

OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION
No. 247

**THIRTY-FIRST
WORLD HEALTH
ASSEMBLY**

GENEVA, 8-24 MAY 1978

PART I

RESOLUTIONS AND DECISIONS
ANNEXES



WORLD HEALTH ORGANIZATION
GENEVA
1978

The following abbreviations are used in volumes of the *Official Records of the World Health Organization*:

ACABQ	— Advisory Committee on Administrative and Budgetary Questions
ACAST	— Advisory Committee on the Application of Science and Technology to Development
ACC	— Administrative Committee on Coordination
CIDA	— Canadian International Development Agency
CIOMS	— Council for International Organizations of Medical Sciences
DANIDA	— Danish International Development Agency
ECA	— Economic Commission for Africa
ECE	— Economic Commission for Europe
ECLA	— Economic Commission for Latin America
ECWA	— Economic Commission for Western Asia
ESCAP	— Economic and Social Commission for Asia and the Pacific
FAO	— Food and Agriculture Organization of the United Nations
IAEA	— International Atomic Energy Agency
IARC	— International Agency for Research on Cancer
IBRD	— International Bank for Reconstruction and Development
ICAO	— International Civil Aviation Organization
ILO	— International Labour Organisation (Office)
IMCO	— Inter-Governmental Maritime Consultative Organization
ITU	— International Telecommunication Union
NORAD	— Norwegian Agency for International Development
OAU	— Organization of African Unity
PAHO	— Pan American Health Organization
PASB	— Pan American Sanitary Bureau
SIDA	— Swedish International Development Authority
UNCTAD	— United Nations Conference on Trade and Development
UNDP	— United Nations Development Programme
UNDRO	— Office of the United Nations Disaster Relief Coordinator
UNEP	— United Nations Environment Programme
UNESCO	— United Nations Educational, Scientific and Cultural Organization
UNFDAC	— United Nations Fund for Drug Abuse Control
UNFPA	— United Nations Fund for Population Activities
UNHCR	— Office of the United Nations High Commissioner for Refugees
UNICEF	— United Nations Children's Fund
UNIDO	— United Nations Industrial Development Organization
UNITAR	— United Nations Institute for Training and Research
UNRWA	— United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNSCEAR	— United Nations Scientific Committee on the Effects of Atomic Radiation
USAID	— United States Agency for International Development
WFP	— World Food Programme
WHO	— World Health Organization
WIPO	— World Intellectual Property Organization
WMO	— World Meteorological Organization

The designations employed and the presentation of the material in this publication 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.

ISBN 92 4 160247 3

PRINTED IN SWITZERLAND

The Thirty-first World Health Assembly, held at the Palais des Nations, Geneva, from 8 to 24 May 1978, was convened in accordance with the decision of the Executive Board at its sixtieth session.

The proceedings of the Thirty-first World Health Assembly are published in two parts. The resolutions and decisions, with annexes, are contained in this volume. The records of plenary and committee meetings will be published, along with the list of participants, the agenda and other material, in Official Records No. 248.

In this volume the resolutions appear in the order in which they were adopted. In the table of contents, however, they have been grouped under the subject headings of the *Handbook of Resolutions and Decisions*, of which Volumes I and II (second edition) together contain most of the resolutions adopted between 1948 and 1976 (i.e., up to and including the Twenty-ninth World Health Assembly and the fifty-eighth session of the Executive Board). In addition, each resolution in the present volume has been cross-referenced to the relevant volume and section of the *Handbook*.

The resolution symbols used at the various sessions, and the *Official Records* volumes in which the resolutions were originally published, are shown below.

<i>Resolution symbol</i> ¹	<i>Official Records No. and year of session</i>	<i>Resolution symbol</i> ¹	<i>Official Records No. and year of session</i>
WHA1.-	13 (1948)	EB32.R-	129 (1963)
EB1.R-	14 (1948)	EB33.R-	132 (1964)
EB2.R-	14 (1948)	WHA17.-	135 (1964)
EB3.R-	17 (1949)	EB34.R-	137 (1964)
WHA2.-	21 (1949)	EB35.R-	140 (1965)
EB4.R-	22 (1949)	WHA18.-	143 (1965)
EB5.R-	25 (1950)	EB36.R-	145 (1965)
WHA3.-	28 (1950)	EB37.R-	148 (1966)
EB6.R-	29 (1950)	WHA19.-	151 (1966)
EB7.R-	32 (1951)	EB38.R-	153 (1966)
WHA4.-	35 (1951)	EB39.R-	157 (1967)
EB8.R-	36 (1951)	WHA20.-	160 (1967)
EB9.R-	40 (1952)	EB40.R-	162 (1967)
WHA5.-	42 (1952)	EB41.R-	165 (1968)
EB10.R-	43 (1952)	WHA21.-	168 (1968)
EB11.R-	46 (1953)	EB42.R-	170 (1968)
WHA6.-	48 (1953)	EB43.R-	173 (1969)
EB12.R-	49 (1953)	WHA22.-	176 (1969)
EB13.R-	52 (1954)	EB44.R-	178 (1969)
WHA7.-	55 (1954)	EB45.R-	181 (1970)
EB14.R-	57 (1954)	WHA23.-	184 (1970)
EB15.R-	60 (1955)	EB46.R-	186 (1970)
WHA8.-	63 (1955)	EB47.R-	189 (1971)
EB16.R-	65 (1955)	WHA24.-	193 (1971)
EB17.R-	68 (1956)	EB48.R-	195 (1971)
WHA9.-	71 (1956)	EB49.R-	198 (1972)
EB18.R-	73 (1956)	WHA25.-	201 (1972)
EB19.R-	76 (1957)	EB50.R-	203 (1972)
WHA10.-	79 (1957)	EB51.R-	206 (1973)
EB20.R-	80 (1957)	WHA26.-	209 (1973)
EB21.R-	83 (1958)	EB52.R-	211 (1973)
WHA11.-	87 (1958)	EB53.R-	215 (1974)
EB22.R-	88 (1958)	WHA27.-	217 (1974)
EB23.R-	91 (1959)	EB54.R-	219 (1974)
WHA12.-	95 (1959)	EB55.R-	223 (1975)
EB24.R-	96 (1959)	WHA28.-	226 (1975)
EB25.R-	99 (1960)	EB56.R-	228 (1975)
WHA13.-	102 (1960)	EB57.R-	231 (1976)
EB26.R-	106 (1960)	WHA29.-	233 (1976)
EB27.R-	108 (1961)	EB58.R-	235 (1976)
WHA14.-	110 (1961)	EB59.R-	238 (1977)
EB28.R-	112 (1961)	WHA30.-	240 (1977)
EB29.R-	115 (1962)	EB60.R-	242 (1977)
WHA15.-	118 (1962)	EB61.R-	244 (1978)
EB30.R-	120 (1962)	WHA31.-	247 (1978)
EB31.R-	124 (1963)	EB62.R-	249 (1978)
WHA16.-	127 (1963)		

¹ The resolution symbols in italics were not used in the original *Official Records* volumes but were added later for convenience of reference in using the *Handbook*.

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RESOLUTIONS AND DECISIONS

WHA31.1 Method of work of the Health Assembly – I

The Thirty-first World Health Assembly,

Having considered resolution EB61.R3;

1. DECIDES that:

(1) the terms of reference of Committee A shall be:

- (a) to review the proposed programme budget and the Executive Board's report thereon;
- (b) to recommend the budget level and Appropriation Resolution;
- (c) to consider the tentative budgetary projections for the ensuing biennium;
- (d) to study such other items as are referred to it by the Health Assembly;

(2) the terms of reference of Committee B shall be:

- (a) to review the financial position of the Organization, including:
 - (i) the Financial Report and the report of the External Auditor;
 - (ii) the status of contributions and advances to the Working Capital Fund, and of any funds that have a bearing on the financial position of the Organization; and
 - (iii) consideration of the amount of available casual income to be used to help finance the budget;
- (b) to recommend the scale of assessment;
- (c) to study such other items as are referred to it by the Health Assembly;

(3) when items (b) and (c) under paragraph (1) are being considered in Committee A there shall not be a meeting of Committee B; and, finally,

(4) item (b) under paragraph (1) shall not be considered by Committee A until Committee B has completed the work on items (a) and (b) of paragraph (2);

2. REITERATES that the Technical Discussions shall continue to be held on Friday and on Saturday morning of the first week of the Assembly, during which time neither the Health Assembly nor the main committees shall meet.

Hbk Res., Vol. II (2nd ed.), 4.1.4

Third plenary meeting, 9 May 1978

WHA31.2 Message of sympathy to the Italian Government

The Thirty-first World Health Assembly,

Deeply grieved by the announcement of the tragic death of Mr Aldo Moro, an eminent Italian leader murdered in particularly dramatic and deplorable circumstances;

EXPRESSES its most sincere condolences and deep sympathy to his family and to the Italian people.

Hbk Res., Vol. I, 9.4

Fifth plenary meeting, 10 May 1978

WHA31.3 Appointment of the Director-General

The Thirty-first World Health Assembly,

On the nomination of the Executive Board;

REAPPOINTS Dr Halfdan T. Mahler as Director-General of the World Health Organization.

Hbk Res., Vol. II (2nd ed.), 7.2.10

Sixth plenary meeting, 11 May 1978

WHA31.4 Contract of the Director-General

The Thirty-first World Health Assembly,

I

Pursuant to Article 31 of the Constitution and Rule 109 of the Rules of Procedure of the Health Assembly;

APPROVES the contract establishing the terms and conditions of appointment, salary and other emoluments for the post of Director-General; ¹

II

Pursuant to Rule 112 of the Rules of Procedure of the Health Assembly;

AUTHORIZES the President of the Thirty-first World Health Assembly to sign this contract in the name of the Organization.

Hbk Res., Vol. II (2nd ed.), 7.2.10

Sixth plenary meeting, 11 May 1978

WHA31.5 Financial Report on the accounts of WHO for 1977, and report of the External Auditor

The Thirty-first World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1977 and the report of the External Auditor for the same financial period; ²

Having noted the report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Thirty-first World Health Assembly;

ACCEPTS the Director-General's Financial Report and the report of the External Auditor for the financial year 1977.

Hbk Res., Vol. II (2nd ed.), 7.1.11

*Eighth plenary meeting, 16 May 1978
(Committee B, first report)*

WHA31.6 Status of collection of annual contributions and of advances to the Working Capital Fund

The Thirty-first World Health Assembly

1. NOTES the status, as at 30 April 1978, of the collection of annual contributions and of advances to the Working Capital Fund, as reported by the Director-General;

¹ See Annex 1.

² These reports, no longer published in the *Official Records* series, will be found in Health Assembly document A31/29.

2. CALLS THE ATTENTION of Members to the importance of paying their annual contributions as early as possible in the Organization's financial year, in order that the approved annual programme can be carried out as planned;
3. URGES Members in arrears to make special efforts to liquidate their arrears during 1978;
4. REQUESTS the Director-General to communicate this resolution to Members in arrears and to draw their attention to the fact that continued delay in payment could have serious financial implications for the Organization.

Hbk Res., Vol. II (2nd ed.), 7.1.2.4

*Eighth plenary meeting, 16 May 1978
(Committee B, first report)*

WHA31.7 Use of casual income to reduce adverse effects of currency fluctuations on the programme budget

The Thirty-first World Health Assembly,

Having considered the recommendation of the Executive Board (resolution EB61.R4)¹ on the use of casual income to reduce adverse effects of currency fluctuations on the programme budget;

1. AUTHORIZES the Director-General, notwithstanding the provisions of Financial Regulation 4.1 and the terms of the Appropriation Resolutions for the financial years 1978 and 1979, to charge against available casual income the net additional costs to the Organization under the regular programme budget resulting from differences between the WHO budgetary rate of exchange and the United Nations/WHO accounting rates of exchange with respect to the US dollar/Swiss franc relationship prevailing during these financial years, provided that such charges against casual income shall not exceed US \$2 000 000 in any one financial year;
2. REQUESTS the Director-General, notwithstanding the provisions of Financial Regulation 4.1 and the terms of the Appropriation Resolutions for the financial years 1978 and 1979, to transfer to casual income the net savings under the regular programme budget resulting from differences between the WHO budgetary rate of exchange and the United Nations/WHO accounting rates of exchange with respect to the US dollar/Swiss franc relationship prevailing during these financial years, provided that, having regard to inflationary trends and other factors which may affect the implementation of the regular programme budget, such transfers to casual income need not exceed US \$2 000 000 in any one financial year;
3. FURTHER REQUESTS the Director-General to report such charges or transfers in the Financial Reports for 1978 and 1979.

Hbk Res., Vol. II (2nd ed.), 2.1

*Eighth plenary meeting, 16 May 1978
(Committee B, first report)*

WHA31.8 Supplementary budget for 1978

The Thirty-first World Health Assembly,

Having considered the proposals of the Director-General and the recommendations of the Executive Board in resolution EB61.R5² concerning the supplementary budget for 1978 to meet the unforeseen additional costs of implementing the approved programme budget for 1978 as a consequence of currency fluctuations;

Considering that it is desirable to avoid the need for additional contributions by Members for the year 1978 to finance this supplementary budget;

¹ See WHO Official Records, No. 244, 1978, pp. 3 and 43.

² See WHO Official Records, No. 244, 1978, pp. 4 and 49; see also Annex 2 of this volume.

1. APPROVES the supplementary budget for 1978;
2. DECIDES to amend the Appropriation Resolution for the financial year 1978 (resolution WHA30.31) by:
 - (1) increasing the relevant appropriation sections by the following amounts:

Appropriation section	Purpose of appropriation	Amount US\$
1	Policy organs	472 300
2	General management, coordination and development	555 300
3	Development of comprehensive health services	266 300
4	Health manpower development	117 500
5	Disease prevention and control	926 300
6	Promotion of environmental health	229 800
7	Health information and literature	1 135 700
8	General service and support programmes	2 896 800
	Total	<u>6 600 000</u>

- (2) amending paragraph C to read:

“Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made, this percentage being established in respect of Section 2 exclusive of the provision made for the Director-General’s and Regional Directors’ Development Programmes (US \$8 516 000). The Director-General is also authorized to apply amounts not exceeding the provision for the Director-General’s and Regional Directors’ Development Programmes to those sections of the effective working budget under which the programme expenditure will be incurred. All such transfers shall be reported in the Financial Report for the financial year 1978. Any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.5”;

- (3) amending paragraph D of that resolution by increasing the amount appropriated under subparagraph (ii) by US \$6 600 000.

Hbk Res., Vol. II (2nd ed.), 2.3

*Eighth plenary meeting, 16 May 1978
(Committee B, first report)*

WHA31.9 Method of work of the Health Assembly – II

The Thirty-first World Health Assembly,

Having considered the recommendations of the Executive Board (resolution EB61.R8)¹ concerning the method of work of the Health Assembly;

Noting with satisfaction the conclusions and decisions of the Board on the method of work of the Board and related matters;

Believing that the proposed changes in respect of the proceedings of the Health Assembly would contribute towards further rationalizing and improving its work;

1. DECIDES that:

- (1) in order to provide for the consideration of questions of a specialized technical nature, a subitem entitled “Technical activities and questions identified for additional examination during the review of the proposed programme budget and of the Executive Board’s report thereon” shall be included in the agenda of future Health Assemblies under the item entitled “Review of specific technical matters”;
- (2) the President of the Health Assembly and the chairmen of the main committees shall make brief statements explaining to the Health Assembly the role of the Executive Board representatives at the Health Assembly, and of the Board itself;

¹ See WHO Official Records, No. 244, 1978, pp. 5 and 35.

- (3) the present seating arrangements in the committees of the Health Assembly, by which the Board's representatives sit on the rostrum together with the officers of the committee and certain members of the Secretariat, shall be continued;
- (4) delegates participating in the general debate in plenary meetings of the Health Assembly shall speak from the rostrum rather than from their seats, through arrangements which ensure efficient use of time; in connexion with procedural motions, points of order and explanations of vote they shall as a general rule speak from their seats;
- (5) sponsors of draft resolutions on technical subjects for consideration by the main committees of the Health Assembly should normally be invited to submit with them whenever feasible and appropriate (and jointly when appropriate) an explanatory note or memorandum providing background information on the proposal made, provided such information is not already available in the documentation before the Health Assembly, it being understood that the Secretariat would report, in writing if feasible or appropriate, on any technical, administrative and financial implications which the proposal might have;
- (6) in the spirit of the relevant Rules of Procedure, and in particular of Rules 29, 38 and 85, the President and the five vice-presidents of the Health Assembly and the chairmen, vice-chairmen and rapporteurs of the two main committees should be invited to speak only in those capacities, unless no other delegate from their country is present;
2. DECIDES further that:
- (1) a new procedure shall be instituted for the withdrawal of candidatures in the annual election of Members entitled to designate a person to serve on the Executive Board, by adding the following paragraph to Rule 102 of the Rules of Procedure of the Health Assembly:

“Members included in such list other than the ten Members which, in the Committee's opinion, would provide, if elected, a balanced distribution of the Board as a whole may withdraw their candidatures from the list by notification to the President not later than the closure of working hours on the day preceding the annual election by the Health Assembly of ten Members to be entitled to designate a person to serve on the Board. Any such withdrawal shall be published in the *Journal* of the Health Assembly and announced by the President prior to the commencement of voting.”;

- (2) the procedures pertaining to the confirmation of the formal credentials of delegates or representatives who have been seated on the basis of provisional credentials already accepted by the Health Assembly shall be changed by adding the following sentence at the end of the first paragraph of Rule 23 of the Rules of Procedure of the Health Assembly:

“The Bureau of the Committee shall be empowered to recommend to the Health Assembly on behalf of the Committee the acceptance of the formal credentials of delegates or representatives seated on the basis of provisional credentials already accepted by the Health Assembly.”

