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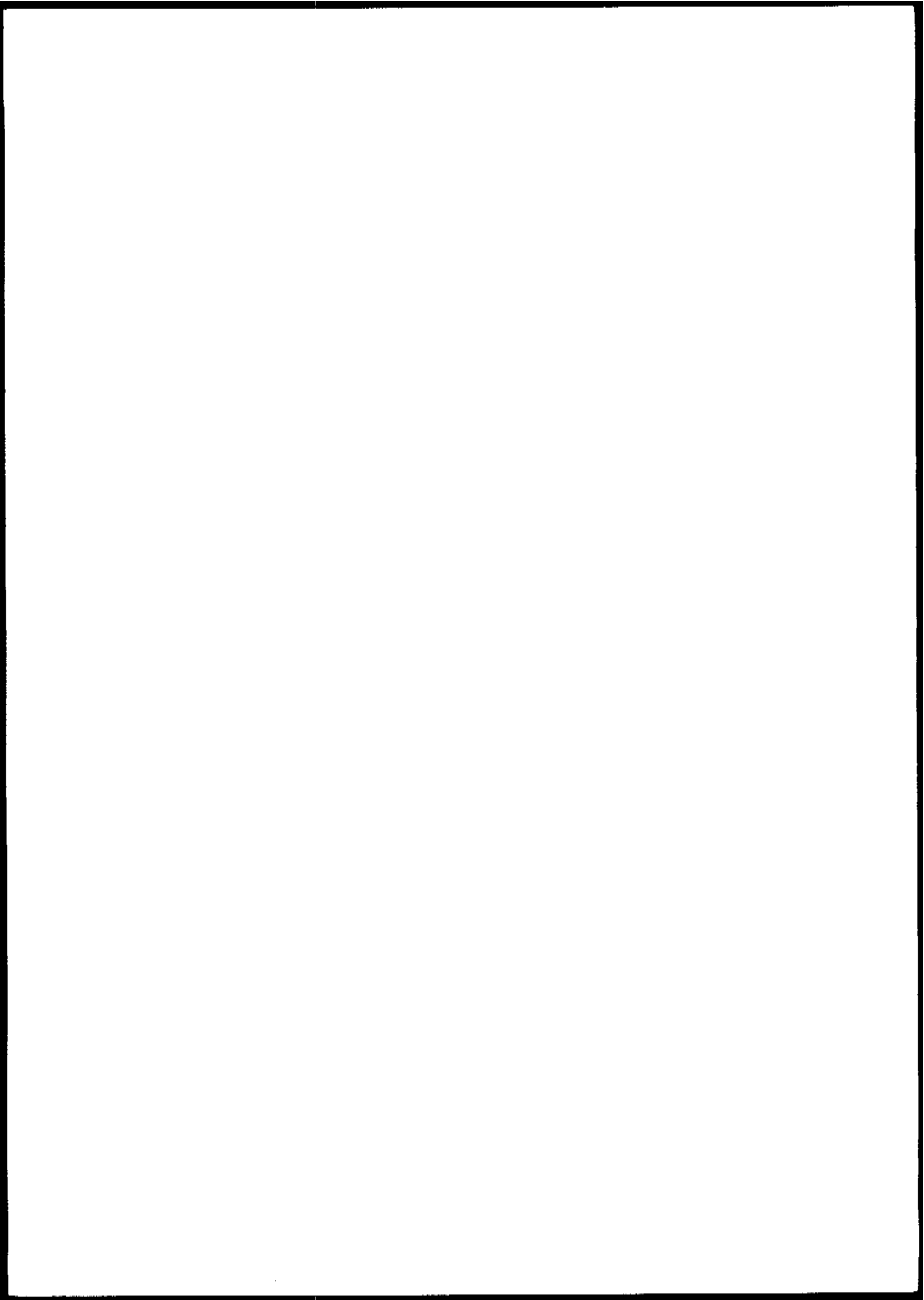
The Director-General of the World Health Organization presents his compliments and has the honour to forward herewith, for information, the resolutions and decisions of the ninety-fifth session of the Executive Board held at Geneva in January 1995.

