-1997 biennium

7. The programme budget, in the amount of US\$ 120 million, is based on expected income for the biennium from potential donors. The programme budget was reviewed by the Committee of Cosponsoring Organizations at its meeting in October 1995, and the final version incorporating its comments was approved by the Programme Coordinating Board at its second meeting.

Country Support Framework: mode of operations at country level

8. The Country Support Framework document presents information about UNAIDS mode of operations and activities at country level, including the roles of the United Nations "theme groups" on HIV/AIDS and the UNAIDS country programme advisers. It was prepared after extensive consultation with all sectors: national programmes, nongovernmental organizations and organizations of people living with HIV/AIDS, the private sector, cosponsoring organizations and UNAIDS staff. The document was submitted to the Committee of Cosponsoring Organizations at its October meeting and a revised text was distributed to all partners at country level for their comments and feedback. An abridged version was submitted to the Programme Coordinating Board at its second meeting.

9. Country visits by the Executive Director and other staff, and participation in the Third International Conference on AIDS in Asia and the Pacific (Chiang Mai, Thailand, 1995), the IV Pan American Conference on AIDS (Santiago, 1995) and the IX International Conference on AIDS and STDs in Africa (Kampala, 1995), were used to provide briefings on UNAIDS, its purpose and mode of operations.

10. A first briefing and training course for country programme advisers and other UNAIDS staff was held from January to February 1996.

11. Discussions were held with the cosponsors, with staff at five of WHO's regional offices, and with managers or other staff of a number of national AIDS programmes, on the most effective mechanisms for maintaining essential financial support to these programmes during the 1996-1997 biennium. Governments were informed through the United Nations Resident Coordinator at the end of October 1995 of the indicative level of financing for their national AIDS programmes for 1996-1997.

Staffing

12. With the Programme Coordinating Board's authorization for recruitment, three batches of vacancy notices were issued for most of the professional and general service posts at the Geneva office, and approximately half of the country-level professional posts. Two staff selection committees were established (the one for professional candidates comprising representatives of the six cosponsors) and have submitted recommendations for appointment to the Executive Director.

13. As at February 1996, UNAIDS comprised 51 professional and 39 general service staff, including staff seconded from the Governments of Australia and Japan, from UNFPA and UNDP. In addition, 21 staff of WHO's Global Programme on AIDS have been extended and are currently working with UNAIDS. Discussions are under way with UNICEF to decide upon secondment of staff to UNAIDS.

Nongovernmental organizations

14. A four-day meeting (Geneva, July 1995) brought together 20 representatives of organizations of "people living with HIV/AIDS" and other nongovernmental organizations to explore and discuss priority areas of collaboration between them and UNAIDS and possible mechanisms through which cooperation could be facilitated.

V. LEGAL AND ADMINISTRATIVE ARRANGEMENTS

Memorandum of Understanding

15. The six cosponsors reached agreement at the October meeting of the Committee of Cosponsoring Organizations on the final text of the Memorandum of Understanding which specifies the relationship between the cosponsors of the Joint Programme. The Memorandum was signed by the executive heads of the six cosponsors, namely UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank (see Appendix 3). Article V of the Memorandum of Understanding provides that the composition and functions of the Programme Coordinating Board shall be determined by the United Nations Economic and Social Council and the appropriate governing bodies of the cosponsoring organizations.

Composition of the Programme Coordinating Board

16. By decision 1995/222 the United Nations Economic and Social Council decided that the distribution of seats for the Programme Coordinating Board among Member States should be as follows:

- five seats for African States;
- five seats for Asian States (including Japan);
- two seats for eastern European States;
- three seats for Latin American and Caribbean States;
- seven seats for western European and other States.

Because time was short before the first meeting of the Board, elections for the seats were held under the auspices of the Economic and Social Council (see Appendix 2 for a list of elected members).

17. It was noted at the time that although the first elections were conducted under the auspices of the Economic and Social Council, the question of the body or bodies in which subsequent elections would be conducted was a matter for further consultation.

Functions of the Programme Coordinating Board

18. After discussion among the cosponsoring organizations and the review by the United Nations Economic and Social Council, the following functions have been determined for the Board:

- to establish broad policies and priorities for the Joint Programme taking into account the provisions of United Nations General Assembly resolution 47/199;
- to review and decide upon the planning and execution of the Joint Programme; for this purpose, the Board shall be kept informed of all aspects of the development of the Joint Programme and consider reports and recommendations submitted to it by the Committee of Cosponsoring Organizations and the Executive Director;
- to review and approve the plan of action and budget for each financial period, prepared by the Executive Director and reviewed by the Committee;
- to review proposals of the Executive Director and approve arrangements for the financing of the Joint Programme;
- to review longer term plans of action and their financial implications;

- to review audited financial reports submitted by the Joint Programme;
- to make recommendations to the cosponsoring organizations regarding their activities in support of the Joint Programme, including incorporation of HIV/AIDS activities in the mainstream of their own policy and strategy;
- to review periodic reports that will evaluate the progress of the Joint Programme towards the achievement of its goals.

Administrative arrangements with WHO

19. Agreement was reached between WHO and UNAIDS on the different aspects to be covered by such arrangements as personnel management, financial accounting and general administration.

VI. MATTERS FOR THE PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY

20. [The Health Assembly adopted as resolution WHA49.27 the text recommended by the Executive Board in its resolution EB97.R19.]