Hbk Res., Vol. II (2nd ed.), 4.1.4; 4.1.3

*Eighth plenary meeting, 16 May 1978
(Committee B, first report)*

WHA31.10 Medium-term programming for the implementation of the Sixth General Programme of Work covering a specific period (1978-1983 inclusive)

The Thirty-first World Health Assembly,

Noting the discussions of the Executive Board at its sixty-first session¹ with regard to the review of medium-term programming for the implementation of the Sixth General Programme of Work covering a specific period (1978-1983 inclusive), in accordance with resolutions WHA29.20 and EB59.R27;

¹ See WHO Official Records, No. 246, 1978, p. 168 *et seq.*

Supporting the Executive Board's endorsement in resolution EB61.R24 of the principles, methods and process for WHO's medium-term programming proposed by the Director-General;

Stressing the importance of the involvement of Member States in this endeavour;

1. REQUESTS the Director-General to further the development of methods for WHO's medium-term programming and the elaboration of the medium-term programmes based on the Sixth General Programme of Work and on the new programme budget strategy and policy;
2. REQUESTS the Executive Board to review periodically the development of the Organization's medium-term programmes;
3. URGES Member States to collaborate with WHO in evolving its medium-term programmes based on the Sixth General Programme of Work and on the new programme budget strategy and policy.

Hbk Res., Vol. II (2nd ed.), 1.1.2

*Tenth plenary meeting, 18 May 1978
(Committee A, first report)*

WHA31.11 Development of health programme evaluation

The Thirty-first World Health Assembly,

Noting the discussions of the Executive Board at its sixty-first session on the development of health programme evaluation; ¹

Supporting the Executive Board's endorsement in resolution EB61.R26 of the principles, methods and process of evaluation as proposed by the Director-General;

Stressing the important role of the regional committees in promoting health programme evaluation;

1. REQUESTS the Director-General to continue to develop the process of health programme evaluation as an integral part of the health development process, including the establishment of positive indicators of health status;
2. REQUESTS the Executive Board to review periodically the development of health programme evaluation;
3. URGES Member States to introduce progressively and promote the above-mentioned process for the evaluation of national health programmes and services by national health personnel, and to collaborate with WHO in evaluating the impact of the Organization's programmes in their countries.

Hbk Res., Vol. II (2nd ed.), 1.3.2

*Tenth plenary meeting, 18 May 1978
(Committee A, first report)*

WHA31.12 Country health programming

The Thirty-first World Health Assembly,

Endorsing resolution EB61.R25;

Reiterating the importance of country health programming as a systematic and continuing multisectoral, national process that helps governments to take political decisions concerning health development, in the spirit of national self-reliance in health matters, and to develop efficient national health systems as called for in resolution WHA23.61;

1. URGES Member States:
 - (1) to introduce or strengthen the country health programming process for national health programme development;

¹ See WHO Official Records, No. 246, 1978, p. 202 *et seq.*

- (2) to establish adequate mechanisms in ministries of health, or other ministries and institutions concerned, for the initiation and maintenance of country health programming as a continuing health development process;
 - (3) to establish national centres or institutions of other types that countries may consider appropriate for the development of, and for research and training in, country health programming;
 - (4) to cooperate with other countries through the exchange of information on country health programming methods, procedures and experience and through exchanges of personnel;
 - (5) to cooperate with WHO in developing further the country health programming methodology in the light of experience in its application;
 - (6) to introduce country health programming, wherever possible and/or necessary, into undergraduate and postgraduate training for health and related personnel, in order to familiarize them with the process and to increase substantially the number of well-trained personnel in this field;
2. REQUESTS the Executive Board to review progress in country health programming from time to time, as appropriate;
 3. REQUESTS the Director-General:
 - (1) to continue to cooperate with Member States in the further development and application of country health programming;
 - (2) to promote training in the country health programming process, as well as the research required for its development and application, in national as well as in selected international collaborating centres;
 - (3) to evaluate the progress of country health programming throughout the world and report thereon to the Executive Board and the Health Assembly as appropriate.

Hbk Res., Vol. II (2nd ed.), 1.1

*Tenth plenary meeting, 18 May 1978
(Committee A, first report)*

WHA31.13 Documentation and languages of the Health Assembly and the Executive Board ¹

The Thirty-first World Health Assembly,

Having considered resolution EB60.R7 of the Executive Board and the report of the Board's Ad Hoc Committee on Documentation and Languages of the Health Assembly and the Executive Board;²

I

Recognizing that the concept of official languages in WHO relates at present to interpretation of speeches made in those languages, whereas the concept of working languages relates essentially to translation and is applied on a pragmatic basis, taking into account the specific requirements of Member States, the Health Assembly and the Executive Board;

DECIDES:

- (1) that, as regards the official languages of the Health Assembly and the Executive Board, the present practice, whereby interpretation from and into those languages is on the basis of complete parity, should be maintained;
- (2) that Arabic, Chinese, English, French, Russian and Spanish shall continue to be the working languages, the practices and decisions extending or limiting their use in varying degrees being allowed to remain, except for any further modifications which may result from agreements negotiated between the governments concerned and the Organization;

II

Conscious of the need to cut out all avoidable and non-essential expenditure in accordance with resolution WHA29.48;

¹ See Annex 3.

² WHO Official Records, No. 242, 1977, pp. 8 and 19.

Being informed that certain savings could be achieved by issuing in nonserial form the volumes that at present form the *Official Records* series, since this would make possible a less extensive free distribution outside the Organization;

Convinced that the issue of a number of separate volumes would fulfil the same purpose as the *Official Records* series, and would continue to meet the needs of Member States;

DECIDES:

- (1) that the present *Official Records* series shall be replaced by a number of separate volumes;
- (2) that Rule 95 of the Rules of Procedure of the Health Assembly shall be amended by the deletion of the words: "in the *Official Records* of the Organization";

III

1. DECIDES in 1979 and future years to maintain the *status quo* regarding the translation and publication of the verbatim records of the Health Assembly and the summary records of the Executive Board and the main committees of the Health Assembly;

2. INVITES the Director-General, in future years, to take the necessary measures to comply with the above provisions, giving due consideration to resolution WHA29.48.

Hbk Res., Vol. II (2nd ed.), 4.1.5; 1.13.2; 4.1.3; 4.1.6; 4.2.5

*Tenth plenary meeting, 18 May 1978
(Committee B, second report)*

WHA31.14 Assessment of Djibouti

The Thirty-first World Health Assembly,

Noting that Djibouti, a Member of the United Nations, became a Member of the World Health Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 10 March 1978;

Recalling that the Twenty-second World Health Assembly, in resolution WHA22.6, decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission;

DECIDES:

- (1) that Djibouti shall be assessed for 1978 and future years at a rate to be fixed by the Health Assembly, as and when the assessment rate for this country has been established by the General Assembly of the United Nations;
- (2) that Djibouti shall be assessed at the provisional rates of 0.02% for 1978 and 0.01% for 1979 and future years, to be adjusted to the definitive assessment rate when established by the Health Assembly;
- (3) that the assessment for 1978 shall be reduced to one-third of 0.02%.

Hbk Res., Vol. II (2nd ed.), 7.1.2.2

*Tenth plenary meeting, 18 May 1978
(Committee B, second report)*

WHA31.15 Assessment of Angola

The Thirty-first World Health Assembly,

Recalling that the Twenty-ninth World Health Assembly, in resolution WHA29.11, fixed a provisional assessment for Angola, to be adjusted to the definitive assessment rate when established;

Noting that the General Assembly of the United Nations, in resolution 32/39, established the assessment of Angola for 1976 and subsequent years at the rate of 0.02%;

Recalling the principle established in resolution WHA8.5, and confirmed in resolution WHA24.12, that the latest available United Nations scale of assessment should be used as a basis for determining the scale of assessment to be used by WHO;

Recalling further that the Twenty-sixth World Health Assembly, in resolution WHA26.21, affirmed its belief that the scale of assessment in WHO should follow as closely as possible that of the United Nations;

DECIDES that Angola shall be assessed for the years 1976, 1977 and 1978 at the rate of 0.02%.

Hbk Res., Vol. II (2nd ed.), 7.1.2.2

*Tenth plenary meeting, 18 May 1978
(Committee B, second report)*

WHA31.16 Scale of assessment for 1979

The Thirty-first World Health Assembly

1. DECIDES that the scale of assessment for 1979 shall, subject to the provisions of paragraph 2 below, be as follows:

Member	Scale (percentage)	Member	Scale (percentage)
Afghanistan	0.01	Finland	0.43
Albania	0.01	France	5.73
Algeria	0.10	Gabon	0.01
Angola	0.02	Gambia	0.01
Argentina	0.83	German Democratic Republic	1.31
Australia	1.51	Germany, Federal Republic of	7.58
Austria	0.63	Ghana	0.02
Bahamas	0.01	Greece	0.34
Bahrain	0.01	Grenada	0.01
Bangladesh	0.04	Guatemala	0.02
Barbados	0.01	Guinea	0.01
Belgium	1.06	Guinea-Bissau	0.01
Benin	0.01	Guyana	0.01
Bolivia	0.01	Haiti	0.01
Botswana	0.01	Honduras	0.01
Brazil	1.02	Hungary	0.32
Bulgaria	0.14	Iceland	0.02
Burma	0.01	India	0.67
Burundi	0.01	Indonesia	0.14
Byelorussian SSR	0.40	Iran	0.39
Canada	2.99	Iraq	0.08
Cape Verde	0.01	Ireland	0.15
Central African Empire	0.01	Israel	0.23
Chad	0.01	Italy	3.32
Chile	0.09	Ivory Coast	0.02
China	5.41	Jamaica	0.02
Colombia	0.11	Japan	8.50
Comoros	0.01	Jordan	0.01
Congo	0.01	Kenya	0.01
Costa Rica	0.02	Kuwait	0.15
Cuba	0.11	Lao People's Democratic Republic	0.01
Cyprus	0.01	Lebanon	0.03
Czechoslovakia	0.83	Lesotho	0.01
Democratic Kampuchea	0.01	Liberia	0.01
Democratic People's Republic of Korea	0.05	Libyan Arab Jamahiriya	0.16
Democratic Yemen	0.01	Luxembourg	0.04
Denmark	0.63	Madagascar	0.01
Djibouti	0.01	Malawi	0.01
Dominican Republic	0.02	Malaysia	0.09
Ecuador	0.02	Maldives	0.01
Egypt	0.08	Mali	0.01
El Salvador	0.01	Malta	0.01
Ethiopia	0.01	Mauritania	0.01
Fiji	0.01	Mauritius	0.01

Member	Scale (percentage)	Member	Scale (percentage)
Mexico	0.78	South Africa	0.41
Monaco	0.01	Southern Rhodesia	0.01
Mongolia	0.01	Spain	1.51
Morocco	0.05	Sri Lanka	0.02
Mozambique	0.02	Sudan	0.01
Namibia	0.01	Suriname	0.01
Nepal	0.01	Swaziland	0.01
Netherlands	1.40	Sweden	1.22
New Zealand	0.25	Switzerland	0.94
Nicaragua	0.01	Syrian Arab Republic	0.02
Niger	0.01	Thailand	0.10
Nigeria	0.13	Togo	0.01
Norway	0.44	Tonga	0.01
Oman	0.01	Trinidad and Tobago	0.03
Pakistan	0.07	Tunisia	0.02
Panama	0.02	Turkey	0.29
Papua New Guinea	0.01	Uganda	0.01
Paraguay	0.01	Ukrainian SSR	1.51
Peru	0.06	Union of Soviet Socialist Republics	11.42
Philippines	0.10	United Arab Emirates	0.07
Poland	1.37	United Kingdom of Great Britain and Northern Ireland	4.45
Portugal	0.19	United Republic of Cameroon	0.01
Qatar	0.02	United Republic of Tanzania	0.01
Republic of Korea	0.13	United States of America	25.00
Romania	0.23	Upper Volta	0.01
Rwanda	0.01	Uruguay	0.04
Samoa	0.01	Venezuela	0.38
Sao Tome and Principe	0.01	Viet Nam	0.03
Saudi Arabia	0.23	Yemen	0.01
Senegal	0.01	Yugoslavia	0.38
Sierra Leone	0.01	Zaire	0.02
Singapore	0.08	Zambia	0.02
Somalia	0.01		

2. REQUESTS the Director-General, in the event that assessments are fixed provisionally or definitively by the present Health Assembly for any new Members, to adjust the scale as set forth in paragraph 1.

Hbk Res., Vol. II (2nd ed.), 7.1.2.1

*Tenth plenary meeting, 18 May 1978
(Committee B, second report)*

WHA31.17 Appointment of External Auditor

The Thirty-first World Health Assembly

1. RESOLVES that Sir Douglas Henley be appointed External Auditor of the accounts of the World Health Organization for the two financial years 1978 and 1979 and that he make his audits in accordance with the principles incorporated in Article XII of the Financial Regulations, with the provision that, should the necessity arise, he may designate a representative to act in his absence;
2. EXPRESSES its appreciation to Mr Lars Lindmark for the service rendered to the Organization during the four years in which he has served as External Auditor;
3. EXPRESSES to the Government of Sweden and the family of Mr Sven-Ivar Ivarsson its deep regrets over the latter's untimely death, which did not permit him to assume his appointment as External Auditor for the financial years 1978 and 1979.

Hbk Res., Vol. II (2nd ed.), 7.1.11

*Tenth plenary meeting, 18 May 1978
(Committee B, second report)*

WHA31.18 WHO Constitution : Adoption of Arabic text and amendment to Article 74

The Thirty-first World Health Assembly

1. ADOPTS the amendment to Article 74 of the Constitution annexed hereto, the texts in the Arabic, Chinese, English, French, Russian and Spanish languages being equally authentic;
2. ADOPTS the Arabic text of the Constitution annexed hereto ¹ as the text which shall constitute the authentic Arabic text of the Constitution upon the entry-into-force of the above-mentioned amendment to the Constitution.

Hbk Res., Vol. II (2nd ed.), 6.1

*Tenth plenary meeting, 18 May 1978
(Committee B, second report)*

AMENDMENT TO ARTICLE 74 OF THE CONSTITUTION

ARABIC TEXT

المادة ٧٤ - تقرأ كما يلي :

المادة ٧٤

"نصوص هذا الدستور بالأسبانية والانجليزية والروسية والصينية والعربية والفرنسية متساوية في الحجية".

CHINESE TEXT

第 74 条 — 删去并由下列取代:

第 74 条

本组织法的阿拉伯文本、中文本、英文本、法文本、俄文本和西班牙文本均应具有同等效力。

ENGLISH TEXT

Article 74 — Delete and replace by:

Article 74

The Arabic, Chinese, English, French, Russian and Spanish texts of this Constitution shall be regarded as equally authentic.

¹ This text is reproduced only in the Arabic edition of WHO Official Records, No. 247, 1978.

FRENCH TEXT

Article 74 — Remplacer par le texte suivant :

Article 74

Les textes anglais, arabe, chinois, espagnol, français et russe de cette Constitution sont considérés comme également authentiques.

RUSSIAN TEXT

Статья 74 — заменить следующим текстом:

Статья 74

Английский, арабский, испанский, китайский, русский, и французский тексты настоящего Устава признаются равно аутентичными.

SPANISH TEXT

Artículo 74 — Sustitúyase por:

Artículo 74

Los textos en árabe, chino, español, francés, inglés y ruso de esta Constitución serán considerados igualmente auténticos.

WHA31.19 Agreement with the Islamic Development Bank

The Thirty-first World Health Assembly,

Considering Article 70 of the Constitution of the World Health Organization;

APPROVES the Agreement signed by the Director-General of the World Health Organization and the President of the Islamic Development Bank on 4 May 1978.¹

Hbk Res., Vol. II (2nd ed.), 8.3

*Tenth plenary meeting, 18 May 1978
(Committee B, second report)*

WHA31.20 Development of health information systems

The Thirty-first World Health Assembly,

Recalling resolutions WHA30.46 and EB61.R32;

Reiterating the importance of reliable information systems for planning, programming, implementing and evaluating health programmes;

Recognizing that such information support from all relevant sources, including health and related statistics, should be developed within Member States in accordance with their needs and resources;

¹ See Annex 4.