The Director-General wishes to draw the particular attention of Member States to the following resolutions containing draft resolutions the adoption of which is recommended to the Forty-eighth World Health Assembly:

- EB95.R5 WHO RESPONSE TO GLOBAL CHANGE - RENEWING THE HEALTH-FOR-ALL STRATEGY
- EB95.R6 CHANGING MEDICAL EDUCATION AND MEDICAL PRACTICE FOR HEALTH FOR ALL
- EB95.R7 PREVENTION OF HEARING IMPAIRMENT
- EB95.R8 INTENSIFIED COOPERATION WITH COUNTRIES IN GREATEST NEED
- EB95.R9 AN INTERNATIONAL STRATEGY FOR TOBACCO CONTROL
- EB95.R11 CONTROL OF DIARRHOEAL DISEASES AND ACUTE RESPIRATORY INFECTIONS: INTEGRATED MANAGEMENT OF THE SICK CHILD
- EB95.R12 COMMUNICABLE DISEASES PREVENTION AND CONTROL: NEW, EMERGING, AND RE-EMERGING INFECTIOUS DISEASES
- EB95.R14 PARIS AIDS SUMMIT (1 DECEMBER 1994)
- EB95.R15 STATUS OF COLLECTION OF ASSESSED CONTRIBUTIONS AND STATUS OF ADVANCES TO THE WORKING CAPITAL FUND
- EB95.R16 REVIEW OF THE WORKING CAPITAL FUND
- EB95.R17 EMERGENCY AND HUMANITARIAN ACTION
- EB95.R18 REAL ESTATE FUND
- EB95.R19 RECRUITMENT OF INTERNATIONAL STAFF IN WHO: GEOGRAPHICAL REPRESENTATION
- EB95.R21 SALARIES OF UNGRADED POSTS AND THE DIRECTOR-GENERAL

GENEVA, 16 February 1995

... ENCLS: Resolutions EB95.R1 to EB95.R22
Document EB95/DIV/3





Decisions and list of resolutions

I. DECISIONS

EB95(1) WHO response to global change

The Executive Board decided to establish an ad hoc group to consider options for nomination, including possible use of a search process, and terms of office of the Director-General. The group shall be composed of six members of the Board, one from each region, and from among the members a Chairman shall be selected. The group will carry out its work at the time of other WHO meetings at which its members are present and will report to the Board at its ninety-seventh session in January 1996. The ad hoc group may also wish to consider the types and form of information presented to the Board at the time of appointment of Regional Directors and report back to the Board, which appointed Dr A.R.S. Al-Muhailan, Dr J.V. Antelo Pérez, Dr V. Devo, Dr Ngo Van Hop, Dr K. Leppo and Dr V. Sangsingkeo as members of the ad hoc group.

(Fourth and fifth meetings, 17 and 18 January 1995)
EB95/SR/4 and EB95/SR/5

EB95(2) WHO response to global change: progress reports on implementation of recommendations

The Executive Board, having considered the progress report by the Director-General¹ and the reports by the Programme Development Committee² and the Administration, Budget and Finance Committee of the Executive Board,³

1. commended the progress made in the implementation of the recommendations on global change;
2. decided to review the method of work of regional committees in three to four years, recommending that Member States should include Executive Board members in their delegations to regional committees;
3. endorsed the schedule of reporting by development teams to future Board sessions as follows:
 - (1) ninety-sixth session: final report on the role of WHO country offices and WHO programme development and management and final proposals for the new WHO management information system; and

¹ Document EB95/12.

² Document EB95/19.

³ Document EB95/20.