Appendix 1

LETTER FROM THE EXECUTIVE HEADS OF THE SIX COSPONSORS
OF UNAIDS TO THEIR COUNTRY REPRESENTATIVES

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)

(UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank)

To Country Representatives
through Resident Coordinators

14 August 1995

Dear Sir/Madam,

We are writing to bring you up-to-date on a new venture in the United Nations system of which you may already be aware: the Joint United Nations Programme on HIV/AIDS (UNAIDS). Cosponsored by UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank, and endorsed by governing bodies of the cosponsors as well as by ECOSOC (resolution 1994/24), UNAIDS is presently in the process of being set up and will be fully operational by January 1996. Through UNAIDS, the six cosponsors will join forces in a single effort to help the world challenge and live with HIV/AIDS. Its purpose is to draw upon the breadth of experience and scope of action offered by its six cosponsors while ensuring maximum complementarity of the activities and cooperation offered by each of our agencies.

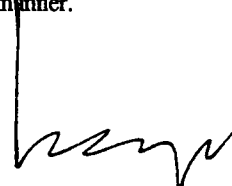
At the global level, UNAIDS serves as the UN system's primary source of policy and technical guidance on HIV/AIDS. At the country level, UNAIDS endeavours to enhance and facilitate cooperation among the six cosponsors. Its major objective will be to help build national and local capabilities to respond to HIV/AIDS by ensuring effective and coordinated support by the UN system, expediting the contribution of bilateral or multilateral inputs and by providing technical support as appropriate. Structurally, at country level UNAIDS will operate on the basis of the Resident Coordinator system, and the mechanisms laid out in General Assembly resolution 47/199 where applicable. The Resident Coordinator will ensure that a UN Theme Group on HIV/AIDS brings together the representatives of the cosponsors and other UN agencies, bilateral contributors, IGOs and NGOs.

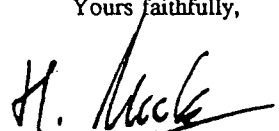
Much still remains to be determined about how exactly UNAIDS and its staff will function with respect to country operations. Already, however, you should begin discussing with the Resident Coordinator how to establish a UN Theme Group on HIV/AIDS, or how you may strengthen it if you already have one. As the details of the new programme unfold, you will be kept informed of developments by periodic letters sent to you by UNAIDS and its Executive Director, Dr Peter Piot.

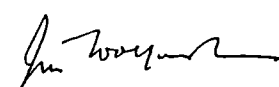
We are aware that UNAIDS represents an almost totally new approach in the cooperative efforts of our respective agencies. We are counting on you to facilitate the work of UNAIDS and thereby make our joint action strong enough, coordinated enough and broad enough to help the world cope with the enormous challenge of HIV/AIDS.

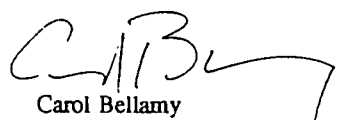
As it represents a new type of cooperative venture on the part of our agencies, we are convinced that the success or failure of UNAIDS will undoubtedly have important repercussions for the final nature of the reforms of the entire United Nations system which are presently being contemplated at the level of Governments. It is therefore imperative for each and every one of us to demonstrate that we are not only willing but capable of working in a coherent and concerted manner.

Yours faithfully,

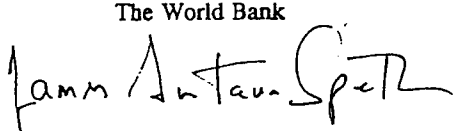

 Federico Mayor
 Director-General
 United Nations Educational,
 Scientific & Cultural Organization


 Hiroshi Nakajima
 Director-General
 World Health Organization


 James D. Wolfensohn
 President
 The World Bank


 Carol Bellamy
 Executive Director
 United Nations Children's Fund


 Nafis Sadik
 Executive Director
 United Nations Population Fund


 James Gustave Speth
 Administrator
 United Nations
 Development Programme

Appendix 2

COMPOSITION OF THE PROGRAMME COORDINATING BOARD

Member States		Term of office ¹
African States:	Algeria	2 years
	Congo	3 years
	Côte d'Ivoire	1 year
	South Africa	2 years
	Uganda	3 years
Asian and Pacific States:	China	2 years
	India	3 years
	Japan	2 years
	Pakistan	3 years
	Thailand	1 year
Eastern European States:	Bulgaria	2 years
	Russian Federation	3 years
Latin American and Caribbean States:	Barbados	2 years
	Mexico	1 year
	Paraguay	3 years
Western European and other States:	Australia	1 year
	Canada	1 year
	France	3 years
	Netherlands	2 years
	Sweden	2 years
	United Kingdom of Great Britain and Northern Ireland	2 years
	United States of America	3 years
Cosponsoring organizations:	UNICEF	permanent
	UNDP	permanent
	UNFPA	permanent
	UNESCO	permanent
	WHO	permanent
	World Bank	permanent
Nongovernmental organizations:	Kabalikat ng Pamilyang Pilipino Foundation Inc. (HIV/AIDS Network of the Philippines)	... years ²
	Churches Medical Association of Zambia	... years ²
	International Community of Women Living with HIV/AIDS, United States of America	... years ²
	Chilean NGO AIDS Network	... years ²
	AIDES Fédération Nationale, France	... years ²

¹ At the first meeting of the Programme Coordinating Board it was agreed that the six months of 1995 would be added to the terms of office indicated above.

² The term of office of nongovernmental organizations is a maximum of three years; rotation among the organizations is to be decided by the bodies themselves.