Recognizing also the need for WHO to develop its own system for programme management and the international exchange of health and other related information;

Bearing in mind the constitutional obligation of Member States to provide WHO with relevant information on their health status and development, and WHO's role in the analysis of this information and its timely dissemination;

Considering that the WHO information system and national health information systems should be mutually supportive and wherever possible compatible;

Mindful of the need to ensure the coordination of the WHO information system with other information systems within the United Nations institutions and the specialized agencies;

1. URGES Member States to develop or strengthen their health information systems so as to provide adequate support to their management processes for health development and to contribute to the international exchange of health and related information;
2. REQUESTS the Director-General:
 - (1) to develop principles for national health information systems in close collaboration with Member States, and to respond to requests from Member States to collaborate with them in establishing or strengthening their health information systems;
 - (2) to continue to develop and implement the new WHO information system through intensified consultation with national experts in order to improve WHO's programme management and to facilitate the international exchange of information;
 - (3) to report on progress periodically, as appropriate, to the Executive Board and to the Health Assembly.

Hbk Res., Vol. II (2nd ed.), 1.1.4

*Eleventh plenary meeting, 19 May 1978
(Committee A, second report)*

WHA31.21 Medium-term programme for mental health

The Thirty-first World Health Assembly,

Having studied all the relevant documents regarding the mental health programme, and particularly resolution EB61.R28;

1. COMMENDS the quality of the documents and of the work done and also the progress made in this field;
2. APPROVES the content of the said resolution of the Executive Board;
3. REQUESTS the Director-General to continue to keep the Health Assembly informed of progress with this programme.

Hbk Res., Vol. II (2nd ed.), 1.9.5

*Eleventh plenary meeting, 19 May 1978
(Committee A, second report)*

WHA31.22 Appropriation Resolution for the financial year 1979

The Thirty-first World Health Assembly

RESOLVES to appropriate for the financial year 1979 an amount of US \$208 248 400 as follows:

A.

Appropriation section	Purpose of appropriation	Amount US\$
1	Policy organs	4 226 300
2	General management, coordination and development	15 069 000
3	Development of comprehensive health services	25 764 100
4	Health manpower development	23 659 800
5	Disease prevention and control	41 946 000
6	Promotion of environmental health	9 689 800
7	Health information and literature	18 210 700
8	General service and support programmes	24 997 400
9	Support to regional programmes	19 166 900
	Effective working budget	<u>182 730 000</u>
10	Transfer to Tax Equalization Fund	21 235 800
11	Undistributed reserve	4 282 600
	Total	<u><u>208 248 400</u></u>

B. Amounts not exceeding the appropriations voted under paragraph A shall be available for the payment of obligations incurred during the period 1 January to 31 December 1979 in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial year 1979 to sections 1-10.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made, this percentage being established in respect of Section 2 exclusive of the provision made for the Director-General's and Regional Directors' Development Programmes (US \$3 242 000). The Director-General is also authorized to apply amounts not exceeding the provision for the Director-General's and Regional Directors' Development Programmes to those sections of the effective working budget under which the programme expenditure will be incurred. All such transfers shall be reported in the Financial Report for the financial year 1979. Any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.5.

D. The appropriations voted under paragraph A shall be financed by assessments on Members after deduction of the following:

	US\$
(i) reimbursement of programme support costs by the United Nations Development Programme in the estimated amount of	2 600 000
(ii) casual income in the amount of	610 000
Total	<u><u>3 210 000</u></u>

thus resulting in assessments on Members of US \$205 038 400. In establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that require staff members of WHO to pay taxes on their WHO emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization.

WHA31.23 Tentative budgetary projections for the biennium 1980-1981

The Thirty-first World Health Assembly,

Having considered the recommendations of the Executive Board (resolution EB61.R18)¹ related to the complex issues of the appropriate level of the WHO regular programme budget for 1980-1981 and the factors to be taken into account in planning for the future growth of the WHO regular programme budget;

1. DECIDES that the regular programme budget for 1980-1981 should be developed within a budgetary level that will provide for a real increase of up to 2% per annum, in addition to reasonably estimated cost increases, the underlying factors and assumptions of which should be made explicit;
2. AFFIRMS that the fundamental concern in determining the future development of the programme budget is the capability of WHO, with all the resources, competence and will at its disposal, through the collaboration of Member States, to fulfil its constitutional mandate and carry out the policy and strategy required by the Health Assembly.

Hbk Res., Vol. II (2nd ed.), 2.3; 2.1

*Eleventh plenary meeting, 19 May 1978
(Committee A, second report)*

WHA31.24 Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution

The Thirty-first World Health Assembly,

Having considered the report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Thirty-first World Health Assembly on Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution;

Having noted that Chad, Democratic Kampuchea, the Dominican Republic and Grenada are in arrears to such an extent that it is necessary for the Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended;

Noting the payments now in progress from Chad and Grenada;

Recalling that payments from Democratic Kampuchea and the Dominican Republic were last received in 1975 and that payments from Chad and Grenada were last received in 1976;

1. DECIDES not to suspend the voting privileges of Chad, Democratic Kampuchea, the Dominican Republic and Grenada at the Thirty-first World Health Assembly;
2. URGES all these Members to intensify their efforts to achieve regularization of their position at the earliest possible date;
3. REQUESTS the Director-General to communicate this resolution to the Members concerned.

Hbk Res., Vol. II (2nd ed.), 7.1.2.4

*Twelfth plenary meeting, 23 May 1978
(Committee B, third report)*

¹ See WHO Official Records, No. 244, 1978, pp. 12 and 56.

WHA31.25 Health assistance to refugees and displaced persons in Cyprus

The Thirty-first World Health Assembly,

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;

Recalling resolutions WHA28.47, WHA29.44 and WHA30.26;

Noting all relevant United Nations General Assembly and Security Council resolutions on Cyprus;

Considering that the continuing health problems of the refugees and displaced persons in Cyprus call for further assistance;

1. NOTES with satisfaction the information provided by the Director-General on health assistance to refugees and displaced persons in Cyprus;
2. EXPRESSES its appreciation for all the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus to obtain the funds necessary for the Organization's action to meet the health needs of the population of Cyprus;
3. REQUESTS the Director-General to continue and intensify health assistance to refugees and displaced persons in Cyprus, in addition to any assistance made available within the framework of the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus, and to report to the Thirty-second World Health Assembly on such assistance.

Hbk Res., Vol. II (2nd ed.), 8.1.4.4

*Twelfth plenary meeting, 23 May 1978
(Committee B, third report)*

WHA31.26 Health and medical assistance to Lebanon

The Thirty-first World Health Assembly,

Mindful of the principle that the health of all peoples is basic to the maintenance of peace and security;

Recalling the previous resolutions WHA29.40 and WHA30.27;

Noting that health and medical assistance to Lebanon remains urgently necessary, particularly in view of the consequences of the new situation created by the Israeli invasion of southern Lebanon, which has resulted in the destruction of various health and medical facilities, in injuries and mutilation of many persons, and in the flight of thousands of inhabitants who are living in wretched conditions;

1. NOTES with satisfaction the information supplied by the Director-General regarding the health and medical assistance already provided, and thanks him for his efforts;
2. EXPRESSES its appreciation to all the organizations that have helped WHO effectively discharge its responsibilities in regard to health and medical assistance to Lebanon;
3. REQUESTS the Director-General to continue and intensify the Organization's health and medical assistance to Lebanon, with due regard to the distressing new situation created by the invasion of southern Lebanon, allocating for this purpose, and to the extent possible, funds from the regular budget and other financial resources, and to report to the Thirty-second World Health Assembly.

Hbk Res., Vol. II (2nd ed.), 1.4.2

*Twelfth plenary meeting, 23 May 1978
(Committee B, third report)*

WHA31.27 Organizational study on WHO's role at the country level, particularly the role of the WHO representatives

The Thirty-first World Health Assembly,

Having considered the Executive Board's organizational study on WHO's role at the country level, particularly the role of the WHO representatives;¹

Recalling resolutions EB57.R31, WHA29.33, EB59.R33, WHA30.16 and EB61.R34;

Emphasizing the indivisibility of world health and the constitutional role of WHO as its unifying agent;

Stressing the need for integrated action throughout the Organization in order to reach the main social target of governments and WHO that was decided upon in resolution WHA30.43, namely the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;

1. CONGRATULATES the Executive Board on its study on WHO's role at the country level, particularly the role of the WHO representatives;
2. NOTES with appreciation its findings, conclusions and recommendations especially with regard to WHO's role in fostering national self-reliance in health matters, in particular through technical cooperation with countries in the planning, programming, implementation and evaluation of their health programmes;
3. URGES Member States:
 - (1) to increase their participation in the work of WHO;
 - (2) to increase still further their already close partnership with WHO in the formulation and implementation of the Organization's policies;
 - (3) to take care that their requests for technical cooperation with the Organization conform to the policies adopted by them in the Health Assembly;
4. DECIDES that the title of WHO representative should be changed to that of WHO programme coordinator;
5. ENDORSES the need to utilize better all the resources that WHO can mobilize, and in this context to experiment further with the employment of national personnel as WHO programme coordinators and project managers, and with national coordinating committees;
6. REQUESTS the Director-General:
 - (1) to apply the conclusions and recommendations of the study in the future activities of WHO;
 - (2) to reinforce the managerial and technical competence of WHO programme coordinators, and to modify accordingly their status and functions;
 - (3) to re-examine the Organization's structures in the light of its functions, as recommended in the study, with a view to ensuring that activities at all operational levels promote integrated action, and to report thereon to the sixty-fifth session of the Executive Board;
7. REQUESTS the Executive Board to review the Director-General's report on his study of the Organization's structures in the light of its functions, and to report thereon to the Thirty-third World Health Assembly.

¹ WHO Official Records, No. 244, 1978, Annex 7.

WHA31.28 Evaluation of the effects of chemicals on health

The Thirty-first World Health Assembly,

Having considered the report of the Director-General relating to the activities of WHO in human health and the environment;

Recalling resolution WHA30.47 on the need to accelerate and make more effective the evaluation of health risks from exposure to chemicals;

Realizing that the world's population is exposed to a growing number of chemicals in food and in the environment;

Considering that only a relatively small body of information exists on the toxicity, carcinogenicity, teratogenicity and mutagenicity of these chemicals;

Recognizing the importance of objective information on the different risks to human health of chemical substances already spread or spreading in food and in the environment;

Noting the important activities of other international organizations for the international coordination and harmonization of national efforts to control toxic and hazardous chemicals;

Considering the urgent need for improved control of toxic and hazardous chemicals and the key role of WHO in all aspects of the effects of toxic chemicals on human health;

Considering the need for practical action and technical cooperation to solve specific problems in Member States;

1. NOTES with appreciation the report of the Director-General;
2. REQUESTS the Director-General:
 - (1) to give renewed emphasis to these efforts;
 - (2) to further promote international cooperation in evaluation of the effects on health of toxic and hazardous chemicals;
 - (3) to strengthen the implementation of the programme through a central WHO unit at headquarters for planning and coordinating and a network of national institutions that would be assigned specific tasks;
 - (4) to mobilize the necessary resources to enable the programme to achieve its objectives;
 - (5) to report to the sixty-third session of the Executive Board and the Thirty-second World Health Assembly on the arrangements made for further implementing resolution WHA30.47;
3. URGES Member States to provide voluntary contributions in favour of this programme.

Hbk Res., Vol. II (2nd ed.), 1.11.3

*Twelfth plenary meeting, 23 May 1978
(Committee B, third report)*

WHA31.29 Evaluation of the effects of biological environmental factors on health

The Thirty-first World Health Assembly,

Recalling resolution WHA29.45 on WHO's human health and environment programme;

Noting resolution WHA30.47 on the need for accelerating and making more effective the evaluation of health risks from exposure to chemicals;

Considering that biological factors such as, in particular, the spores of mushrooms and other fungi, pollens and dusts of vegetable or animal origin constitute factors of aggression on the health of all the populations of the world, but that these factors are still too frequently little known, or else not known;

Recognizing the importance of the efforts embarked upon by WHO in the field of environmental factors and their effects on health;

REQUESTS the Director-General:

- (1) to add to the list of factors already envisaged the evaluation of the effects of biological factors on health;
- (2) to report in due course to the Executive Board and to the Health Assembly.

Hbk Res., Vol. II (2nd ed.), 1.11.3

*Twelfth plenary meeting, 23 May 1978
(Committee B, third report)*

WHA31.30 Procedures for introducing changes into the Sixth General Programme of Work covering a specific period (1978-1983 inclusive)

The Thirty-first World Health Assembly,

Noting resolution EB61.R23, concerning procedures for introducing changes into the Sixth General Programme of Work covering a specific period (1978-1983 inclusive);

1. REQUESTS the Executive Board to consider from time to time, as required, the need to introduce changes into the Sixth General Programme of Work, particularly to reflect new programme policies of the World Health Assembly, and to submit any proposals for such changes to the Health Assembly for consideration and approval;
2. REQUESTS the Director-General to issue as a supplement to the Sixth General Programme of Work any changes in that Programme that have been approved by the Health Assembly.

Hbk Res., Vol. II (2nd ed.), 1.1.2

*Twelfth plenary meeting, 23 May 1978
(Committee A, third report)*

WHA31.31 Monitoring of the implementation of programme budget policy and strategy

The Thirty-first World Health Assembly,

Considering the progress made in implementing the new programme budget policy embodied in resolutions WHA28.76, WHA29.48 and WHA30.30;

Reiterating that resolutions WHA28.76 and WHA29.48 form a historical and conceptual whole, and that

- (1) their fundamental objective is to unify the potentials, resources and experiences of many countries with different social patterns and cultural traditions and at different stages of development in order to make it easier to bridge the health gap between the developed and the developing countries and to raise the overall level of health in the world; while
- (2) their quantitative objective is to redistribute WHO's regular programme budget resources in order to increase substantially, in real terms, the allocations for technical cooperation;

Realizing that direct technical cooperation between WHO and its Member States can assume many forms;

Emphasizing the importance of regularly providing the Executive Board and the Health Assembly with relevant factual information to enable them to assess the progress of technical cooperation with individual countries in order to detect shortcomings and introduce improvements, as well as to assist WHO and all countries to gain from the valuable experience thus accumulated;

Referring to resolution EB61.R6, adopted by the Executive Board at its sixty-first session, on monitoring the implementation of programme budget policy and strategy;

1. CONCURS with the Executive Board's conclusion as to the importance of keeping under constant review the implementation of the programme budget policy and strategy;
2. REQUESTS the Director-General, within the general framework of monitoring the implementation of resolutions WHA28.76 and WHA29.48, to provide the Health Assembly and Executive Board with all relevant information to illustrate how the new programme budget policy and strategy are being applied in Member States, in particular in developing countries, and to what extent WHO's regular budget resources are being used for this purpose.