(2) ninety-seventh session: final report on WHO's personnel policy;

requesting that the work be accelerated whenever possible;

4. recommended that the opinion of Member States on the work of WHO be surveyed through the continuous consultation mechanisms set up in all regions and through the mechanisms established for coordination and consultation with the governing bodies, namely the Programme Development Committee and the Administration, Budget and Finance Committee of the Executive Board; that other means be found to survey from time to time the opinion of Member States on specific aspects of WHO's work; and that the Board be kept informed of the opinion of Member States;
5. commended the Director-General for setting up coordinating mechanisms within the Organization and with governing bodies to implement the recommendations on global change, and encouraged members of the Programme Development Committee and the Administration, Budget and Finance Committee to attend sessions of the regional committees; decided to examine the feasibility of assigning the follow-up of one or more programmes to each Executive Board member, at no additional cost to WHO; recommended that, in order to ensure continuity, members of the two committees be replaced in a phased manner; and further recommended that a mechanism for evaluating the work of the two committees be set up;
6. urged that steps be taken to ensure that changes continue to permeate all levels of the Organization and remain an integral part of WHO's management culture once action has been taken on all 47 recommendations, enabling the Organization to follow up and manage change.

(Ninth meeting, 24 January 1995)
EB95/SR/9

EB95(3) Development of a WHO worldwide management information system

The Executive Board took note of the Director-General's interim report on the development of a WHO worldwide management information system¹ and decided that an information session thereon should be organized at the Forty-eighth World Health Assembly in May 1995.

(Ninth meeting, 24 January 1995)
EB95/SR/9

EB95(4) Award of the Léon Bernard Foundation Prize

The Executive Board, having considered the report of the Léon Bernard Foundation Committee, awarded the Léon Bernard Foundation Prize for 1995 to Dr Manuel Elkin Patarroyo (Colombia) for his outstanding service in the field of social medicine.

(Tenth meeting, 24 January 1995)
EB95/SR/10

¹ Document EB95/17.

EB95(5) Award of the Dr A.T. Shousha Foundation Prize

The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize for 1995 to Dr Ibrahim Mohammed Yacoub (Bahrain) for his outstanding contribution to the improvement of the health situation in the geographical area in which Dr Shousha served the World Health Organization.

(Tenth meeting, 24 January 1995)
EB95/SR/10

EB95(6) Award of the Child Health Foundation Prize

The Executive Board, having considered the report of the Child Health Foundation Committee, awarded the Child Health Foundation Prize for 1995 to Professor Deryaev Invar (Turkmenistan) for his outstanding service in the field of child health.

(Tenth meeting, 24 January 1995)
EB95/SR/10

EB95(7) Award of the Sasakawa Health Prize

The Executive Board, having considered the report of the Sasakawa Health Prize Committee, awarded the Sasakawa Health Prize for 1995 to Dr J. Torres Goitia Torres (Bolivia) and Professor Le Kinh Duc (Viet Nam). The Board noted that Dr Goitia and Professor Le would receive US\$ 30 000 each for their outstanding innovative work in health development.

(Tenth meeting, 24 January 1995)
EB95/SR/10

EB95(8) Award of the United Arab Emirates Health Foundation Prize

The Executive Board, having considered the report of the United Arab Emirates Health Foundation Committee, awarded the United Arab Emirates Health Foundation Prize for 1995 to the Child Survival Project of Egypt (Egypt) and Dr Abdul Rahman Abdul Aziz Al-Swailem (Saudi Arabia) for their outstanding contribution to health development. The Board noted that the Child Survival Project and Dr Al-Swailem would receive US\$ 20 000 each.

(Tenth meeting, 24 January 1995)
EB95/SR/10

EB95(9) Administration and award of foundation prizes and fellowships in WHO

The Executive Board, having considered the report by the Director-General on administration and award of foundation prizes and fellowships in WHO¹ and the reports of the Léon Bernard Foundation Committee,² the Dr A.T. Shousha Foundation Committee,³ the Sasakawa Health Prize Committee⁴ and the United Arab Emirates Health Foundation Committee,⁵