Appendix 3

MEMORANDUM OF UNDERSTANDING ON A JOINT AND COSPONSORED UNITED NATIONS PROGRAMME ON HIV/AIDS

WHEREAS the worldwide epidemic of acquired immunodeficiency syndrome (AIDS) - a syndrome caused by the human immunodeficiency virus (HIV) - is one of the major tragedies of our time which poses a threat of great magnitude to mankind, and requires a multidimensional response at global and country level;

WHEREAS the United Nations Children's Fund ("UNICEF"), the United Nations Development Programme ("UNDP"), the United Nations Population Fund ("UNFPA"), acting within their respective mandates from the General Assembly and the Economic and Social Council ("ECOSOC") of the United Nations; the United Nations Educational, Scientific and Cultural Organization ("UNESCO"); the World Health Organization ("WHO"); and the International Bank for Reconstruction and Development ("the Bank"), wish to undertake a joint and cosponsored United Nations programme on HIV/AIDS ("the Joint Programme"), to replace all prior arrangements, bilateral or otherwise, between them concerning HIV infection and AIDS ("HIV/AIDS");

WHEREAS the governing bodies of each of the organizations and ECOSOC, through its resolutions 1994/24 and E/1995/L.24/Rev.1,¹ have endorsed the establishment of the Joint Programme;

NOW THEREFORE, UNICEF, UNDP, UNFPA, UNESCO, WHO and the Bank, collectively referred to as the "Cosponsoring Organizations", have agreed on the structure and operation of the Joint Programme as set forth below:

I ESTABLISHMENT OF THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS ("UNAIDS")

- 1.1 There is hereby established a joint and cosponsored United Nations programme on HIV/AIDS, to be known as the Joint United Nations Programme on HIV/AIDS ("UNAIDS"), to further mobilize the global response to the epidemic and provide means of coordinated action.
- 1.2 UNAIDS is part of a much broader United Nations system response to HIV/AIDS which also includes:
 - The Cosponsoring Organizations' mainstreaming/integration activities;
 - The resident coordinator² system with its UN Theme Groups on HIV/AIDS, or any alternate arrangements, established at country level;
 - The Cosponsoring Organizations' respective activities at country level in support to national programmes;
 - The Cosponsoring Organizations' respective intercountry/regional activities, within the context of the global workplan of UNAIDS;
 - The HIV/AIDS activities undertaken by other United Nations system organizations in such areas as humanitarian aid, assistance to refugees, peace-keeping and human rights; and

¹ Pending allocation of the final resolution number [Economic and Social Council resolution 1995/2].

² Abbreviation for "the resident coordinator of the United Nations system's operational activities for development".

- Activities undertaken by other United Nations system organizations in cooperation with bilateral aid agencies.

II OBJECTIVES

The objectives of UNAIDS are to:

- (a) Provide global leadership in response to the epidemic;
- (b) Achieve and promote global consensus on policy and programmatic approaches;
- (c) Strengthen the capacity of the United Nations system to monitor trends and ensure that appropriate as well as effective policies and strategies are implemented at country level;
- (d) Strengthen the capacity of national Governments to develop comprehensive national strategies, and implement effective HIV/AIDS activities at country level;
- (e) Promote broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries, ensuring that national responses involve a wide range of sectors and institutions, including nongovernmental organizations; and
- (f) Advocate greater political commitment in responding to the epidemic at global and country level, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities.

III COSPONSORSHIP

- 3.1 The Cosponsoring Organizations are committed to working together and contributing to UNAIDS. UNAIDS will draw upon the experience and strengths of the Cosponsoring Organizations to develop its HIV/AIDS-related policies, strategies and technical guidelines, which will be incorporated by each of them into their policy and strategy mainstream, subject to their governance processes, and reflected in the activities specific to their own mandates.
- 3.2 The activities of the Cosponsoring Organizations relating primarily to HIV/AIDS at global level shall be within the context of the global workplan of UNAIDS, developed in collaboration with the Cosponsoring Organizations. HIV/AIDS activities of the Cosponsoring Organizations at country level shall function within the framework of national plans and priorities and the resident coordinator system, where it exists.

IV STRUCTURE AND ORGANIZATION OF UNAIDS

- 4.1 At global level, UNAIDS consists of the Programme Coordinating Board (PCB), the Committee of Cosponsoring Organizations (CCO) and the Secretariat.
- 4.2 At country level, UNAIDS will operate through a "UN Theme Group on HIV/AIDS" and will have Secretariat staff in selected countries.

V PROGRAMME COORDINATING BOARD

The Programme Coordinating Board (PCB) shall act as the governing body on all programmatic issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS. Its composition and

functions shall be determined by ECOSOC as well as the appropriate governing bodies of the Cosponsoring Organizations.

VI COMMITTEE OF COSPONSORING ORGANIZATIONS

- 6.1 The Committee of Cosponsoring Organizations (CCO) shall serve as the forum for the Cosponsoring Organizations to meet on a regular basis to consider matters concerning UNAIDS, and shall provide the input of the Cosponsoring Organizations into the policies and strategies of UNAIDS.
- 6.2 The CCO shall be comprised of the executive head, or his/her designated representative, of each of the Cosponsoring Organizations. Members of the CCO may be accompanied by a limited number of advisers.
- 6.3 The CCO shall have the following functions:
 - (i) To review workplans and the proposed programme budget for each coming financial period, prepared by the Executive Director and reviewed by any appropriate committee established for the purpose, in time for presentation to the PCB;
 - (ii) To review proposals to the PCB for the financing of UNAIDS for the coming financial period;
 - (iii) To review technical reports, as well as financial statements of UNAIDS and audited financial reports, submitted by the Executive Director, and to transmit these with comments as appropriate to the PCB;
 - (iv) To make recommendations to the PCB on matters relating to UNAIDS;
 - (v) To review the activities of each Cosponsoring Organization for consistency and coordination with, as well as appropriate support to, the activities and strategies of UNAIDS;
 - (vi) To report to the PCB on the efforts of the Cosponsoring Organizations to bring UNAIDS's policy as well as strategic and technical guidance into the policies and strategies of their respective organizations and to reflect them in activities specific to their mandates; and
 - (vii) To decide, on behalf of the PCB, on issues referred to it for this purpose by the PCB.
- 6.4 The CCO may establish such advisory committees as it deems necessary for the accomplishment of its work.