Hbk Res., Vol. II (2nd ed.), 2.1.1

*Twelfth plenary meeting, 23 May 1978
(Committee A, third report)*

WHA31.32 Action programme on essential drugs

The Thirty-first World Health Assembly,

Recalling resolutions WHA28.66 and EB61.R17;

Having considered the progress report of the Director-General on drug policies and management;

Realizing that large segments of the world's population do not have access to the most essential drugs and vaccines that are indispensable to ensure effective health care;

Recognizing the importance of an adequate supply of essential drugs and vaccines to meet the real health needs of the people, through the implementation of national programmes of health care;

Deeply concerned by the high proportion of health budgets spent on pharmaceuticals by governments, particularly of developing countries, thereby limiting the remaining funds available for the provision of adequate health care to the whole population;

Stressing the need to provide essential drugs of adequate quality, in sufficient quantity and at reasonable cost to meet the health needs of these countries;

Considering that local production of essential drugs and vaccines is a legitimate aspiration which developing countries have expressed on many occasions, and that considerable progress has been achieved in some countries;

Considering that the establishment of a pharmaceutical industry in countries where it does not exist requires transfer of appropriate technology and investment, and that most developing countries cannot afford this without international cooperation;

Recognizing the importance of objective information about pharmaceuticals and the risk of uncontrolled promotional activity by manufacturers, particularly in developing countries;

Convinced that collective purchases of large quantities of pharmaceuticals would substantially reduce their costs;

Convinced that urgent international action is required to alleviate this situation through the establishment of an action programme of technical cooperation on essential drugs aimed at strengthening the national capabilities of developing countries in the field of selection and proper use of essential drugs to meet their real needs, and in local production and quality control, wherever feasible, of such drugs;

Highly appreciating the steps already taken by the Director-General to make available essential drugs and vaccines necessary for the extension of the health care coverage of the population;

1. ENDORSES resolution EB61.R17;
2. URGES Member States, particularly developing countries, to:
 - (1) establish adequate drug procurement, storage and distribution systems in order to make available drugs of adequate quality, at reasonable prices, to the population;

- (2) establish national drug lists or formularies by international nonproprietary (generic) names, including essential drugs selected on the basis of the health needs of countries and taking into account the criteria of the WHO Expert Committee on the Selection of Essential Drugs (*Technical Report Series No. 615*);
- (3) enact legislation as appropriate covering drug registration, use or prescription by generic names, control of drug information, including therapeutic indications and mention of side-effects, price regulation and definition of the types of drugs authorized for use or prescription by different levels of health workers;
- (4) collaborate in the exchange of information on drug policies and management through bilateral or multilateral programmes and WHO;

3. REQUESTS the Director-General:

- (1) to continue to identify the drugs and vaccines which, in the light of scientific knowledge, are indispensable for primary health care and control of diseases prevalent in the population, and to update periodically this aspect of the report of the WHO Expert Committee on the Selection of Essential Drugs;
- (2) to cooperate with Member States in formulating drug policies and management programmes that are relevant to the health needs of populations and are aimed at ensuring access of the whole population to essential drugs at a cost the country can afford;
- (3) to improve existing WHO supply services for drugs, including vaccines, and medical equipment, through closer collaboration with the United Nations Children's Fund, and to ensure that developing countries take full advantage of such services;
- (4) to ensure collaboration with the United Nations Development Programme, the World Bank and regional development banks and funds, the United Nations Children's Fund and the United Nations Industrial Development Organization with a view to ensuring that technical expertise and financing are made available to interested countries for establishing, wherever feasible, local production corresponding to their health needs, it being understood that financing should be independent of the source of technology;
- (5) to develop further the dialogue with pharmaceutical industries in order to assure their collaboration in meeting the health needs of large underserved segments of the world's population;
- (6) to study how prices of pharmaceutical products are determined and possible strategies for reducing such prices, including the development of a code of marketing practices, with special emphasis on pharmaceutical products essential for the populations of developing countries;
- (7) to take appropriate steps to cooperate with Member States in developing quality control systems for drugs, whether imported or locally produced, and to establish regional quality control networks;
- (8) to foster exchange of information among Member States on drug policies and management and on technical aspects of pharmaceutical products;
- (9) to submit to the sixty-third session of the Executive Board a comprehensive action programme as outlined above, aimed at fostering technical cooperation among developing countries, and to stimulate bilateral and multilateral cooperation in this programme;
- (10) to invite the participation of governments directly interested in implementing this action programme in their own countries, governments willing to provide support, relevant United Nations agencies, and other appropriate cooperating parties;
- (11) to submit a report on the progress achieved in the implementation of this action programme to subsequent sessions of the Executive Board and Health Assembly.

WHA31.33 Medicinal plants

The Thirty-first World Health Assembly,

Recognizing the importance of medicinal plants in the health care systems in many developing countries;

Noting the increasing awareness of governments and the scientific and medical communities of this matter;

Considering that these plants contain substances which may be of therapeutic value but may also possibly show potential toxicity when improperly used;

Realizing that the use of medicinal plants is likely to continue in many countries;

Noting with interest the efforts of WHO to deal with this matter;

REQUESTS the Director-General:

- (1) to compile an inventory of medicinal plants used in the different countries, with standardized botanical nomenclature for the ones most widely used;
- (2) to compile and periodically update a therapeutic classification of medicinal plants, related to the therapeutic classification of all drugs;
- (3) to review the available scientific data relating to the efficacy of medicinal plants in the treatment of specific conditions and diseases, and make available in summary form the results of the review;
- (4) to coordinate the efforts of Member States to:
 - (a) develop and apply scientific criteria and methods for proof of safety and efficacy of medicinal plant products, especially galenicals;
 - (b) develop international standards and specifications for identity, purity and strength of medicinal plant products, especially galenicals, and manufacturing practices to achieve these ends;
 - (c) develop methods for the safe and effective use of medicinal plant products, especially galenicals, including labelling containing adequate directions for use, and criteria for use or prescription by various levels of health workers;
- (5) to disseminate information on these matters among Member States;
- (6) to designate regional research and training centres for the study of medicinal plants;
- (7) to report on the subject to a subsequent Health Assembly.

Hbk Res., Vol. II (2nd ed.), 1.10.1

*Twelfth plenary meeting, 23 May 1978
(Committee A, third report)*

WHA31.34 Appropriate technology for health

The Thirty-first World Health Assembly,

Having considered the report of the Director-General and resolution EB61.R31 on the activities in the programme of appropriate technology for health;

1. THANKS the Director-General for his report;
2. NOTES with satisfaction the development of the programme of appropriate technology for health in pursuance of resolution WHA29.74, and expresses the desire to see it implemented throughout all levels of the Organization;
3. INVITES Member States to promote the use of available appropriate technology and develop new technology needed for the better implementation of health care, particularly primary health care;

4. REQUESTS the Director-General:

- (1) to intensify the involvement of Member States in the further development of a global plan of action for the programme of appropriate technology for health, and to foster cooperation with and between Member States, as well as with other appropriate international agencies both inside and outside the United Nations system, in this very important field of public health;
- (2) to report to a future session of the Executive Board and a subsequent Health Assembly on the progress of this action programme.

Hbk Res., Vol. II (2nd ed.), 1.5

*Twelfth plenary meeting, 23 May 1978
(Committee A, third report)*

WHA31.35 Development and coordination of biomedical and health services research

The Thirty-first World Health Assembly,

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

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

Reaffirming that effective biomedical and health services research aimed at the solution of major health problems of Member States, especially of developing countries, plays an increasingly important role in effective technical cooperation between WHO and Member States;

1. THANKS the Director-General for his report;
2. ENDORSES the steps already taken to implement the relevant resolutions of the Health Assembly;
3. NOTES with satisfaction the reorientation of the Organization's research activities, particularly through the greater involvement of regional advisory committees on medical research in defining programmes of action consonant with national and regional health priorities;
4. URGES Member States to:
 - (1) review their research needs and institutions with a view to strengthening their research capabilities;
 - (2) collaborate among themselves and with WHO in accelerating relevant programmes for biomedical and health services research;
5. REQUESTS the Director-General:
 - (1) to continue to pursue the Organization's long-term efforts to coordinate and promote research, emphasizing:
 - (a) strengthening the research capability of Member States;
 - (b) fostering technical cooperation with and between research establishments of Member States;
 - (c) involving more closely the Executive Board, regional committees as appropriate, and the advisory committees on medical research in the formulation of policy, the definition of priorities, and the evaluation of the Organization's research activities;
 - (2) to present to the Executive Board and the Health Assembly a comprehensive programme of research in which WHO is involved, as requested by the previous resolutions of the Health Assembly, covering priorities of Member States outlined in the Sixth General Programme of Work, as well as the special research programmes, including the programme of health services research;
 - (3) to report periodically on progress, as appropriate, to the Executive Board and the Health Assembly.

Hbk Res., Vol. II (2nd ed.), 1.1.3

*Twelfth plenary meeting, 23 May 1978
(Committee A, fourth report)*

WHA31.36 Medium-term programme for health manpower development

The Thirty-first World Health Assembly,

Having noted the documents, the report and resolution EB61.R27 concerning the programme of health manpower development;

1. CONGRATULATES the Director-General on the work accomplished;
2. ENDORSES the content of resolution EB61.R27;
3. DESIRES that the programme be pursued as vigorously as possible;
4. INVITES Member States to consider close collaboration with WHO in ensuring as rational a use as possible of already existing health personnel;
5. REQUESTS the Director-General to report to the Executive Board and the Health Assembly on the progress achieved by WHO and in Member States.

Hbk Res., Vol. II (2nd ed.), 1.7

*Twelfth plenary meeting, 23 May 1978
(Committee A, fourth report)*

WHA31.37 Special Programme of Research, Development and Research Training in Human Reproduction

The Thirty-first World Health Assembly,

Having examined the reports of the Director-General on the Special Programme of Research, Development and Research Training in Human Reproduction;

Recalling resolutions WHA18.49, WHA19.43, WHA20.41, WHA21.43, WHA22.32 and WHA28.44;

Reiterating the need for research in human reproduction, taking account of the complexity of the problem, the fact that experience in providing for fertility regulation through health services is still limited, and that such activities may need to reach substantial sections of the community;

1. THANKS the Director-General for his reports;
2. ENDORSES the objectives of the Special Programme concerning collaboration with Member States in:
 - (1) devising appropriate technology and ways of applying it to provide for fertility regulation, including the prevention and treatment of infertility;
 - (2) strengthening the resources for research in this field;
3. NOTES with satisfaction:
 - (1) the Special Programme's reliance on national personnel and institutions, in the spirit of resolution WHA29.48;
 - (2) the innovative mechanisms for research management evolved by the Special Programme, such as the multidisciplinary task force approach and the inclusion of evaluation as an integral part of research management;
 - (3) the balance of clinical, epidemiological, psychosocial, operational, and laboratory research in the Special Programme;
 - (4) the rigorous scientific and ethical reviews that precede the implementation of all its research activities and the strict observance of the rules derived from these reviews;

4. CONGRATULATES the participating Member States and institutions, as well as the Director-General, on the achievements to date of the Special Programme in generating knowledge and technology of immediate social relevance and in promoting self-reliance for research in developing countries;
5. THANKS those governments which have contributed scientific and financial resources to the Special Programme;
6. URGES Member States to participate as fully as possible in the work of the Special Programme through the cooperation of their research workers, making available national research facilities, and through financial contributions;
7. URGES the Director-General:
 - (1) to further intensify health service research in human reproduction under the Special Programme so as to facilitate the complete integration of services for fertility regulation into the primary health care systems of the countries concerned;
 - (2) to continue efforts to strengthen the capacity of the Organization to secure the cooperation of the pharmaceutical industries in order that Member States may derive the highest possible scientific and economic benefits from the Special Programme.

Hbk Res., Vol. II (2nd ed.), 1.6.3

*Twelfth plenary meeting, 23 May 1978
(Committee A, fourth report)*

WHA31.38 Health conditions of the Arab population in the occupied Arab territories, including Palestine

The Thirty-first World Health Assembly,

Recalling resolution WHA30.37, adopted on 18 May 1977, and previous resolutions concerning health conditions of refugees and displaced persons, and relevant resolutions adopted by the United Nations General Assembly and the Commission on Human Rights;

Acting in accordance with the United Nations Charter, the Universal Declaration of Human Rights and other international instruments;

Pursuant to the provisions of the Geneva conventions, and in particular the Fourth Geneva Convention Relative to the Protection of Civilian Persons in Time of War, of 12 August 1949;

Taking note of the principles set forth in the Constitution of the World Health Organization, particularly the principle that the health of all peoples is fundamental to the attainment of peace and security, and aware of its responsibility for ensuring proper health conditions for all peoples, particularly those peoples suffering from exceptional situations, especially foreign occupation and settler colonialism;

Having considered the report of the Special Committee of Experts appointed to study the health conditions of the inhabitants of the occupied territories in the Middle East, including Palestine;

Bearing in mind that the Special Committee of Experts was unable to fully determine the health conditions of the inhabitants of those territories due to the brevity of its visit to the region and to the lack of statistics and data on the services available there;

Convinced that the occupation of territories by force gravely affects the health, social, psychological, mental and physical conditions of the population under occupation and that this can be rectified only by the complete and immediate termination of the occupation;

I

DECIDES:

- (1) to express its thanks to the Special Committee of Experts for its efforts at this stage;

(2) that the Committee should continue its task as defined in resolution WHA26.56, by virtue of which it was established, and in subsequent resolutions, and should pursue its study on the health conditions of the Arab inhabitants of the occupied Arab territories;

II

Taking note of the report of the Director-General on health assistance to refugees and displaced persons of the Arab population in the occupied territories, including Palestine;

1. EXPRESSES its appreciation of the efforts of the Director-General for the implementation of resolution WHA30.37, and requests that he continue his collaboration with the Palestine Liberation Organization in providing all necessary assistance to the Palestine people;
2. REQUESTS the Director-General to continue to provide the necessary funds to improve the health conditions of the Arab population in the occupied Arab territories, and to ensure the disbursement of the aforementioned funds under the direct supervision of the World Health Organization, through its representatives in the occupied Arab territories;
3. CALLS UPON the Director-General of the World Health Organization to exert all efforts in order to improve the health conditions of the Arab inhabitants in the occupied Arab territories, including Palestine, in accordance with the findings of the Special Committee of Experts and its recommendations, that he make use of voluntary contributions from governments, governmental and nongovernmental organizations and individuals for this purpose, and that he seek assistance in this respect from Arab organizations working in this field inside the occupied Arab territories without any intervention by the occupying authorities;

III

1. EXPRESSES its deep concern at the poor health and psychological conditions suffered by the inhabitants of the occupied Arab territories;
2. CONDEMNS the inhuman practices to which Arab prisoners and detainees are subjected in Israeli prisons, resulting in the deterioration of their health, psychological and mental conditions;
3. CONDEMNS Israel for its refusal to implement Health Assembly resolutions calling upon it to allow refugees and displaced persons to return to their homes;
4. CONDEMNS Israel for its refusal to apply the Fourth Geneva Convention Relative to the Protection of Civilian Persons in Time of War, of 12 August 1949;
5. CALLS UPON Israel to desist forthwith from the establishment of settlements in the occupied Arab territories and from requisitioning and confiscating Arab lands for the establishment of these settlements, as the establishment of these settlements deprives the inhabitants of the occupied territories of their rights to their land and property and the enjoyment of their natural resources, thereby affecting the health, psychological and social conditions of those inhabitants;
6. CONSIDERS that the persistence of Israeli occupying authorities in their arbitrary practices affecting the physical, social and psychological health conditions of the Arab inhabitants, changing the structure of the occupied Arab territories, is a matter that necessitates Member States to consider the application of the measures stipulated in the Constitution of the World Health Organization;

IV

Denouncing the military Order 745 of 4 January 1978 issued by the Israeli Military Commander of the West Bank Zone, concerning the practising and the licensing of medical and health professions in the West Bank of the occupied Arab territories, thus further changing the legal structure of the institutions of the occupied territories, in particular:

- (a) granting, withholding or withdrawing licences, contrary to existing and accepted professional rules;
- (b) forcing the migration of Arab medical and health personnel, and imposing restrictive conditions on the inhabitants as regards the practice of the medical and health professions;

CALLS UPON Israel to desist forthwith from changing the legal status of medical and health professions in the occupied Arab territories, and to immediately nullify the aforementioned military Order and any other similar orders.

Hbk Res., Vol. II (2nd ed.), 8.1.4.4

*Twelfth plenary meeting, 23 May 1978
(Committee B, fourth report)*

WHA31.39 Coordination within the United Nations system : General matters

The Thirty-first World Health Assembly,

Having reviewed the report by the Director-General concerning the major resolutions of direct relevance to WHO adopted by the Economic and Social Council at its sixty-second and sixty-third sessions and by the United Nations General Assembly at its thirty-second session;

Having also reviewed the addenda to the report by the Director-General concerning, respectively, the restructuring of the economic and social sectors of the United Nations system; the developments which have occurred regarding the coordination of administrative and budgetary matters; and the results of the United Nations Conference on Human Settlements (Habitat);

Recognizing that the restructuring of the economic and social sectors of the United Nations system, as decided by the United Nations General Assembly in its resolution 32/197, adopted on 20 December 1977, presents a new challenge to the organizations and institutions of the United Nations system regarding ways and means of streamlining their collective machinery for coordinating their work and regarding new approaches to concerted action at the intergovernmental and intersecretariat levels, within countries, regions and globally;

REQUESTS the Director-General:

- (1) to ensure the full collaboration of WHO in the restructuring of the economic and social sectors of the United Nations system, within the framework of the Administrative Committee on Coordination and in other forums, as appropriate; to report to the sixty-third session of the Executive Board and to the Thirty-second World Health Assembly on progress achieved in this respect; and to submit to the Health Assembly through the Executive Board such recommendations as will require decisions by the Health Assembly;
- (2) to continue WHO's support for coordinated approaches within the United Nations system with respect to all socioeconomic development programmes, as well as in the field of human settlements and in administrative and budgetary matters;
- (3) to contribute as extensively as possible within the approved WHO programme budget to the success of the International Year of the Child, the International Year for Disabled Persons, the International Anti-Apartheid Year, and the United Nations Conference on Science and Technology for Development.