1. noted the decision of the Léon Bernard Foundation Committee to increase the amount of the award from Sw.fr. 1000 to Sw.fr. 2500, which would have the consequent effect that the prize would be awarded on a biennial basis instead of annually;
2. decided to transmit to the Regional Committee for the Eastern Mediterranean a request to consider taking on the responsibility of nominating candidates for the Dr A.T. Shousha Foundation Prize and Fellowship; and noted the decision of the Dr A.T. Shousha Foundation Committee to increase the amount of the award from Sw.fr. 1000 to Sw.fr. 2500;
3. recommended that 13% for programme support costs be assessed on the amounts awarded by the Sasakawa Health Prize Foundation and by the United Arab Emirates Health Foundation to help cover the cost of administration of the Prizes;
4. decided to recommend to the Darling Foundation Prize Committee, on the occasion of its next meeting, that it should consider the desirability of increasing the amount awarded to Sw.fr. 2500;
5. decided to request the Director-General to revise administrative procedures where possible and to continue to study the modalities for administration and award of foundation prizes and fellowships with a view to eliminating direct costs to the Organization.

(Tenth meeting, 24 January 1995)
EB95/SR/10

EB95(10) WHO communications and public relations policy

The Executive Board, having considered the report by the Director-General,⁶ endorsed the WHO communications and public relations policy and recommended its immediate implementation.

(Eleventh meeting, 25 January 1995)
EB95/SR/11

¹ Document EB95/56.

² Document EB95/RESTR.DOC./1.

³ Document EB95/RESTR.DOC./2.

⁴ Document EB95/RESTR.DOC./4.

⁵ Document EB95/RESTR.DOC./5.

⁶ Document EB95/16.

EB95(11) Report on meetings of expert committees and study groups

The Executive Board considered and took note of the Director-General's report¹ on the meetings of the following expert committees and study groups: WHO Expert Committee on Biological Standardization, forty-fourth report,² WHO Expert Committee on Information Support for New Public Health Action at District Level,³ WHO Expert Committee on Oral Health Status and Fluoride Use (Fluorides and Oral Health),⁴ WHO Study Group on Prevention of Diabetes Mellitus,⁵ and WHO Study Group on Chemotherapy of Leprosy.⁶ It thanked the experts who had taken part in the meetings, and requested the Director-General to follow up their recommendations, as appropriate, in the implementation of the Organization's programmes, bearing in mind the discussion in the Board.

(Fifteenth meeting, 27 January 1995)
EB95/SR/15

EB95(12) Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution

The Executive Board, having considered the report of the Director-General⁷ on Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, while agreeing that the provision of services should continue uninterrupted, requested the Director-General to continue his efforts to collect the unpaid arrears of contributions from the Members concerned and to report further on this matter to the Administration, Budget and Finance Committee at its meeting immediately prior to the Forty-eighth World Health Assembly, in order to enable the Committee to formulate recommendations to the Health Assembly, on the Board's behalf, based on the provisions of resolution WHA41.7 and the status of the arrears at that time.

(Fifteenth meeting, 27 January 1995)
EB95/SR/15

EB95(13) Review of nongovernmental organizations in official relations with WHO

The Executive Board, having considered the report of its Standing Committee on Nongovernmental Organizations,⁸ decided to maintain official relations for a further period of three years with 63 of the 71 nongovernmental organizations reviewed at its ninety-fifth session, and expressed its commendation for their valuable contributions to the work of WHO. Six nongovernmental organizations, with which relations were discontinued, were the subject of resolution EB95.R22.

¹ Document EB95/36.

² WHO Technical Report Series, No. 848, 1994.

³ WHO Technical Report Series, No. 845, 1994.

⁴ WHO Technical Report Series, No. 846, 1994.

⁵ WHO Technical Report Series, No. 844, 1994.

⁶ WHO Technical Report Series, No. 847, 1994.

⁷ Document EB95/38.

⁸ Document EB95/53.

Regarding the remaining two nongovernmental organizations, the Board noted that owing to changing programme circumstances there had been a diminution in exchanges with the International Federation on Ageing, but that it was expected it would be possible to revitalize collaboration; in the case of the International Union of Family Organizations, the Board took note that collaboration had been limited but that it was expected that collaboration, likewise, could be revitalized. In consideration of this, the Board decided to maintain official relations with both the Federation and the Union for a further year in order to permit each of them to develop plans for collaboration with WHO.