VII UNAIDS SECRETARIAT

- 7.1 An Executive Director shall head the UNAIDS Secretariat. The Executive Director shall be appointed by the Secretary-General of the United Nations, upon the consensus recommendation of the Cosponsoring Organizations. The appointment shall be implemented by the agency providing administration of UNAIDS. The Executive Director shall be responsible for the overall management of UNAIDS. The Executive Director may establish such policy and technical advisory committees as may be required.
- 7.2 The Executive Director shall prepare a biennial workplan and budget for UNAIDS, which shall be submitted to the PCB for approval, following review by the CCO.

- 7.3 The Executive Director shall report to the PCB, after consultation with the CCO, on all major programme, budget and operational issues of UNAIDS.
- 7.4 The Executive Director shall be Secretary of the PCB and of the CCO.

VIII GLOBAL LEVEL

At global level, UNAIDS will provide support in policy formulation, strategic planning, technical guidance, research and development, advocacy and external relations. Working closely with the appropriate organizations, UNAIDS will also support normative activities relating to HIV/AIDS in areas such as social and economic planning, population, culture, education, health, community development and social mobilization, sexual and reproductive health, and women and adolescents.

IX COUNTRY LEVEL

- 9.1 It is recognized that national Governments have the ultimate responsibility for the coordination of HIV/AIDS issues at country level. To this end, the arrangements of UNAIDS for coordinating HIV/AIDS activities will complement and support Government efforts for national development planning. The Cosponsoring Organizations shall incorporate the normative work undertaken by UNAIDS at global level on policy, strategy and technical matters into their HIV/AIDS activities and related activities undertaken at country level, consistent with national plans and priorities of the countries concerned. An important function of UNAIDS will be to strengthen national capacities to plan, coordinate, implement and monitor the overall response to HIV/AIDS. The participation in UNAIDS of six organizations of the United Nations system will ensure the provision of technical and financial assistance to national activities in a coordinated multisectoral manner. This will strengthen intersectoral coordination of HIV/AIDS activities and will facilitate further incorporation of these activities in national programme and planning processes.
- 9.2 Within the framework of General Assembly resolutions 44/211 and 47/199, the resident coordinator shall establish a UN Theme Group on HIV/AIDS in countries for carrying out HIV/AIDS and related activities, and designate a chairperson from among the members of the Theme Group, bearing in mind the desirability of making a selection reflecting the consensus views of the Cosponsoring Organizations present in the country concerned. In countries where the resident coordinator system does not exist or where only one of the Cosponsoring Organizations is present, alternate arrangements shall be made, in agreement with the national authorities, to facilitate the support to the national response to HIV/AIDS.
- 9.3 UNAIDS will facilitate coordination among the Cosponsoring Organizations at country level and may decide to station staff of the Secretariat in selected countries to support the chairperson of the UN Theme Group on HIV/AIDS.

X FLOW OF UNAIDS FUNDS

- 10.1 Funds for UNAIDS activities at global level will be obtained through appropriate common global means, including a Global Appeal.
- 10.2 Funding for country-level HIV/AIDS-related activities will be obtained primarily through existing fund-raising mechanisms of the Cosponsoring Organizations.

XI ADMINISTRATION OF UNAIDS

- 11.1 WHO shall provide administration of UNAIDS. It shall establish a separate trust fund (entitled "UNAIDS Trust Fund"), under its Financial Regulations and Rules, for the receipt and disbursement of financial contributions to UNAIDS.
- 11.2 Financial contributions to the UNAIDS Trust Fund may consist of voluntary cash contributions received from Cosponsoring Organizations, from Governments of Member States of any of the Cosponsoring Organizations, from intergovernmental and nongovernmental organizations, as well as from commercial enterprises and individuals. In addition, WHO may also receive, in trust for UNAIDS, contributions in kind, e.g., staff, equipment, facilities or services. The resources of UNAIDS shall consist of the aforesaid cash and in-kind contributions.
- 11.3 All expenditures under UNAIDS shall be authorized by the Executive Director against funds received or committed, in accordance with the WHO's Financial Regulations and Rules.
- 11.4 The Executive Director shall be responsible for the selection, supervision, promotion and termination of all Secretariat staff, acting within the staff regulations and rules of WHO which will be adjusted, as necessary, to take into account special needs of UNAIDS. The appointment, promotion and termination of the Secretariat staff shall be implemented by WHO.
- 11.5 All Secretariat staff shall be recruited for service with UNAIDS only. WHO shall be responsible for administrative matters of their employment.
- 11.6 Subject to the possible need to make special arrangements to take into account the particular operational needs of UNAIDS, the operation of UNAIDS shall be carried out in accordance with the administrative and financial regulations, rules and procedures of WHO. WHO shall, in agreement with the Executive Director, elaborate such further details of the administration of UNAIDS as are necessary for its proper functioning.
- 11.7 WHO shall be entitled to apply a charge covering its costs in providing administration of UNAIDS.