Hbk Res., Vol. II (2nd ed.), 8.1.1

*Twelfth plenary meeting, 23 May 1978
(Committee B, fourth report)*

WHA31.40 United Nations Water Conference

The Thirty-first World Health Assembly,

Having considered the reports of the Director-General on the follow-up to the Mar del Plata Action Plan of the United Nations Water Conference, and on WHO's human health and environment programme;

Recalling resolution WHA30.33 on the United Nations Water Conference;

Emphasizing the need to make a determined effort to attain the targets of the International Drinking-Water Supply and Sanitation Decade, and particularly to meet the needs of those populations now deprived of these services;

Emphasizing further the need for participation by all sectors of national and international institutions that can contribute to attaining the Decade target;

Considering that the participation of the community is indispensable and that special efforts are required to provide full information to the population to encourage community participation;

1. URGES governments:

- (1) to mobilize all possible resources for an accelerated effort to provide safe water and sanitation to all people within the framework of the Decade;
- (2) to prepare plans with realistic standards for water supply and sanitation;
- (3) to develop the necessary organizational arrangements that will facilitate the pooling of all available resources and their focusing on priority health needs;

2. REQUESTS the Director-General:

- (1) to strengthen technical cooperation with Member States in preparing for the International Drinking-Water Supply and Sanitation Decade;
- (2) to promote cooperation and coordination at the international level with the aim of increasing awareness, priority, and the flow of external resources for water supply and sanitation;
- (3) to identify clearly the contribution of the Organization for the Decade as part of the medium-term programme for the promotion of environmental health.

Hbk Res., Vol. II (2nd ed.), 1.11.2.1; 8.1.3

*Twelfth plenary meeting, 23 May 1978
(Committee B, fourth report)*

WHA31.41 Technical cooperation among developing countries

The Thirty-first World Health Assembly,

Bearing in mind the resolutions of the United Nations General Assembly and Economic and Social Council on the importance of the fullest possible economic and technical cooperation among developing countries;

Mindful that many developing countries, Member States of WHO, are developing and strengthening their programmes for health networks with the aim of attaining total population coverage in the shortest possible time that national conditions permit;

Recalling resolutions WHA28.75, WHA28.76, WHA29.48, WHA30.30, WHA30.43, EB60.R4 and EB61.R19 on programme budget policy and technical cooperation with developing countries;

Convinced that technical cooperation among developing countries is an important instrument for technological liberation of developing countries, particularly in the fields of research, development and training, and exchange of experience and information on health care;

Bearing in mind that health programmes constitute an integral component of the overall development programmes of the developing countries, for which appropriate mechanisms of cooperation should be created at regional and interregional levels;

Realizing that the developing countries have attained a degree of development allowing the establishment of profitable cooperation with mutual benefits;

1. INVITES the regional committees:
 - (1) to discuss and/or reinforce at their 1978 sessions technical cooperation among developing countries for the promotion of health care;
 - (2) to set up appropriate regional and interregional mechanisms for developing and strengthening such cooperation;
2. URGES Member States, and in particular the developing countries:
 - (1) to cooperate among themselves for the development of their national health services;
 - (2) to collaborate actively within their regions in the establishment and effective use of national research and training centres;
 - (3) to collaborate with WHO in the development and promotion of technical cooperation among developing countries and in ensuring support for its realization;
3. REQUESTS the Director-General:
 - (1) to strengthen WHO's programme of technical cooperation among developing countries;
 - (2) to collaborate with the developing countries in the establishment and promotion of such cooperation;
 - (3) to support in all possible ways, with the means at his disposal, the establishment and maintenance of the centres referred to in operative paragraph 2 (2) above;
 - (4) to attract extrabudgetary funds for the support of technical cooperation among developing countries on health projects;
 - (5) to report to the Thirty-second World Health Assembly on progress made in this respect.

WHA31.42 Education of people in community health

The Thirty-first World Health Assembly,

Bearing in mind that the effective participation of the community is indispensable to guarantee the development of health activities and the prevention and control of disease;

Realizing that health education of individuals, families and communities is essential to permit them to participate effectively in health promotion;

Aware that a number of countries are promoting programmes that foster active participation in health development, particularly through primary health care, as well as programmes for preparing health personnel with the necessary knowledge, skill and attitudes;

Noting that these countries have initiated activities for the creation and development of health education including, with some success, people's health courses through which people have access to valid information on health problems, enabling them to take a greater interest in health activities and to participate in carrying them out;

1. INVITES Member States:
 - (1) to further develop their health education and establish people's health courses whenever appropriate, starting at as early an age as possible, with a view to fostering community participation in health development by a knowledgeable public and creating a positive attitude towards health;
 - (2) to cooperate among themselves in sharing experience in the planning, operation and evaluation of these activities;
2. INVITES the Director-General:
 - (1) to collaborate with Member States, and in particular with developing countries, in the development of appropriate educational technology for active participation of communities in health development, and in the training of all health workers in applying this technology;
 - (2) to promote the establishment and development of health education activities;
 - (3) to attract extrabudgetary funds for the establishment and development of health education, including people's health courses.

Hbk Res., Vol. II (2nd ed.), 1.6.4

*Thirteenth plenary meeting, 24 May 1978
(Committee A, fifth report)*

WHA31.43 Managerial processes for health development

The Thirty-first World Health Assembly,

Bearing in mind the importance of applying appropriate managerial processes to health development;

Recalling resolutions WHA31.10, WHA31.11, WHA31.12 and WHA31.20;

Stressing the need for a unified managerial process for national health development, incorporating country health programming, national health programme budgeting and health programme evaluation, as well as adequate information support;

1. URGES Member States:
 - (1) to introduce or strengthen, as applicable and as appropriate to their social and economic conditions, an integrated process for defining health policies; formulating priority programmes to translate those policies into action; ensuring the preferential appropriation of funds from the health budget to those priority programmes; delivering those programmes through the general health system; monitoring, controlling and evaluating health programmes and the services and institutions that deliver them; and providing adequate information support to the process as a whole and to each of its component parts;
 - (2) to make use, as applicable, of the methods developed under the aegis of WHO for country health programming, national health programme budgeting, health programme evaluation, and national health information systems;
 - (3) to provide appropriate training for all health workers in managerial processes and continued education in this field, particularly for health administrators;
 - (4) to collaborate with WHO and among themselves, as required, in applying these methods as integral parts of the health development process;
 - (5) to cooperate among themselves and with WHO for the exchange of experience and information on these managerial methods for health development, and on their practical application in an integrated and effective manner;
2. REQUESTS the Director-General:
 - (1) to ensure that managerial methods for health development are devised and applied by WHO in an integrated manner;

- (2) to promote and conduct research for the further improvement and integration of these methods;
- (3) to collaborate with countries, on request, in the application of their managerial processes for national health development;
- (4) to foster appropriate training in health management, particularly through learning-by-doing;
- (5) to formulate the Organization's medium-term programmes wherever possible with indication of priorities between programmes on the basis of information resulting from national health development processes, of the current General Programme of Work and programme budget policy and strategy, and of the relevant resolutions of the Health Assembly, the Executive Board and the regional committees;
- (6) to continue to develop in an integrated manner the Organization's processes for medium-term programming, programme budgeting, health programme evaluation and provision of adequate information support;
- (7) to report on progress periodically, as appropriate, to the Executive Board and the Health Assembly.

Hbk Res., Vol. II (2nd ed.), 1.1

*Thirteenth plenary meeting, 24 May 1978
(Committee A, fifth report)*

WHA31.44 Control of diarrhoeal diseases

The Thirty-first World Health Assembly,

Concerned at the high rates of morbidity and mortality from acute diarrhoeal diseases, particularly in children;

Recognizing that diarrhoeal diseases constitute a serious socioeconomic and public health problem;

Aware of the recent advances in knowledge on different aspects of acute diarrhoeal diseases, particularly the progress made towards the application of simplified and effective methods of diagnosis, treatment, including rehydration, and control;

Recalling the commitments made by Member States in various forums for the control of these diseases;

Endorsing the priority accorded to this problem in WHO's Sixth General Programme of Work;

Noting with satisfaction the action already taken by the Organization at the country, regional and global levels, with a view to launching a major attack on diarrhoeal diseases;

Conscious that the application of simple and effective measures for prevention and control of diarrhoeal diseases would constitute an important element in increasing the effectiveness and acceptability of primary health care services;

Bearing in mind resolution WHA31.47 and the importance of proper nutrition for the prevention of diarrhoea and its complications, especially in infants and young children;

1. URGES Member States to identify diarrhoeal diseases as a major priority area for action, and to apply known effective measures for the management and control of diarrhoeal diseases in the primary health care context;
2. REQUESTS the Director-General:
 - (1) to intensify involvement of Member States in the development of a plan of action for an expanded programme on diarrhoeal disease control and to collaborate with Member States in the development of the programme at country level, with particular reference to its integration into present or future development activities in health and other fields;
 - (2) to promote technical cooperation with and among Member States in programme formulation, implementation and evaluation, and in training health workers at different levels;

(3) to accord high priority to research activities for the further development of simple, effective and inexpensive methods of treatment, prevention and control of diarrhoeal diseases in areas having various kinds of health service facilities;

3. EXPRESSES appreciation to the United Nations Children's Fund for the support already given to action against diarrhoeal diseases and for its continued cooperation;
4. CALLS UPON the United Nations Development Programme, the World Bank, the United Nations Fund for Population Activities and other international organizations and funds actively to support this programme;
5. THANKS the Government of the United Kingdom of Great Britain and Northern Ireland which, through its generous contribution, has given an initial impetus to the programme, and urges other governments to provide further support to allow the programme to expand;
6. REQUESTS the Director-General to keep the Executive Board and the Health Assembly informed of the progress made in the implementation of the programme on diarrhoeal disease control.

Hbk Res., Vol. II (2nd ed.), 1.8.4

*Thirteenth plenary meeting, 24 May 1978
(Committee A, fifth report)*

WHA31.45 Malaria control strategy

The Thirty-first World Health Assembly,

Having considered the Director-General's report on malaria control strategy;

Recognizing that the critical situation as regards malaria in many countries in all regions of the world is jeopardizing not only the health of their populations but also their overall socioeconomic development;

Considering that there are areas where man has caused the spread of malaria through the building of barrages, dams and artificial lakes;

Aware that this trend of deterioration, if not checked immediately, would result in a problem of global dimensions, and that it could often be reversed by the determination and political will of Member countries and by the flexible selection and judicious utilization of malaria control methods that are already available;

Considering with regret that most of the recommendations in resolution WHA22.39 adopted by the Twenty-second World Health Assembly when it re-examined the global strategy for malaria eradication, and in subsequent resolutions of the Executive Board and Health Assembly, have not been adequately implemented;

Subscribing with satisfaction to the decision of the Executive Board to re-establish an *ad hoc* committee on malaria;

1. ENDORSES the report of the Director-General;
2. EMPHASIZES that it will not be possible to stop the dramatic recrudescence of malaria unless firm national commitments are made to combat it and adequate resources are devoted to antimalaria activities, nationally and internationally;
3. URGES Member States to reorient their antimalaria programmes—with the final objective of malaria eradication where possible—as an integral part of their national health programmes in accordance with the guidelines set out in the Director-General's report, and to increase their commitments (fiscal, administrative and technical) as regards malaria within their national development plans;
4. REQUESTS the Director-General:
 - (1) to stimulate and strengthen technical cooperation between the Organization and its Member States and among countries themselves in the rapid development and effective implementation of their anti-malaria programmes;

- (2) to promote intercountry and interregional coordination of the national antimalaria control programmes;
- (3) to provide technical guidance and support to malaria control activities, and to study ways and means of securing for Member States reliable sources of cheap and minimally toxic pesticides and antimalaria drugs;
- (4) to increase the Organization's participation in the comprehensive and multipurpose training of public health workers in the malaria field;
- (5) to expand and support basic and applied field research on malaria with a view to improving anti-malaria methodology;
- (6) to identify, stimulate, promote and coordinate international and bilateral financial involvement and technical cooperation in the field of malaria;
- (7) to give a higher priority to the malaria control programme in the proposed programme budget for 1980-1981, whether in the regular budget or through the mobilization of extrabudgetary resources, so that the necessary national efforts can be adequately supported;
- (8) to take the appropriate steps in order to achieve active coordination of malaria control activities with those of the Special Programme for Research and Training in Tropical Diseases, thus ensuring the quickest possible implementation of any new technology;
- (9) to review WHO's functional structures where malaria is concerned so as to gear the Organization to undertake a comprehensive, purposeful and effective drive, with the goal of speedy control of the disease;
- (10) to report to the Executive Board and to the Thirty-third World Health Assembly on the evolution of the malaria situation and on the implementation of the malaria control strategy by Member States and by the Organization.

Hbk Res., Vol. II (2nd ed.), 1.8.2.1

*Thirteenth plenary meeting, 24 May 1978
(Committee A, fifth report)*

WHA31.46 Cooperation with newly independent and emerging States in Africa : Special programme for health cooperation with Lesotho

The Thirty-first World Health Assembly,

Recalling Security Council resolution 402 of 22 December 1976 concerning the serious situation created by the closure of certain border posts, upon the decision of South Africa, between Lesotho and South Africa so as to coerce Lesotho into according recognition to the Bantustan Transkei;

Mindful that the decision of the Government of Lesotho not to recognize the Bantustan Transkei was taken in conformity with United Nations General Assembly resolution 31/6(A), adopted on 26 October 1976;

Recognizing that the developments which have occurred have imposed special economic and social burdens upon Lesotho, and that the health conditions of the people of Lesotho, especially in the south-eastern part, are worsening;

1. EXPRESSES deep concern about the health and other problems faced by Lesotho;
2. NOTES with appreciation the measures taken by the Secretary-General of the United Nations to send missions to Lesotho to examine the health situation, as well as by the Economic and Social Council with respect to calling for an effective international programme of assistance to Lesotho;
3. NOTES further the request made to WHO and other specialized agencies of the United Nations system by the Economic and Social Council in its resolution 2096 (LXIII) and by the United Nations General Assembly in resolution 32/98 to maintain and increase their current and future programmes of assistance to Lesotho in carrying out its planned development projects without interruption;

4. REQUESTS Member States of WHO to respond to the appeals made by the Security Council and the Economic and Social Council and to provide technical cooperation to Lesotho;
2. REQUESTS the Director-General, in collaboration with all other organizations and institutions of the United Nations system concerned, to provide all necessary cooperation to Lesotho, in particular with respect to providing health care and services to the affected population.

Hbk Res., Vol. II (2nd ed.), 1.4.1

*Thirteenth plenary meeting, 24 May 1978
(Committee B, fifth report)*

WHA31.47 The role of the health sector in the development of national and international food and nutrition policies and plans, with special reference to combating malnutrition

The Thirty-first World Health Assembly,

Having considered the Director-General's report on the role of the health sector in the development of national and international food and nutrition policies and plans;

Recalling resolutions WHA27.43, WHA28.42 and WHA30.51;

Convinced that malnutrition is one of the major impediments in attaining the goal of health for all by the year 2000, and that new approaches based on clearly defined priorities and maximum utilization of local resources are needed for a more effective action to combat malnutrition;

Noting with concern the continued decline in breast-feeding in many countries, while in certain countries it has been possible to arrest or reverse this trend;

Recognizing that during the first months of life breast-feeding is the safest and most appropriate way to feed infants and that it should be maintained as long as possible, with timely supplementation and weaning which ideally should be done with locally available and acceptable foods;

1. THANKS the Director-General for his report;
2. ENDORSES the functions of the health sector in this field, as described in the report of the Director-General;
3. RECOMMENDS that Member States give the highest priority to stimulating permanent multisectoral coordination of nutrition policies and programmes and to preventing malnutrition in pregnant and lactating women, infants and young children by:
 - (1) supporting and promoting breast-feeding by educational activities among the general public; legislative and social action to facilitate breast-feeding by working mothers; implementing the necessary promotional and facilitating measures in the health services; and regulating inappropriate sales promotion of infant foods that can be used to replace breast milk;
 - (2) ensuring timely supplementation and appropriate weaning practices and the feeding of young children after weaning with the maximum utilization of locally available and acceptable foods; carrying out, if necessary, action-oriented research to support this approach; and training personnel for its promotion;
4. REQUESTS the Director-General:
 - (1) to develop, in cooperation with Member States, a programme of research and development in nutrition, oriented primarily to the needs of developing countries, and aimed initially at the prevention of malnutrition in pregnant and lactating women and in young children by promoting adequate nutrition of the mother and by encouraging breast-feeding and timely supplementation and appropriate weaning practices, with the maximum utilization of locally available and acceptable foods;

(2) to take any necessary measures to coordinate international activities designed to promote breast-feeding, and especially to work in close collaboration with other United Nations agencies active in this field;

(3) to cooperate with national institutions in their problem-solving research and training programmes so as to strengthen their capacity to combat malnutrition, and to stimulate technical cooperation among developing countries in this field;

(4) to collaborate with multilateral and bilateral organizations and agencies and with other inter-governmental and nongovernmental organizations in programmes of technical cooperation with countries for the development and implementation of national food and nutrition policies, plans and programmes;

(5) to stimulate the mobilization of scientific and financial resources in support of a global effort to eliminate malnutrition;

5. URGES governments, multilateral and bilateral organizations and agencies to support the proposed programme of research and development in nutrition through their technical and scientific institutions and workers and by financial contributions.

Hbk Res., Vol. II (2nd ed.), 1.6.2

*Thirteenth plenary meeting, 24 May 1978
(Committee B, fifth report)*

WHA31.48 Prevention and control of zoonoses and foodborne diseases due to animal products

The Thirty-first World Health Assembly,

Having considered the report of the Director-General on the prevention and control of zoonoses and foodborne diseases due to animal products;

Recalling resolution EB51.R25 on veterinary public health, adopted by the Executive Board at its fifty-first session;

Recognizing the progress made in strengthening the veterinary public health services in Member States for the control of zoonoses and foodborne diseases;

Taking into account that a reorientation of the Organization's zoonoses programme is under way;

1. WELCOMES the steps taken by the Organization to develop global and regional strategies, and detailed codes of practice and guidelines, as a basis for national programmes;
2. NOTES with satisfaction the collaboration of Member States and of the United Nations Development Programme in establishing a network of international centres to provide essential services for the control of zoonoses;
3. INVITES Member States:
 - (1) to formulate and implement appropriate countrywide programmes for the control of zoonoses as an integral part of national health programmes;
 - (2) to strengthen cooperation between national veterinary and public health services in improving the surveillance, prevention and control of these diseases;
 - (3) to collaborate further in ensuring the appropriate development of zoonoses centres wherever they are required, and their contribution to national health programmes;
4. REQUESTS the Director-General:
 - (1) to continue the reorientation of the veterinary public health programme towards increased technical

cooperation with Member States, including the development of national, regional and global strategies, and of methods for the surveillance, prevention and control of zoonoses;

(2) to promote the extension of the network of zoonoses centres in all regions, in cooperation with the United Nations Development Programme, the Food and Agriculture Organization of the United Nations, and other agencies, so that the necessary support can be provided to country health programmes dealing with these diseases;

(3) to report on the results of this reorientation of WHO's activities in the field of zoonoses prevention and control in a future biennial report of the Director-General.

Hbk Res., Vol. II (2nd ed.), 1.8.6

*Thirteenth plenary meeting, 24 May 1978
(Committee B, fifth report)*

WHA31.49 Food hygiene

The Thirty-first World Health Assembly,

Having considered the reports of the Director-General on the control of foodborne diseases and on food hygiene;

Recalling resolutions WHA25.59, WHA27.46, WHA30.51 and EB61.R33;

Re-emphasizing the importance of safe food for developing and developed countries in view of, *inter alia*, international exchange and communication;

Considering the interrelationship with other activities of WHO in the field of control of foodborne diseases and nutrition policies;

Agreeing with the policy and orientation of the WHO food safety programme as proposed;

REQUESTS the Director-General to develop the food safety programme along the lines outlined in the report, in collaboration with national authorities and with other interested United Nations agencies and programmes, and to report on the progress of the programme to the Thirty-second World Health Assembly.

Hbk Res., Vol. II (2nd ed.), 1.11.4

*Thirteenth plenary meeting, 24 May 1978
(Committee B, fifth report)*

WHA31.50 Fluorides and the prevention of dental caries

The Thirty-first World Health Assembly,

Aware of the growing prevalence of dental caries throughout the world, and of its health and socio-economic consequences;

Bearing in mind that dental caries is affected by a number of factors such as the consumption of refined carbohydrates, the action of various bacteria, the presence of dental plaque and the various actions of fluorides;

Noting resolutions WHA22.30, EB53.R30 and WHA28.64 underlining the importance of this problem;

Recognizing that safe, inexpensive and effective methods for prevention of dental caries exist, especially the optimal adjustment of the fluoride content of public water supplies, of which there is widespread experience, and also other systemic and topical uses of fluorides, as well as other preventive agents or procedures;

1. URGES Member States to consider, within national plans for the prevention and control of oral disease, the fluoridation of public water supplies, where and when appropriate;

2. BELIEVES that, where fluoridation of public drinking-water supplies is not feasible for technical or other reasons, alternative methods of achieving an optimum daily intake or application of fluoride should be considered;
3. REQUESTS the Director-General:
 - (1) to continue to provide technical advice and assistance to Member States in the prevention and control of dental caries by adjustment of the fluoride content of public water supplies to the optimal level and by all other available means, where and when appropriate, and to foster cooperation with and between such States in this important area of public health;
 - (2) to report in due course on progress in this matter.

Hbk Res., Vol. II (2nd ed.), 1.9.4

*Thirteenth plenary meeting, 24 May 1978
(Committee B, fifth report)*

WHA31.51 Activities financed from extrabudgetary sources within the United Nations system

The Thirty-first World Health Assembly,

Having considered the report of the Director-General on coordination within the United Nations system on activities financed from extrabudgetary sources within that system;

Recalling the terms of resolution WHA30.34;

1. NOTES the report and the steps taken to enhance cooperation with the United Nations Development Programme, the United Nations Children's Fund, the United Nations Fund for Population Activities, the United Nations Fund for Drug Abuse Control, the United Nations Environment Programme, the World Bank and other organizations;
2. NOTES with satisfaction the co-sponsorship by the United Nations Development Programme and the World Bank of the WHO Special Programme for Research and Training in Tropical Diseases;
3. EXPRESSES appreciation of the continued financial contribution from the United Nations Development Programme to other special programmes being developed through WHO, including the onchocerciasis control programme, the Expanded Programme on Immunization, and the drinking-water supply programme;
4. EXPRESSES the hope that additional support will be forthcoming for these programmes and for other priority areas of WHO's technical cooperation activities with developing countries, in particular with reference to primary health care, essential drugs, communicable disease prevention and control, and activities with intersectoral implications;
5. REQUESTS the Director-General to continue his efforts towards improving coordination between WHO, the United Nations Development Programme and other organizations and bodies engaged in technical cooperation, particularly at country and regional levels;
6. EXPRESSES appreciation of the continued collaboration provided by the United Nations Children's Fund in the priority health sectors;
7. URGES Member States to continue their individual and combined efforts to translate the concepts of technical cooperation among developing countries into practical measures in the health field, with a view to enhancing national and collective self-reliance;
8. REQUESTS the Director-General to review the decisions to be taken at the forthcoming United Nations Conference on Technical Cooperation among Developing Countries and to bring them to the attention of Member States at the Technical Discussions on "Technical cooperation in the field of health among developing countries" to be held at the Thirty-second World Health Assembly.

Hbk Res., Vol. II (2nd ed.), 8.1.1; 1.4.1

*Thirteenth plenary meeting, 24 May 1978
(Committee B, fifth report)*

WHA31.52 Cooperation with newly independent and emerging States in Africa: Liberation struggle in Southern Africa

The Thirty-first World Health Assembly,

Having considered the Director-General's report on assistance to newly independent and emerging States in Africa, submitted in accordance with resolution WHA30.24;

Considering the acts of aggression against the People's Republic of Mozambique and the People's Republic of Angola and the bombing of their civilian populations by the illegal regime in Southern Rhodesia and the racist regime of South Africa as well as the armed aggressions and provocations against the sovereignty of the Republics of Botswana and Zambia;

Considering also the denial of adequate medical facilities for the non-white populations of South Africa and the ill-treatment of political prisoners in that country;

Considering further that these acts of aggression and the insufficiency of medical services contribute to a deterioration of the health status of the population of Southern Africa;

Recalling resolutions 411 (1977) and 428 (1978) of the United Nations Security Council;

Bearing in mind the action called for in resolution WHA29.23;

Recalling the terms of resolution WHA30.24;

1. REITERATES its appreciation of the concerted efforts made by the Office of the United Nations High Commissioner for Refugees, the United Nations Development Programme, the Office of the United Nations Disaster Relief Coordinator, the United Nations Children's Fund, the International Committee of the Red Cross, the League of Red Cross Societies, and WHO to undertake technical cooperation with the States concerned;
2. EXPRESSES appreciation of the concerted efforts of the Director-General of WHO, the Office of the United Nations High Commissioner for Refugees, the United Nations Development Programme, the United Nations Children's Fund, the International Committee of the Red Cross, the League of Red Cross Societies and other associated bodies for their cooperation with the national liberation movements recognized by the Organization of African Unity;
3. REQUESTS the Director-General:
 - (1) to continue and intensify health cooperation with the newly independent and emerging States in Africa, and particularly with the countries which are the victims of repeated aggressions by the racist regime of South Africa and the illegal regime in Southern Rhodesia;
 - (2) to give, in collaboration with the United Nations, the specialized agencies and other bodies, all necessary support in the health sector to the national liberation movements recognized by the Organization of African Unity, including technical cooperation in this sector for training and research as well as support to the prevention and control of communicable diseases, and medical supplies needed for treatment of the populations concerned;
 - (3) to ensure that such technical cooperation is provided in the most expeditious and flexible way through simplified procedures;
 - (4) to report to the Thirty-second World Health Assembly on the progress made in the implementation of this resolution;
4. INVITES the Director-General to pursue all possible efforts to enlist support from governmental and nongovernmental sources for this operation;
5. APPEALS to all Member States to make voluntary contributions to this programme.

WHA31.53 Expanded Programme on Immunization

The Thirty-first World Health Assembly,

Having considered the Director-General's progress report on the Expanded Programme on Immunization;

1. NOTES the accomplishments being achieved in pursuance of resolutions WHA27.57, WHA29.63, WHA30.53 and WHA30.54, especially with respect to:
 - (1) strengthening national capacities through training in programme management and in vaccine quality control and production;
 - (2) improving materials and methods used in the cold chain;
 - (3) improving vaccines and vaccine delivery systems through basic and applied research;
2. RECOGNIZES that the available data pertaining to immunizations and disease incidence are far from complete, and emphasizes the need to improve information and reporting systems at both national and international levels;
3. WELCOMES the establishment of a Global Advisory Group on the Expanded Programme on Immunization as an additional means of involving representatives of Member States in the guidance of the programme;
4. EMPHASIZES the importance of immunization as a component of related programmes being supported by the Organization, such as primary health care and maternal and child health, and of such special initiatives as the International Year of the Child;
5. URGES Member States and other potential donors to give particular consideration to the support of programme implementation at the country level through medium- and long-term commitments, and acknowledges with thanks those contributions already made through the Voluntary Fund for Health Promotion, through the United Nations Children's Fund, the United Nations Development Programme and other international agencies, and on a bilateral basis;
6. REQUESTS the Director-General to provide Member States, on request, with all the technical support needed in implementing the programme, including support in improving the capability of those countries that have the potentiality to produce vaccines locally;
7. REQUESTS the Director-General to continue to pursue the implementation of this programme as a high priority so that the goal of providing immunizations for all children of the world by 1990 may be achieved.

Hbk Res., Vol. II (2nd ed.), 1.8.3.2

*Thirteenth plenary meeting, 24 May 1978
(Committee B, fifth report)*

WHA31.54 Smallpox eradication programme: Current status and certification

The Thirty-first World Health Assembly,

Having considered the Director-General's report on smallpox eradication;

Endorsing the Executive Board's resolution EB61.R10 on smallpox eradication;

Recognizing that for six months reported smallpox incidence throughout the world has been nil, that achievement of smallpox eradication is now imminent, and that it will constitute an unprecedented event in the history of medicine;

1. CONGRATULATES Somalia on the effective eradication campaign and adjacent countries on their intensive surveillance and maintenance of their smallpox-free status;

2. COMMENDS Bangladesh, Burma, the nine countries of central Africa (Burundi, Central African Empire, Chad, Congo, Equatorial Guinea, Gabon, Rwanda, United Republic of Cameroon, and Zaire), and the four countries of south-east Africa (Malawi, Mozambique, United Republic of Tanzania, and Zambia) where international commissions have visited and certified eradication of smallpox in 1977 and in 1978 to date;
3. REQUESTS the 31 countries where certification activities will take place in 1978 and 1979 to proceed with their planned activities, in collaboration with WHO and the Global Commission for the Certification of Smallpox Eradication so that these activities can be completed by the end of 1979;
4. REQUESTS all laboratories except WHO collaborating centres to destroy or transfer remaining stocks of variola virus to a collaborating centre;
5. REQUESTS the Director-General to establish a reward of US \$1000 for the first person who, in the period preceding final certification of global eradication, reports an active case of smallpox resulting from person-to-person transmission and confirmed by laboratory tests, in the belief that such a reward will strengthen worldwide vigilance for smallpox as well as national surveillance in priority countries;
6. REITERATES the final paragraph of the Executive Board's resolution EB61.R10, which urged all governments to continue full support and cooperation for this final phase of the programme.

Hbk Res., Vol. II (2nd ed.), 1.8.3.1

*Thirteenth plenary meeting, 24 May 1978
(Committee B, fifth report)*

WHA31.55 Maternal and child health

The Thirty-first World Health Assembly,

Aware that mothers and children are particularly vulnerable groups who have special health needs and are exposed to serious risks;

Concerned by the magnitude and gravity of the health problems of mothers and children mainly as related to the interaction between malnutrition and infection in combination with adverse environmental factors and inadequate health care and social services;

Recognizing the crucial importance of family health, particularly for infants as well as for preschool and schoolchildren, for subsequent adult health and the quality of life of future generations;

Considering that 1979 has been declared the International Year of the Child, the significance and objectives of which should serve as a stimulus to continuing actions which by virtue of their scope and continuity will make these aspirations a reality;

Convinced that the social objective of WHO, "Health for all by the year 2000", requires the immediate adoption of practical measures to guarantee to all mothers and children an acceptable level of health;

1. URGES Member States to give high priority to maternal and child health, including school health, as part of their overall health and socioeconomic plans and programmes and in particular within the framework of a health policy designed to extend health coverage by strengthening primary health care; and within this context,
 - (1) to undertake and further develop social, legislative, educational, preventive and curative measures that will promote family health, particularly maternal and child health, with special emphasis on areas such as nutrition, communicable disease control and education for family life, and others as appropriate to local social and economic conditions and cultural habits in child-bearing and child-rearing practices;
 - (2) to cooperate with one another and with WHO in the promotion of the health of mothers and children;

2. REQUESTS the Director-General:

(1) to intensify technical cooperation with countries for the strengthening of their maternal and child health programmes as an important part of primary health care, and to encourage to that end technical cooperation among developing countries; and specifically, to support measures for improving the efficiency and effectiveness of such health care and training, and for developing appropriate technology and for exchanging relevant knowledge in relation to priority problems of pregnancy, the perinatal period, infancy, childhood and adolescence;

(2) to promote, through the regional committees, meetings of experts from their Member countries to collaborate in the planning and evaluation of maternal and child welfare programmes, particularly in the context of primary health care, and to advise on the adoption of measures for developing and improving them;

(3) to continue to collaborate to the utmost with the United Nations Children's Fund and with the other relevant United Nations agencies;

(4) to proceed with the preparation of a WHO medium-term programme for maternal and child health;

(5) to present to the Thirty-second World Health Assembly on the occasion of the International Year of the Child information on the present status of maternal and child health in the world, as well as on trends in the development of relevant services.

Hbk Res., Vol. II (2nd ed.), 1.6.1

*Thirteenth plenary meeting, 24 May 1978
(Committee A, sixth report)*

WHA31.56 Health hazards of smoking

The Thirty-first World Health Assembly,

Recalling resolutions EB45.R9, WHA23.32, EB47.R42, WHA24.48, EB53.R31 and WHA29.55 concerning the health hazards of tobacco smoking and ways towards its limitation;

Recognizing the increasing and indisputable scientific evidence showing that tobacco smoking is a major cause of chronic bronchitis, emphysema and lung cancer, as well as a major risk factor for myocardial infarction, certain pregnancy-related and neonatal disorders and a number of other serious health problems, and that it also has harmful effects on those who are involuntarily exposed to tobacco smoke;

Seriously concerned at the alarming increase in production and consumption of cigarettes during the last two decades in some of the countries, particularly developing countries, in which it was previously not widespread, and at the extensive promotional drive for the sale of cigarettes being carried out on radio and television, in newspapers and other news media, and through association with sporting and cultural events, often inducing young people to smoke tobacco;

Noting that few countries have so far taken comprehensive action to effectively combat smoking through educational, restrictive and legislative measures for the control of publicity and advertisements in the news media, combined with coherent taxation and price policies for tobacco cultivation and cigarette production;

Believing that WHO has an important role in promoting effective policies against smoking, as envisaged in the Sixth General Programme of Work covering the period 1978-1983 inclusive;

1. URGES Member States:

(1) to strengthen health education programmes concerning tobacco smoking as a part of general education, through close collaboration among health and education authorities and other relevant agencies, taking into account the different needs of the various target groups;

(2) to adopt comprehensive measures to control tobacco smoking, *inter alia* by providing for increased taxation on the sale of cigarettes and restricting as far as possible all forms of publicity for promotion of smoking;

- (3) to protect the rights of non-smokers to enjoy an atmosphere unpolluted by tobacco smoke;
- (4) to seek economically sound alternative undertakings to replace tobacco growing and processing, where appropriate;

2. REQUESTS the Director-General:

- (1) to continue to intensify WHO's activities in connexion with control of tobacco smoking;
- (2) to collaborate with Member States, the United Nations, the specialized agencies and appropriate nongovernmental organizations as required, in the formulation, implementation and evaluation of programmes to combat smoking, including studying possibilities for crop diversification in tobacco-growing areas;
- (3) to cooperate with Member States upon request in developing measures for the control of publicity with regard to smoking through the news media, especially newspapers, radio and television;
- (4) to give urgent consideration to having non-smoking as a theme for World Health Day as soon as possible, and in this and other ways to give maximum publicity to an anti-smoking campaign;
- (5) to encourage research as to the causes of tobacco smoking;
- (6) to report on progress in this field not later than the Thirty-third World Health Assembly.