XII FINAL PROVISIONS

- 12.1 This Memorandum of Understanding shall enter into force upon signature of the executive heads of all six Cosponsoring Organizations listed in the Preamble to this Memorandum of Understanding.
 - 12.2 After the first anniversary of the entry into force of this Memorandum of Understanding and with the unanimous agreement of the existing Cosponsoring Organizations, other United Nations system organizations may become Cosponsoring Organizations by signature of the Memorandum of Understanding.
 - 12.3 At the time of the second anniversary of the entry into force of this Memorandum of Understanding, the Cosponsoring Organizations agree to review the Memorandum of Understanding in order to determine whether it should be amended to further improve the operation of UNAIDS. Amendments to the Memorandum of Understanding shall be made by agreement among the Cosponsoring Organizations.
 - 12.4 The Cosponsoring Organizations assume no liability for the acts or omissions of the Executive Director or his/her staff.
-

MEMBERSHIP OF THE HEALTH ASSEMBLY

LIST OF DELEGATES AND OTHER PARTICIPANTS¹

DELEGATIONS OF MEMBER STATES

AFGHANISTAN

Chief delegate

Dr M.Y. Barakzai, Ministre de la Santé publique

Delegates

M. Z. Masoon, Chef du Département des Relations internationales, Ministère de la Santé publique

M. H. Tandar, Conseiller et Chargé d'Affaires a.i., Mission permanente, Genève

Alternate

Mlle A. Maiwand-Olumi, Deuxième Secrétaire, Mission permanente, Genève

ALBANIA

Chief delegate

Professeur M. Cikuli, Ministre de la Santé et de la Protection de l'Environnement

Deputy chief delegate

Mme Z. Sinoimeri, Vice-Ministre

Delegate

M. A. Gjonej, Ambassadeur, Représentant permanent, Genève

Alternate

M. V. Kabili, Premier Secrétaire, Mission permanente, Genève

Adviser

M. V. Gusmari, Conseiller, Ministère de la Santé

ALGERIA

Chief delegate

Professeur Y. Guidoum, Ministre de la Santé et de la Population

Delegates

M. H. Meghlaoui, Ambassadeur, Représentant permanent, Genève

Dr A. Chakou, Chargé d'Etudes et de Synthèse, Chargé des Relations internationales, Ministère de la Santé et de la Population

Alternates

Professeur J.P. Grangaud, Chef du Service de Pédiatrie, Centre Hospitalo-Universitaire d'Alger-Est

Professeur A. Aberkane, Chef du Service de Réanimation, Centre Hospitalo-Universitaire de Constantine

M. M. Ouazaa, Directeur de la Pharmacie et du Médicament, Ministère de la Santé et de la Population

M. M. Messaoui, Ministre plénipotentiaire, Mission permanente, Genève

M. A. Bendaoud, Conseiller, Mission permanente, Genève

ANGOLA

Chief delegate

Dr M. Sanchez Epalanga, Ministre de la Santé

Delegates

Dr B.D. Joao, Délégué provincial de la Santé, Cunene

Dr I.M. Simoes Neves, Directrice provinciale de la Santé publique, Luanda

Alternate

Mme R. Coelho Fortunato

ARGENTINA

Chief delegate

Dr. A.J. Mazza, Ministro de Salud y Acción Social

Delegates

Sr. J.C. Sánchez Arnau, Embajador, Representante Permanente, Ginebra

Profesor A.L. Pico, Subsecretario de Políticas de Salud y Relaciones Institucionales

Alternates

Sr. M. Benítez, Ministro, Misión Permanente, Ginebra

Sra. C. Guevara Lynch de Mazza

Dra. M.M. Pico, Asistente de la Subsecretaría de Salud y Relaciones Institucionales

Srta. M.C. Tosonotti, Segunda Secretaria, Misión Permanente, Ginebra

Dr. R. Constanzo, Senador Nacional

Sr. C. Mazza, Asistente del Sr. Ministro de Salud y Acción Social

Sra. C. Guevara, Cámara de Diputados de la Nación

Sra. S. Martínez, Cámara de Diputados de la Nación

Sr. A. Alvarez, Agregado, Misión Permanente, Ginebra

ARMENIA

Delegate

Mr A. Mkrtchian, Deputy Minister of Health, Ministry of Health

AUSTRALIA

Chief delegate

Dr T. Adams, Commonwealth Chief Medical Adviser, Department of Health and Family Services

Deputy chief delegate

Mr H. Bamsey, Permanent Representative, Geneva

¹ Bilingual list, as issued in document A49/DIV/3 Rev.1 on 25 May 1996, with the incorporation of corrections subsequently received.