Hbk Res., Vol. II (2nd ed.), 1.9

*Thirteenth plenary meeting, 24 May 1978
(Committee A, sixth report)*

WHA31.57 Control of sexually transmitted diseases

The Thirty-first World Health Assembly,

Having examined the Director-General's report on the control of sexually transmitted diseases, submitted in accordance with resolution WHA28.58;

Noting that the prevalence of sexually transmitted diseases has reached high levels in many countries, causing concern throughout the world, and that recent reports indicate a significant increase in syphilis in some countries and in gonorrhoea and non-gonococcal urethritis in many countries;

Aware that such diseases are serious both for the individual and for the community on account of the complications to which they may give rise, their frequent congenital or perinatal transmission, their contribution towards the causation of infertility, and their socioeconomic consequences;

Recognizing that the present situation is mainly due to inadequate application in many countries of known surveillance and control technology and inadequate appreciation of educational and social approaches, rather than to the inadequacy of the knowledge available;

Bearing in mind the need for appropriate preventive and curative measures;

1. INVITES governments:

- (1) to assess the scope and magnitude of this health and socioeconomic problem in order to formulate and implement, as part of the national health programme, a realistic and adequately funded control programme for sexually transmitted diseases, including appropriate social, educational as well as public health components;
- (2) to stress particularly the education of the community as a whole, and especially adolescents, on this subject, and to mobilize their active involvement in dealing with the problem;
- (3) to establish effective standardized treatment schedules and to control the misuse of antibiotics with a view to preventing the development of bacterial resistance to drugs;

2. REQUESTS the Director-General:

- (1) to draw up, disseminate, and up-date as required, guidelines on the control of sexually transmitted diseases, including appropriate recording and reporting mechanisms, in close cooperation with Member States;
- (2) to foster technical cooperation among Member States themselves for the control of sexually transmitted diseases, to examine ways and means of controlling more effectively their international spread, to continuously register strain sensitivity, and to provide at appropriate intervals information concerning the sensitivity of strains;
- (3) to stimulate and support activities and research leading to the development of more effective and economical methods of prevention, control, diagnosis and treatment that are suitable for use in primary health care with the support of other levels of the health system;
- (4) to cooperate with Member States in the provision of basic and advanced training for the control of sexually transmitted diseases;
- (5) to collaborate with social and educational intergovernmental and nongovernmental organizations in combating the spread of these diseases;
- (6) to continue his endeavours to obtain extrabudgetary funds from sources within the United Nations system and from other international or private agencies in order to support the Organization and governments in planning, programming, conducting and evaluating control programmes.

Hbk Res., Vol. II (2nd ed.), 1.8.4.4

*Thirteenth plenary meeting, 24 May 1978
(Committee A, sixth report)*

WHA31.58 Control of endemic treponematoses

The Thirty-first World Health Assembly,

Recognizing that the endemic treponematoses in general, and yaws in particular, are resurging as serious public health problems, especially in parts of the world where the diseases were once controlled by Member States in cooperation with WHO and the United Nations Children's Fund;

Recognizing the grave consequences, especially for children, of the deteriorating epidemiological situation in a number of countries;

Conscious of the seriousness of the present situation and the danger of further extension and entrenchment of the diseases;

Emphasizing the urgent need for prompt and vigorous action to control the diseases;

1. REQUESTS Member States:

- (1) to formulate and implement integrated treponematoses control programmes with particular emphasis on active surveillance so as to interrupt transmission of the diseases at the earliest possible time in the areas where they are still endemic and to prevent their recurrence in areas from which they have been eliminated or where they have never been endemic;
- (2) to report regularly to WHO on the current epidemiological situation of endemic treponematoses;

2. REQUESTS the Director-General:

- (1) to encourage the national and international surveillance of these diseases;
- (2) to cooperate with Member States, on the request of the governments concerned, in the planning, implementation and evaluation of control programmes;

- (3) to try to obtain from various sources within the United Nations system, as well as from governmental and private organizations, extrabudgetary resources for the implementation of control programmes;
- (4) to report on this matter in the biennial reports to the Health Assembly.

Hbk Res., Vol. II (2nd ed.), 1.8.4.4

*Thirteenth plenary meeting, 24 May 1978
(Committee A, sixth report)*

DECISIONS

(1) Composition of the Committee on Credentials

The Thirty-first World Health Assembly appointed a Committee on Credentials consisting of delegates of the following 12 Members: Angola; Austria; Burma; Congo; Finland; Jamaica; Jordan; New Zealand; Nicaragua; Romania; Swaziland; and Yemen.

First plenary meeting, 8 May 1978

(2) Composition of the Committee on Nominations

The Thirty-first World Health Assembly elected a Committee on Nominations consisting of delegates of the following 24 Members: Algeria; Belgium; Cape Verde; China; El Salvador; France; Gabon; Guatemala; Indonesia; Kenya; Kuwait; Mauritius; Mexico; Mongolia; Nigeria; Pakistan; Paraguay; Philippines; Sudan; Tunisia; Union of Soviet Socialist Republics; United Kingdom of Great Britain and Northern Ireland; United States of America; and Upper Volta.

First plenary meeting, 8 May 1978

(3) Verification of credentials

The Thirty-first World Health Assembly recognized the validity of the credentials of the following delegations:

Members

Albania; Algeria; Angola; Argentina; Australia; Austria; Bahrain; Bangladesh; Belgium; Benin; Bolivia; Botswana; Brazil; Bulgaria; Burma; Burundi; Canada; Cape Verde; Central African Empire; Chad; Chile; China; Colombia; Comoros; Congo; Costa Rica; Cuba; Cyprus; Czechoslovakia; Democratic People's Republic of Korea; Democratic Yemen; Denmark; Ecuador; Egypt; El Salvador; Ethiopia; Fiji; Finland; France; Gabon; Gambia; German Democratic Republic; Germany, Federal Republic of; Ghana; Greece; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran; Iraq; Ireland; Israel; Italy; Ivory Coast; Jamaica; Japan; Jordan; Kenya; Kuwait; Lao People's Democratic Republic; Lebanon; Lesotho; Liberia; Libyan Arab Jamahiriya; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Mauritania; Mauritius; Mexico; Monaco; Mongolia; Morocco; Mozambique; Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; Norway; Oman; Pakistan; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Romania; Rwanda; Samoa; Sao Tome and Principe; Saudi Arabia; Senegal; Sierra Leone; Singapore; Somalia; Spain; Sri Lanka; Sudan; Suriname; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Thailand; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Uganda; Union of Soviet Socialist Republics; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Cameroon; United Republic of Tanzania; United States of America; Upper Volta; Uruguay; Venezuela; Viet Nam; Yemen; Yugoslavia; Zaire; and Zambia.

Associate Member

Namibia.

*Fourth and tenth plenary meetings,
10 and 18 May 1978*

(4) Election of officers of the Thirty-first World Health Assembly

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

President: Mr Kamaluddin Mohammed (Trinidad and Tobago);

Vice-Presidents: Dr D. A. Missontsa (Congo), Dr U. Frey (Switzerland), Dr H. A. Gezairy (Saudi Arabia), Professor Y. Sujjavanich (Thailand), Dr A. Tanaka (Japan).

Second plenary meeting, 9 May 1978

(5) Election of officers of the main committees

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

COMMITTEE A: *Chairman*, Dr A.-R. A. Al-Awadi (Kuwait);

COMMITTEE B: *Chairman*, Mr M. K. Anwar (Bangladesh).

Second plenary meeting, 9 May 1978

The main committees subsequently elected the following officers:

COMMITTEE A: *Vice-Chairman*, Dr N. N. Mashalaba (Botswana); *Rapporteur*, Dr L. A. Valle (Bolivia);

COMMITTEE B: *Vice-Chairman*, Dr J.-M. Kyelem (Upper Volta); *Rapporteur*, Professor A. Benadouda (Algeria).

First meetings of Committees A and B, 10 May 1978

(6) Establishment of the General Committee

The Thirty-first World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the delegates of the following 16 countries as members of the General Committee: China; Colombia; Czechoslovakia; El Salvador; France; Ghana; Jordan; Mauritius; Mozambique; Nicaragua; Sao Tome and Principe; Senegal; Tunisia; Union of Soviet Socialist Republics; United Kingdom of Great Britain and Northern Ireland; and the United States of America.

Second plenary meeting, 9 May 1978

(7) Adoption of the agenda

The Thirty-first World Health Assembly adopted the provisional agenda prepared by the Executive Board at its sixty-first session, with the deletion of two items.¹

Third plenary meeting, 9 May 1978

¹ For definitive agenda, see WHO Official Records, No. 248, 1978.

(8) Award of the Dr A. T. Shousha Foundation Medal and Prize

The Thirty-first World Health Assembly, after considering the reports of the Dr A. T. Shousha Foundation Committee, awarded the Dr A. T. Shousha Foundation Medal and Prize for 1978 to Dr Ali M. Fakhro, and paid a tribute to him for his most significant contribution to public health in the geographical area in which Dr A. T. Shousha served the World Health Organization.

Eighth plenary meeting, 16 May 1978

(9) Award of the Léon Bernard Foundation Medal and Prize

The Thirty-first World Health Assembly, after considering the reports of the Léon Bernard Foundation Committee, awarded the Léon Bernard Foundation Medal and Prize for 1978 to Professor F. J. Carrasqueiro Cambournac, and paid a tribute to him for his outstanding contribution to public health and social medicine.

Ninth plenary meeting, 17 May 1978

(10) Award of the Jacques Parisot Foundation Medal

The President of the Thirty-first World Health Assembly presented the Jacques Parisot Foundation Medal to Professor M. H. Wahdan, holder of the fellowship awarded by the Foundation in 1977.

Eleventh plenary meeting, 19 May 1978

(11) Advances made for the provision of emergency supplies to Member States

The Thirty-first World Health Assembly noted the report of the Director-General on the provision of emergency supplies to Member States, presented in accordance with the requirements of resolution WHA28.25.

*Tenth plenary meeting, 18 May 1978
(Committee B, second report)*

(12) Future organizational study by the Executive Board

The Thirty-first World Health Assembly selected as the subject of the future organizational study by the Executive Board: "The role of WHO in training in public health and health programme management, including the use of country health programming".

*Tenth plenary meeting, 18 May 1978
(Committee B, second report)*

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

The Thirty-first World Health Assembly, after considering the recommendations of the General Committee,¹ elected the following as Members entitled to designate a person to serve on the Executive Board: Bahrain, Burma, Burundi, Cape Verde, Chad, China, Comoros, France, Mexico, and the Union of Soviet Socialist Republics.

Tenth plenary meeting, 18 May 1978

¹ For report of the General Committee, see WHO Official Records, No. 248, 1978.

(14) Report of the Director-General on the work of WHO in 1976-1977

The Thirty-first World Health Assembly, after reviewing the Director-General's report on the work of the Organization in 1976-1977,¹ noted with satisfaction the manner in which the Organization's programme for this biennium had been planned and implemented.

Tenth plenary meeting, 18 May 1978

(15) Annual report of the United Nations Joint Staff Pension Board for 1976

The Thirty-first World Health Assembly noted the status of the operation of the Joint Staff Pension Fund, as indicated by its annual report for the year 1976 and as reported by the Director-General.

*Twelfth plenary meeting, 23 May 1978
(Committee B, third report)*

(16) Appointment of representatives to the WHO Staff Pension Committee

The Thirty-first World Health Assembly appointed the member of the Executive Board designated by the Government of Burundi as member of the WHO Staff Pension Committee, and the member of the Board designated by the Government of China as alternate member of the Committee, the appointments being for a period of three years.

*Twelfth plenary meeting, 23 May 1978
(Committee B, third report)*

(17) Reports of the Executive Board on its sixtieth and sixty-first sessions

The Thirty-first World Health Assembly, after reviewing the Executive Board's reports on its sixtieth² and sixty-first³ sessions, approved the reports; commended the Board on the work it had performed; and requested the President to convey the thanks of the Health Assembly to those members of the Board who would be completing their terms of office immediately after the closure of the Health Assembly.

Twelfth plenary meeting, 23 May 1978

(18) Selection of the country in which the Thirty-second World Health Assembly will be held

The Thirty-first World Health Assembly, in accordance with Article 14 of the Constitution, decided that the Thirty-second World Health Assembly would be held in Switzerland.

Twelfth plenary meeting, 23 May 1978

¹ WHO Official Records, No. 243, 1978.

² WHO Official Records, No. 242, 1977.

³ WHO Official Records, Nos. 244, 245 and 246, 1978.

ANNEXES

ANNEX 1

CONTRACT OF THE DIRECTOR-GENERAL¹

THIS CONTRACT is made this fifteenth day of May One Thousand Nine Hundred and Seventy-eight between the World Health Organization (hereinafter called the Organization) of the one part and Dr Halfdan T. Mahler (hereinafter called the Director-General) of the other part.

WHEREAS

(1) It is provided by Article 31 of the Constitution of the Organization that the Director-General of the Organization shall be appointed by the World Health Assembly (hereinafter called the Health Assembly) on the nomination of the Executive Board (hereinafter called the Board) on such terms as the Health Assembly may decide; and

(2) The Director-General has been duly nominated by the Board and appointed by the Health Assembly at its meeting held on the eleventh day of May One Thousand Nine Hundred and Seventy-eight for a period of five years.

NOW THIS CONTRACT WITNESSETH and it is hereby agreed as follows,

I. (1) The Director-General shall serve from the twenty-first day of July One Thousand Nine Hundred and Seventy-eight until the twentieth day of July One Thousand Nine Hundred and Eighty-three, on which date his appointment and this Contract shall terminate. This Contract may be renewed by decision of the Health Assembly on such terms as the Health Assembly may decide.

(2) Subject to the authority of the Board, the Director-General shall exercise the functions of chief technical and administrative officer of the Organization and shall perform such duties as may be specified in the Constitution and in the rules of the Organization and/or as may be assigned to him by the Health Assembly or the Board.

(3) The Director-General shall be subject to the Staff Regulations of the Organization in so far as they may be applicable to him. In particular he shall not hold any other administrative post and shall not receive emoluments from any outside sources in respect of activities relating to the Organization. He shall not engage in business or in any employment or activity which would interfere with his duties in the Organization.

(4) The Director-General, during the term of his appointment, shall enjoy all the privileges and immunities in keeping with his office by virtue of the Constitution of the Organization and any relevant arrangements already in force or to be concluded in the future.

(5) The Director-General may at any time give six months' notice of resignation in writing to the Board, which is authorized to accept his resignation on behalf of the Health Assembly; in which case, upon the expiration of the said period of notice, the Director-General shall cease to hold his appointment and this Contract shall terminate.

(6) The Health Assembly shall have the right, on the proposal of the Board and after hearing the Director-General and subject to at least six months' notice in writing, to terminate this Contract for reasons of exceptional gravity likely to prejudice the interests of the Organization.

¹ See resolution WHA31.4.

II. (1) As from the twenty-first day of July One Thousand Nine Hundred and Seventy-eight the Director-General shall receive from the Organization an annual salary of ninety-nine thousand three hundred and fifty United States dollars, before staff assessment, resulting in a net salary, to be paid monthly, of fifty-three thousand two hundred United States dollars per annum at the dependency rate (forty-eight thousand and seventy-nine United States dollars at the single rate) or its equivalent in such other currency as may be mutually agreed between the parties to this Contract.

(2) In addition to the normal adjustments and allowances authorized to staff members under the Staff Rules, he shall receive an annual representation allowance of twenty thousand United States dollars or its equivalent in such other currency as may be mutually agreed between the parties to this Contract, to be paid monthly commencing on the twenty-first day of July One Thousand Nine Hundred and Seventy-eight. The representation allowance shall be used at his discretion entirely in respect of representation in connexion with his official duties. He shall be entitled to such reimbursable allowances as travel allowances and removal costs on appointment, on subsequent change of official station, on termination of appointment, or on official travel and home leave travel.

III. The terms of the present Contract relating to rates of salary and representation allowance are subject to review and adjustment by the Health Assembly on the proposal of the Board, and after consultation with the Director-General, to bring them into conformity with any provision regarding the conditions of employment of staff members which the Assembly may decide to apply to staff members already in the service.

IV. If any question of interpretation or any dispute arises concerning this Contract, which is not settled by negotiation or agreement, the matter shall be referred for final decision to the competent tribunal provided for in the Staff Rules.

WHEREUNTO we have set our hands the day and year first above written.

(signed) H. MAHLER
Director-General

(signed) KAMALUDDIN MOHAMMED
President of the World Health Assembly

ANNEX 2

SUPPLEMENTARY BUDGET FOR 1978¹

A31/54 - 8 May 1978

Report of the Committee of the Executive Board
to Consider Certain Financial Matters prior to the Health Assembly

1. At its sixty-first session (January 1978) the Executive Board, in resolution EB61.R41, established a committee consisting of Dr A. A. Al-Baker, Dr S. Butera, Dr W. G. B. Casselman and Dr M. Violaki-Paraskeva to consider on behalf of the Board inter alia the subject of "Report of the Director-General on any further developments that would affect the proposed supplementary budget for 1978 and the proposals for additional requirements for 1979". The Committee met on 8 May 1978 under the chairmanship of Dr S. Butera.
2. The Committee had before it a report of the Director-General which is appended. In examining this report the Committee noted that, whereas the rate of exchange between the US dollar and the Swiss franc had continued to fluctuate since the Executive Board session in January 1978, recent weeks had seen a modest strengthening of the dollar in relation to the Swiss franc. As a consequence of this development the WHO accounting rate of exchange for the month of May (based upon prevailing market rates at the end of the preceding month) had been set at 1.93 Swiss francs per US dollar, resulting in a relationship between the two currencies which was not significantly different from that prevailing in January 1978. For this reason, and since any further budgetary increases in 1978 and 1979 at the present time would have to be financed almost entirely by additional assessments on Members, the Director-General did not propose any revisions to the supplementary budget for 1978 and the additional requirements for 1979 recommended by the Executive Board for approval by the Thirty-first World Health Assembly.
3. The Committee noted that the Director-General was considering various stringent financial measures designed to cope with the financial problems that would arise in 1978 and 1979 if the average accounting rates of exchange between the US dollar and the Swiss franc in those years should remain significantly below the levels of 2.12 Swiss francs per US dollar in 1978, and 2.08 Swiss francs per US dollar in 1979. The measures which the Director-General might find it necessary to take include various economies in operation at headquarters as well as the utilization of certain resources which might be available from outside the regular budget. In addition, and depending upon the gravity of the financial problems which the Organization might be facing, the Director-General did not exclude the possibility of having to give consideration to some programme reductions both at headquarters and in the regions. The Committee recalled that the Executive Board at its sixty-first session² decided to refer to its Programme Committee further studies of the problems caused by currency fluctuations and possible long-term solutions.

¹ See resolution WHA31.8.

² WHO Official Records No. 245, 1978, p. 20, paras 125-127.

AppendixREPORT BY THE DIRECTOR-GENERAL TO THE
COMMITTEE OF THE EXECUTIVE BOARD

[EB61/CFI/4 - 4 May 1978]

1. When the Executive Board at its sixty-first session, in January 1978, considered the proposed supplementary budget for 1978 and the additional requirements for 1979 resulting from the decline in the value of the US dollar in relation to the Swiss franc, it was also informed that in view of the uncertainties associated with currency exchange rates the Director-General would report the latest developments in this respect to the Committee of the Executive Board to Consider Certain Financial Matters prior to the Health Assembly. As reflected in resolution EB61.R41 the Board included this matter among those to be considered on its behalf by the Committee meeting prior to the Thirty-first World Health Assembly.

2. The situation with regard to US dollar/Swiss franc budgetary rates of exchange at the time of the Executive Board's session in January 1978 was summarized in the Board's report to the Health Assembly on the proposed programme budget for 1978-1979 (financial year 1979)¹ as follows:

	<u>1978</u>	<u>1979</u>
	(Sw.fr. per US\$)	
Budgetary rate applied in the proposed programme budget for 1978 and 1979 (<u>Official Records</u> No. 236 - December 1976)	2.65	2.65
Budgetary rate applied in the revised programme budget proposals for 1978 and 1979 (<u>Official Records</u> No. 245, Appendix 3 - 14 November 1977)	2.58	2.51
Budgetary rate revised through supplementary budget for 1978 (<u>Official Records</u> No. 244, Annex 3 - 23 December 1977) and additional requirements for 1979 (<u>Official Records</u> No. 245, Appendix 4 - 23 December 1977)	2.21	2.17
Average accounting rate which could be met through the use of casual income (\$ 2 000 000) to reduce the effect of currency fluctuations (<u>Official Records</u> No. 244, Annex 2 - 16 November 1977)	2.12	2.08

As also mentioned in the Board's report, the WHO accounting rates of exchange for December 1977 and January 1978 were respectively 2.17 and 2.01 Swiss francs per US dollar. Since January 1978 the monthly accounting rate of exchange has been set at 1.98 for February and 1.86 for the months of March and April. To reflect the recent modest strengthening of the dollar in relation to the Swiss franc, the WHO accounting rate of exchange for the month of May 1978 (based upon prevailing market rates at the end of the preceding month) has been set at 1.93 Swiss francs per US dollar. As the relationship between the US dollar and the Swiss franc is thus at present not significantly different from that prevailing in January 1978, during the sixty-first session of the Executive Board, and since any further budgetary increases in 1978 and 1979 at the present time would have to be financed almost entirely by additional assessments on Members, the Director-General is not proposing any revisions to the supplementary budget for 1978 and the additional requirements for 1979 recommended by the Executive Board for approval by the Thirty-first World Health Assembly. In arriving at this conclusion the Director-General has assumed that the Health Assembly will approve not only the foregoing

¹ WHO Official Records, No. 245, 1978, p. 19, para. 124.

recommendations of the Board but also the recommended use of casual income (up to \$ 2 000 000 annually in 1978 and 1979) to help reduce the effect of currency fluctuations on the programme budget. It will be recalled that approval of all the above-mentioned recommendations would make it possible to meet an average accounting rate of exchange in 1978 and 1979 of, respectively, 2.12 and 2.08 Swiss francs per US dollar.

3. In the event that the 1978 average accounting rate of exchange between the Swiss franc and the US dollar should remain below 2.12 Swiss francs per US dollar, the Director-General would have no alternative but to take certain stringent financial measures in order to offset the resulting budgetary losses. These measures might include, as in the past, various economies in the operating expenses at headquarters, such as, for example, planned delays in recruitment against vacant posts and of consultants and temporary advisers, and in purchases of supplies and equipment as well as in respect of duty travel. ~~They might also involve, as was the case in 1975 under similar circumstances, the charging of various service and support costs to savings available in the Special Account for Servicing Costs, and the possible transfer of the cost of selected activities from the regular budget to the Voluntary Fund for Health Promotion.~~ Depending upon the gravity of the financial problems that may be facing the Organization during the remainder of 1978, consideration might ultimately have to be given to programme reductions both at headquarters and in the regions. While a budgetary shortfall in 1979 resulting from an average accounting rate of exchange in that year lower than 2.08 Swiss francs per US dollar could possibly be met through measures similar to those being envisaged for 1978, the Director-General would wish to report any further developments of special budgetary significance to the sixty-third session of the Executive Board, in January 1979.

ANNEX 3

DOCUMENTATION AND LANGUAGES OF THE
HEALTH ASSEMBLY AND THE EXECUTIVE BOARD¹

[A31/48 - 12 April 1978]

Report by the Director-General

1. The Health Assembly's attention is drawn to resolution EB60.R7 (Official Records No. 242, page 8), containing the recommendations of the Executive Board at its sixtieth session (May 1977) concerning the documentation and languages of the Health Assembly and the Executive Board. The resolution was adopted after the Board had considered the report of its Ad Hoc Committee on Documentation and Languages of the Health Assembly and the Executive Board (Official Records No. 242, Part I, Annex 2).
2. Should the Health Assembly approve the recommendations in resolution EB60.R7, in particular those in parts II and III, certain amendments will be required to the Rules of Procedure of both the Health Assembly and the Board. To facilitate the Assembly's deliberations proposals for such amendments are appended to this document.
3. The revised programme budget proposals for 1979, to be considered by the Health Assembly under item 2.2 of its agenda, already contain provision for implementing the Board's recommendations regarding (i) the replacement of the present Official Records series by a number of separate volumes (resolution EB60.R7, part II), and (ii) certain changes in the presentation of verbatim records of plenary meetings of the Health Assembly and of summary records of the Board and the main committees of the Assembly (resolution EB60.R7, part III). If the Health Assembly should endorse these proposals, they would be implemented as from the beginning of 1979.
4. However, should the Health Assembly not be in agreement with the Board, and should it decide to maintain the status quo (i.e. the retention of an Official Records series as at present, and the production of verbatim and summary records in separate single-language versions), certain adjustments would be required in the revised programme budget proposals, as follows:
 - (1) for a continuation of the Official Records series in its present form, an amount of \$ 94 200 would need to be added under Section 1 of the Appropriation Resolution for 1979;
 - (2) for the maintenance of the status quo as regards the verbatim and summary records, an amount of \$ 610 000 would need to be added under Section 1 of the Appropriation Resolution for 1979.

¹ See resolution WHA31.13.

Appendix

AMENDMENTS TO RULES OF PROCEDURE

1. If the Health Assembly should approve the recommendations contained in resolution EB60.R7, certain amendments to the Rules of Procedure of the Health Assembly and of the Executive Board will be required in order to bring into effect the proposals in parts II and III of that resolution. The following draft amendments to the relevant Rules are submitted to facilitate the Health Assembly's deliberations.

2. If part II of resolution EB60.R7 is endorsed, the following amendment to Rule 95 of the Rules of Procedure of the Health Assembly may be considered appropriate (words added are underlined and words to be omitted are shown in square brackets):

Rule 95¹

The definitive verbatim and summary records of public meetings and the reports of all committees and sub-committees shall be published in the Official Records of the Organization.

3. If part III of resolution EB60.R7 is endorsed, the following amendments to the Rules of Procedure of the Health Assembly and the Executive Board may be considered appropriate.

3.1 Rules of Procedure of the Health Assembly²

Delete the heading "Languages" preceding Rule 87 and replace by "Languages and Records of the Health Assembly".

Delete the heading "Records of the Health Assembly" preceding Rule 92.

Amend Rules 90, 93 and 94 as follows (words added are underlined and words to be omitted are shown in square brackets):

Rule 90

Verbatim and summary records and The Journal of the Health Assembly shall be drawn up in the working languages. Verbatim and summary records shall be drawn up in the languages specified in Rules 93 and 94.

Rule 93

The summary records referred to in Rule 92 shall be sent as soon as possible to delegations, to representatives of Associate Members and to the representatives of the Board who
The provisional verbatim records of all plenary meetings shall be circulated as soon as possible to delegations, to representatives of Associate Members and to the representatives of the Board and shall contain each speech in the official language in which it was delivered or into which it was interpreted under Rule 89. Summary records of meetings of the General Committee and of committees and sub-committees shall be similarly circulated to the same participants and shall contain the summary of each statement in the language of drafting; however, delegates having spoken in any other language shall also receive the summary of their own statements in the official language in which the statement was made or into which it was interpreted under Rule 89. Participants shall inform the Secretariat in writing not later than forty-eight hours thereafter of any corrections they wish to have made.

¹ WHO Basic Documents, 28th ed., 1978, p. 119.

² WHO Basic Documents, 28th ed., 1978, pp. 118-119.

Rule 94

The definitive verbatim records shall be published in a single multilingual edition giving each speech in the official language in which it was delivered (or into which it was interpreted under Rule 89), the text of any speech delivered in a language other than English being accompanied by a translation into English. The definitive summary records shall similarly be published in multilingual editions, each statement being reflected in the official language in which it was made (or into which it was interpreted under Rule 89), and in an English version, if made in another language.

As soon as possible after the close of each session, copies of [all] the definitive verbatim and summary records and of all resolutions, recommendations and other formal decisions adopted by the Health Assembly shall be transmitted by the Director-General to Members and Associate Members, to the United Nations and to all specialized agencies with which the Organization has entered into effective relations. The records of private meetings shall be transmitted to the participants only.

3.2 Rules of Procedure of the Executive Board¹

Amend Rules 20 and 21 as follows (words added are underlined and words to be omitted are shown in square brackets):

Rule 20

The Secretariat shall prepare summary records of the meetings. These summary records shall [be prepared in the working languages and] reflect each statement in the official language in which it was made (or into which it was interpreted under Rule 24) and in an English version, if made in another language. They shall be distributed to the members as soon as possible after the close of the meetings to which they relate. Members shall inform the Secretariat in writing of any corrections they wish to have made, within such period of time as shall be indicated by the Director-General, having regard to the circumstances.

Rule 21

All resolutions, recommendations and other formal decisions, as well as the definitive summary records of the Board and of its subdivisions, shall be communicated by the Director-General to the members of the Board and to all States Members and Associate Members of the Organization.

¹ WHO Basic Documents, 28th ed., 1978, p. 133.

ANNEX 4

AGREEMENT FOR COOPERATION BETWEEN
THE ISLAMIC DEVELOPMENT BANK AND THE
WORLD HEALTH ORGANIZATION¹

[from A31/39 - 19 April 1978]

The Islamic Development Bank (hereinafter referred to as IDB) and the World Health Organization (hereinafter referred to as WHO);

Considering that the improvement of health as an important element in socioeconomic development is a common concern to the Member States of the two organizations;

Desirous of cooperating in the provision of assistance to the Member States in the field of health and other related fields and in their joint endeavour to improve and raise the standards and conditions of health of the people in these countries and create the proper framework through which such cooperation and assistance may be achieved;

Considering that collaboration between the two organizations would render their respective activities more effective;

Hereby agree as follows:

Article 1

Scope

(a) IDB and WHO shall cooperate in the provision of assistance to any Member State of the two organizations in the promotion of health of the populations in these States. Without prejudice to the generality of the foregoing, this assistance shall include:

- (1) creation of new health infrastructure and institutions and their improvement or extension;
- (2) improvement of medical and public health education and of biomedical and public health research;
- (3) provision of potable water and sewerage disposal system, including training programmes for key professionals and health technicians;
- (4) control of communicable disease;
- (5) promotion and strengthening of health services related to urban and rural development.

(b) Such assistance shall, to the extent possible, emphasize preventive health measures, and shall form a part of a national health plan within the total framework of overall socioeconomic development without prejudice to IDB's financial criteria.

¹ See resolution WHA31.19.

Article 2

Procedure for cooperation

- (a) IDB and WHO shall consult with each other and shall keep each other informed on their activities which may offer possibilities of cooperation under this Agreement.
- (b) Assistance may be proposed by either IDB or WHO to any Member State or members of the two organizations. The two organizations shall decide, after consultation, on the services to be performed and the measures to be taken.
- (c) IDB and WHO shall similarly consider any request for assistance from any government or governments of Member States of the two organizations.
- (d) IDB and WHO shall endeavour to promote the growth and advancement of Member States' expertise in the fields of their joint activities under this Agreement.
- (e) WHO may be designated as Executing Agency by IDB for the implementation of activities outlined in Article 1 financed by the latter, or through funds made available to IDB upon the request of governments for assistance.
- (f) Activities undertaken with governments under this Agreement shall be formalized by tripartite agreements or plans of operation which shall outline the plan of action as well as the specific commitments of IDB and WHO and the government concerned. Such agreements or plans of operation shall be signed by the two organizations and the government.
- (g) Should certain cooperative activities require the establishment of joint IDB/WHO missions, the method for establishing such missions and the schedules thereof shall be determined in joint consultation between the secretariats of the two organizations.
- (h) The channels of communication between IDB and WHO shall be between the President of IDB and the Director-General of WHO. When necessary, periodic meetings may be held by the two organizations.

Article 3

Responsibility for execution

- (a) WHO shall retain full technical responsibility for any assistance or activity covered by this Agreement which falls under its functions as the specialized agency of the United Nations in the field of health.
- (b) IDB may make suggestions or proposals to WHO in relation to its activities under paragraph (a) of this Article.

Article 4

Final provision

- (a) This Agreement shall enter into force following signature by the President of IDB and the Director-General of WHO, and after approval by the competent bodies of IDB and WHO.
- (b) This Agreement may be modified or supplemented by agreement between IDB and WHO, each of which shall give full and sympathetic consideration to any request by the other for such modifications.
- (c) The Executive Heads of the two organizations may enter into such supplementary arrangements for the implementation of this Agreement as may be found desirable in the light of the operating experience of the two organizations.

(d) This Agreement shall remain in force for an indefinite period of time. However, either party may terminate it at any time upon giving six months' advance notice in writing to the other party.

(e) In the event of termination of this Agreement by either party, both parties shall cooperate to ensure that all arrangements made thereunder are settled in an orderly fashion. In the event of termination of this Agreement by either party, the party terminating it shall compensate the other by way of reimbursing the amount it has incurred in connexion with cooperation arrangements under this Agreement.

In witness whereof the President of IDB and the Director-General of WHO have signed this Agreement in six copies in Arabic, English and French, the three texts being equally authentic.

(signed) AHMAD MOHAMED ALI

(signed) H. MAHLER

President
Islamic Development Bank

Director-General
World Health Organization

Date 4 May 1978

Date 4 May 1978

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