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Mr C. Knott, First Secretary, Permanent Mission, Geneva

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AUSTRIA**Chief delegate**

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(Chief delegate from 20 to 23 May)

Delegates

Dr H. Kreid, Ambassador, Permanent Mission, Geneva

Dr E. Fritz, Director, Federal Ministry of Health and Consumer Protection
(Chief delegate on 24 and 25 May)

Alternates

Dr S. Weinberger, Federal Ministry of Health and Consumer Protection, Department of Public Health

Dr O. Soukop, Minister, Federal Ministry of Foreign Affairs

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AZERBAIJAN**Chief delegate**

Professor A. Insanov, Minister of Health

Delegates

Professor A. Umnyashkin, Chief, External Relations Administration, Ministry of Health

Professor F. Abdullayev, Azerbaijan State Medical Journal

BAHRAIN**Chief delegate**

Mr F.R. Al-Mousawi, Minister of Health

Delegates

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Mr A.M. Al-Haddad, Ambassador, Permanent Representative, Geneva

Alternates

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Mrs L.A. Rahman, Director of Pharmacy and Drug Control, Ministry of Health

Mrs S. Al-Shaikh, Principal Nursing Officer, Primary Care, Ministry of Health

Mr R. Dhaif, Director, Office of the Minister of Health

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Delegates

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Professor A.K. Shamsuddin Siddiquey, Director-General, Health Services

Advisers

Mr S. Jamaluddin, Economic Minister, Permanent Mission, Geneva

Mr M.M. Quayes, Counsellor, Permanent Mission, Geneva

Mr M.S. Ahsan, Counsellor, Permanent Mission, Geneva

Mr M.S. Islam, First Secretary, Permanent Mission, Geneva

BARBADOS**Delegate**

Dr B. Miller, Chief Medical Officer, Ministry of Health and Environment

BELARUS**Chief delegate**

Mrs I. Drobyshvskaya, Minister of Health

Deputy chief delegate

Mr S. Agurtsou, Ambassador, Permanent Representative, Geneva

Delegate

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Mr K. Kozikis, Third Secretary, Ministry of Foreign Affairs

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Deputy chief delegate

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Delegate

M. E. Deloof, Secrétaire général, Ministère des Affaires sociales, de la Santé publique et de l'Environnement

Alternates

- M. A. Berwaerts, Conseiller général, Service des Relations internationales, Ministère des Affaires sociales, de la Santé publique et de l'Environnement
- M. J. Dams, Adjoint au directeur, Direction Soins de Santé, Ministère de la Communauté flamande
- Dr R. Lonfils, Médecin-Directeur, Direction générale de la Santé, Ministère de la Communauté française
- Mme C. Leva, Attaché au Cabinet de Madame la Ministre-Présidente du Gouvernement de la Communauté française chargée de la Promotion de la Santé
- Dr G. Thiers, Directeur, Institut d'Hygiène et d'Epidémiologie
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- Dr R. Decock
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BELIZE**Chief delegate**

Mr R. Campos, Minister of Health and Sports

Delegates

- Dr J. Lopez, Director, Health Services
- Mr J.F. Tamer, Ambassador, Permanent Representative, Geneva

Alternate

Mrs M. Arditti, Secretary, Permanent Mission, Geneva

BENIN**Chief delegate**

Professeur M. Massougbodji, Ministre de la Santé, de la Protection sociale et de la Condition féminine

Delegates

Professeur H. Agboton, Conseiller technique, Ministère de la Santé, de la Protection sociale et de la Condition féminine

Dr P. Dossou-Togbe, Directeur adjoint de cabinet, Ministère de la Santé, de la Protection sociale et de la Condition féminine

BHUTAN**Chief delegate**

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Delegates

- Mr J.Y. Thinley, Ambassador, Permanent Representative, Geneva
- Mr S. Ngedup, Secretary, Ministry of Health and Education

Alternates

- Dr J. Singay, Director, Health Division, Ministry of Health and Education
- Mr K. Singye, First Secretary, Permanent Mission, Geneva
- Mr Y. Dorji, First Secretary, Permanent Mission, Geneva
- Mr K.T. Rinchen, Third Secretary, Permanent Mission, Geneva

BOLIVIA**Delegates**

- Dr. O. Sandoval Morón, Secretario Nacional de Salud
- Sr. J. Lema Patiño, Embajador, Representante Permanente, Ginebra
- Sr. M. Suárez, Consejero, Misión Permanente, Ginebra

Alternate

Sr. F. Sandoval

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Delegates

- Professor I. Ramic, Deputy Minister for Health in the Government of the Federation of Bosnia and Herzegovina
- Professor A. Smajkic, Director of the Institute for Health

Alternates

- Mr M. Bijedic, Ambassador, Permanent Representative, Geneva
- Mr S. Fadzan, Counsellor, Permanent Mission, Geneva
- Miss S. Radjo, Attaché, Permanent Mission, Geneva

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Deputy chief delegate

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Delegate

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Deputy chief delegate

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Delegate

Sr. G. Vergne Saboia, Embajador, Representante Permanente Adjunto, Ginebra

Alternates

Dr. E. Juarez, Presidente de la Fundación Nacional de Salud
Dr. C. M. Morel, Presidente de la Fundación Oswaldo Cruz
Sr. E. O. Rubarth, Consejero, Jefe de la División de Asuntos Internacionales del Ministerio de Salud
Dra. L. Guerra de Macedo, Coordinadora General del Programa Nacional de Enfermedades Sexualmente Transmisibles/SIDA
Dr. A. M. Bardou Raggio, Secretario de Estado de Salud del Estado de Paraná y Presidente del Consejo Nacional de Secretarios de Estado de Salud
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Dr. J. H. Drummond, Consejo Nacional de Salud
Dr. C. A. K. Vieira, Consejo Nacional de Salud

BRUNEI DARUSSALAM**Chief delegate**

Dato Dr Haji Johar Noordin, Minister of Health
(Chief delegate from 20 to 23 May)

Deputy chief delegate

Dr Abdul Latif Ibrahim, Acting Director of Medical and Health Services, Ministry of Health

Delegate

Ms Halimah Abd Latiff, Acting Assistant Director of Medical and Health Services (Nursing)
(Chief delegate on 24 and 25 May)

Alternates

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Mr Abu Sufian Ali, Second Secretary, Permanent Mission, Geneva

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Deputy chief delegate

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Delegate

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BURKINA FASO**Chief delegate**

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Delegates

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Dr A. Sanou-Ira, Directeur des Etudes et de la Planification, Ministère de la Santé

BURUNDI**Chief delegate**

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Delegates

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M. D. Mikaza, Premier Conseiller, Mission permanente, Genève

Alternate

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CAMBODIA**Chief delegate**

Dr C. Thang, Ministre de la Santé

Delegate

Dr T. Kuy Seang, Directeur du Cabinet du Ministre de la Santé

CAMEROON**Chief delegate**

Professeur J. Owona, Ministre de la Santé publique

Deputy chief delegate

M. F.X. Ngoubeyou, Ambassadeur, Représentant permanent, Genève

Delegate

Dr E. Ngapana, Conseiller technique, Ministère de la Santé publique

Alternates

Dr R. Owona-Essomba

Dr Y. Boubakary, Chef, Division de la Coopération, Ministère de la Santé publique

CANADA**Chief delegate**

M. D. Dingwall, Ministre de la Santé
(Chief delegate on 20 and 21 May)

Delegates

Mme M. S. Jean, Sous-ministre de la Santé
(Chief delegate from 22 to 25 May)

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Dr M.E. Jeans, Directeur exécutif, Association des Infirmières et Infirmiers

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Mme A. Mentzelopoulos, Adjointe législative du Ministre de la Santé

Mme S. Kelly, Conseiller spécial du Ministre de la Santé

CAPE VERDE**Chief delegate**

M. J.B. Ferreira Medina, Ministre de la Santé et de la Promotion sociale

Delegate

Dr M. de L. Silvamonteiro

CENTRAL AFRICAN REPUBLIC**Chief delegate**

Dr G.F. Ngaindiro, Ministre de la Santé publique et de la Population

Delegates

M. A. Satoulou-Maleyo, Chargé de mission au Cabinet du Ministre

Dr D.-G. N'zilkoue, Directeur général de la Santé publique et de la Population

CHILE**Chief delegate**

Dr. F. Muñoz, Subsecretario de Salud
(Chief delegate from 20 to 23 May)

Delegates

Dr. C. Massad Abud, Ministro de Salud
(Chief delegate on 24 and 25 May)

Sr. J. Berguño, Embajador, Representante Permanente, Ginebra

Alternates

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Sr. F. Labra, Segundo Secretario, Misión Permanente, Ginebra

Dr. M. Vergara, Jefe, División de Planificación Estratégica

CHINA**Chief delegate**

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Delegates

Mr Wu Jianmin, Permanent Representative, Geneva
Professor Yu Zonghe, Director-General, Department of Medical Administration, Ministry of Health

Alternates

Dr Liu Yuliang, Director-General, Office of the National Patriotic Health Campaign Committee

Dr Zhou Biao, Director-General, Jiangxi Provincial Health Department

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COLOMBIA

Chief delegate

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Delegates

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COMOROS

Chief delegate

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Delegate

Dr A.Houmadi, Directeur général de la Santé publique, Ministère de la Santé publique, de la Population et des Affaires sociales

CONGO

Chief delegate

M. J. Mouyabi, Ministre de la Santé et des Affaires sociales

Delegates

Dr D. Bouanga

Dr A.S. Makita

Alternates

Dr P. Nzaba

Dr F. Boukaka

COOK ISLANDS

Chief delegate

Dr J. Williams, Minister of Health

Delegate

Dr R. Daniel, Secretary, Ministry of Health

COSTA RICA

Chief delegate

Dr. H. Weinstock, Ministro de Salud

Deputy chief delegate

Sr. M. B. Dengo, Embajador, Representante Permanente, Ginebra

Delegate

Sra. H. Krygier, Ministra Consejera, Misión Permanente, Ginebra

Alternates

Srta. M. Arroyo, Consejera, Misión Permanente, Ginebra

Sra. G. Araya Ugalde, Ministerio de Salud

Sra. M. L. Chinchilla, Caja Costarricense del Seguro Social

Sra. R. Rosales Barrantes, Caja Costarricense del Seguro Social

COTE D'IVOIRE

Chief delegate

Professeur M.K. Guikahue, Ministre de la Santé publique

Delegates

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M. C. Assi, Conseiller technique chargé de la Communication, Ministère de la Santé publique

Alternates

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M. M. Sery, Conseiller, Mission permanente, Genève

Mme M. Gosset, Conseiller, Mission permanente, Genève

Mme J. Barry

CROATIA

Chief delegate

Professor Ž. Reiner, Deputy Minister of Health

Alternate

Mr H.E. Neven Madey, Ambassador, Permanent Representative, Geneva

Adviser

Ms Z. Ujevic, Third Secretary, Permanent Mission, Geneva

CUBA

Chief delegate

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Deputy chief delegate

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Delegate

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Sra. G. de Dios

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Deputy chief delegate

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Delegate

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Delegate

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Alternates

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**DEMOCRATIC PEOPLE'S
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DENMARK**Chief delegate**

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M. A.M. Hassan, Conseiller technique

Alternate

M. G. Cordoliani, Conseiller technique

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Delegate

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ECUADOR**Chief delegate**

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Delegates

Dr. F. Rigail

Dr. L. Góngora, Director de Relaciones Internacionales del Ministerio de Salud

Alternates

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EGYPT**Chief delegate**

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Delegates

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EL SALVADOR**Chief delegate**

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Delegates

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 Sra. M. Escobar, Embajador Adjunto, Misión Permanente, Ginebra

Alternate

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EQUATORIAL GUINEA**Chief delegate**

Sr. D.-T. Ndong Olomo, Ministro de Sanidad y Medio Ambiente

Delegates

Sr. A. S. N'Neme, Director General de Salud Pública
 Sr. J. Laborderie, Consejero, Ministerio de Salud Pública

ERITREA**Chief delegate**

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Delegates

Dr A. Abraham, Director-General, Health Services Department, Ministry of Health
 Mr B. Woldeyohannes, Consul, Permanent Mission, Geneva

ESTONIA**Chief delegate**

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Delegates

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 Ms K. Saluvere, Head, Public Health Department

Alternate

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Delegates

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FIJI**Chief delegate**

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Deputy chief delegate

Mr L. Rokovada, Permanent Secretary for Health and Social Welfare

Delegate

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FINLAND**Chief delegate**

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Deputy chief delegate

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Delegate

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Ms M. Anttila, Director, Union of Health Professionals

FRANCE**Chief delegate**

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Delegates

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 Dr J.G. Moreau, Direction des Relations internationales, Ministère du Travail et des Affaires sociales
 Mme M. Leloup, Sous-Direction de la Santé et du Développement social, Ministère de la Coopération
 Mme R. Deniau, Agence du Médicament
 M. P. Lamoureux, Agence du Médicament

GABON**Chief delegate**

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Deputy chief delegate

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Delegate

- Dr S. Edzang Abessolo, Directeur général de la Santé publique

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 Dr M. Mezui, Chef du Service Santé Mère et Enfant
 M. C. Hervo-Akendengue, Premier Conseiller, Mission permanente, Genève
 M. M. Bengone

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Delegates

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Alternates

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- Mrs B. M'boge, Chief Nursing Officer

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Delegate

- Dr A. Gamkrelidze, Deputy Minister of Health

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- Mr W. Koschorrek, Head of Division, Budgetary Matters of International and Supranational Organizations and the United Nations, Federal Ministry of Health

- Dr M. Brummer, Directorate-General for Health, Federal Ministry for Labour and Social Affairs, Family, Women and Health of the Free State of Bavaria

- Dr C. Luetkens, Head of Division, Hessian Ministry for Youth, Family Affairs, and Health

- Dr C. Wetz, Counsellor, Permanent Mission, Geneva

- Dr M. Reuss, Second Secretary, Permanent Mission, Geneva

- Dr R. Korte, Head, Health, Population and Nutrition Department, German Agency for Technical Cooperation (GTZ)

GHANA**Chief delegate**

- Dr E. Brookman-Amisshah, Minister of Health

Deputy Chief Delegate

- Mrs A.Y. Aggrey-Orleans, Ambassador, Permanent Representative, Geneva

Delegate

- Dr J.B. Otoo, Director, Medical Services

Alternate

- Dr A. Asamoah-Baah, Director, Policy Planning, Monitoring and Education

Advisers

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- Mrs M. Pobee, First Secretary, Permanent Mission, Geneva

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Mme E. Mizi, Secrétaire, Ministère de la Santé et de la Prévoyance

Mme K. Kotsonis

GUATEMALA**Chief delegate**

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Delegate

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Delegates

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HAITI**Chief delegate**

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Deputy chief delegate

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Delegate

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 M. E. Rocco, Ministère de la Santé
 Professeur B. Paccagnella, Ministère de la Santé
 Dr L. Baroncelli, Ministère des Affaires étrangères
 Dr G. Schiavoni, Premier Conseiller, Mission permanente, Genève
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Delegate

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Delegate

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 LAO PEOPLE'S DEMOCRATIC REPUBLIC

Chief delegate

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Delegate

Dr S.-O. Kingsada, Directeur adjoint, Cabinet du Ministre de la Santé

LATVIA**Delegates**

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LITHUANIA

Chief delegate

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Delegate

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LUXEMBOURG

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Delegate

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Delegates

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Deputy chief delegate

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Dr H.A.P. Cossa, National Director for Planning and Cooperation, Ministry of Health

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NAURU

Delegate

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NEPAL

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Deputy chief delegate

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Delegates

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Sr. F. Ruiz, Secretario, Misión Permanente, Ginebra
Sra. S. Zarruck, Asesora Técnica
Sra. M. Fonseca, Asesora Técnica

NIGER

Chief delegate

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Delegates

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Dr M. Daga, Inspecteur général de la Santé

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Chief delegate

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NORWAY**Chief delegate**

Mr G. Hernes, Minister of Health
(Chief delegate on 21 and 22 May)

Deputy Chief Delegate

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and Social Affairs
(Chief delegate on 20 May and from 23 to 25 May)

Delegate

Dr A. Alvik, Director-General of Health, Norwegian
Board of Health

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Dr S. Mogedal, Senior Adviser, Ministry of Health and
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Mrs L. Davoy, President, Norwegian Nurses Associa-
tion

OMAN**Chief delegate**

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Delegates

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Mr A.A. Al-Habsy, Director-General, Health Services
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Mr H. Al-Ma'ani, First Secretary, Permanent Mission,
Geneva
Mr H. Al-Gazali, First Secretary, Permanent Mission,
Geneva
Mr S. Al-Amri, Second Secretary, Permanent Mission,
Geneva

PAKISTAN**Chief delegate**

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(Chief delegate on 20 and 21 May)

Delegates

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(Chief delegate from 22 to 25 May)
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