(Sixteenth meeting, 27 January 1995)
EB95/SR/16

EB95(14) Reports of the Joint Inspection Unit

The Executive Board, having considered the reports of the Joint Inspection Unit entitled "Working with NGOs: operational activities for development of the United Nations system with nongovernmental organizations and governments at the grassroots and national levels", "Relationship agreements between the United Nations and the specialized agencies: review and strengthening of sections pertaining to the common system of salaries, allowances and conditions of service", "A review of the specific development needs of small Member States and the responsiveness of the United Nations development system to these needs", thanked the Inspectors for their reports and expressed its agreement with the Director-General's comments thereon.¹ It requested the Director-General to transmit those comments, together with the Board's views and observations on the reports, to the Secretary-General of the United Nations, the members of the Administrative Committee on Coordination, the Chairman of the Joint Inspection Unit and the External Auditor of WHO for their information and perusal.

(Sixteenth meeting, 27 January 1995)
EB95/SR/16

EB95(15) Cooperation agreement with the Mentor Foundation²

The Executive Board approved the Cooperation Agreement between the Mentor Foundation and WHO, dated 15 June 1994, on condition that the arrangement under which the WHO staff member being made available to the Foundation remains on special leave and is not under the direct supervision of the Director-General shall be implemented and the Agreement amended accordingly.

(Sixteenth meeting, 27 January 1995)
EB95/SR/16

¹ Document EB95/52.

² Document EB95/54.

EB95(16) Provisional agenda for and duration of the Forty-eighth World Health Assembly

The Executive Board approved the Director-General's proposals for the provisional agenda of the Forty-eighth World Health Assembly as amended by the Board.¹ Recalling its earlier decision² that the Forty-eighth World Health Assembly should be held in the Palais des Nations, Geneva, Switzerland and open on Monday, 1 May 1995 at noon, the Board decided that it should close no later than Friday, 12 May 1995.

(Sixteenth meeting, 27 January 1995)
EB95/SR/16

EB95(17) Date and place of the ninety-sixth session of the Executive Board

The Executive Board decided that its ninety-sixth session should be convened on Monday, 15 May 1995 at WHO headquarters, Geneva, Switzerland.

(Sixteenth meeting, 27 January 1995)
EB95/SR/16

¹ Documents EB95/57 and EB95/INF.DOC./15.

² Decision EB94(12) in EB94/1994/REC/1.

II. LIST OF RESOLUTIONS

- EB95.R1 Appointment of the Regional Director for Africa
- EB95.R2 Appointment of the Regional Director for the Americas
- EB95.R3 Appointment of the Regional Director for Europe
- EB95.R4 Budgetary reform
- EB95.R5 WHO response to global change: renewing the health-for-all strategy
- EB95.R6 Changing medical education and medical practice for health-for-all
- EB95.R7 Prevention of hearing impairment
- EB95.R8 Intensified cooperation with countries in greatest need
- EB95.R9 An international strategy for tobacco control
- EB95.R10 Maternal and child health and family planning: quality of care
- EB95.R11 Control of diarrhoeal diseases and acute respiratory infections: integrated management of the sick child
- EB95.R12 Communicable diseases prevention and control: new, emerging, and re-emerging infectious diseases
- EB95.R13 Establishment of the joint and cosponsored United Nations programme on HIV/AIDS
- EB95.R14 Paris AIDS Summit (1 December 1994)
- EB95.R15 Status of collection of assessed contributions and status of advances to the Working Capital Fund
- EB95.R16 Review of the Working Capital Fund
- EB95.R17 Emergency and humanitarian action
- EB95.R18 Real Estate Fund
- EB95.R19 Recruitment of international staff in WHO: geographical representation
- EB95.R20 Confirmation of amendments to the Staff Rules
- EB95.R21 Salaries for ungraded posts and the Director-General
- EB95.R22 Collaboration with nongovernmental organizations: report of the Standing Committee on Nongovernmental Organizations

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世界衛生組織執行委員會 決議

قرار المجلس التنفيذي لمنظمة الصحة العالمية

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

Ninety-fifth Session

EB95.R1

Agenda item 4

17 January 1995

Appointment of the Regional Director for Africa

The Executive Board,

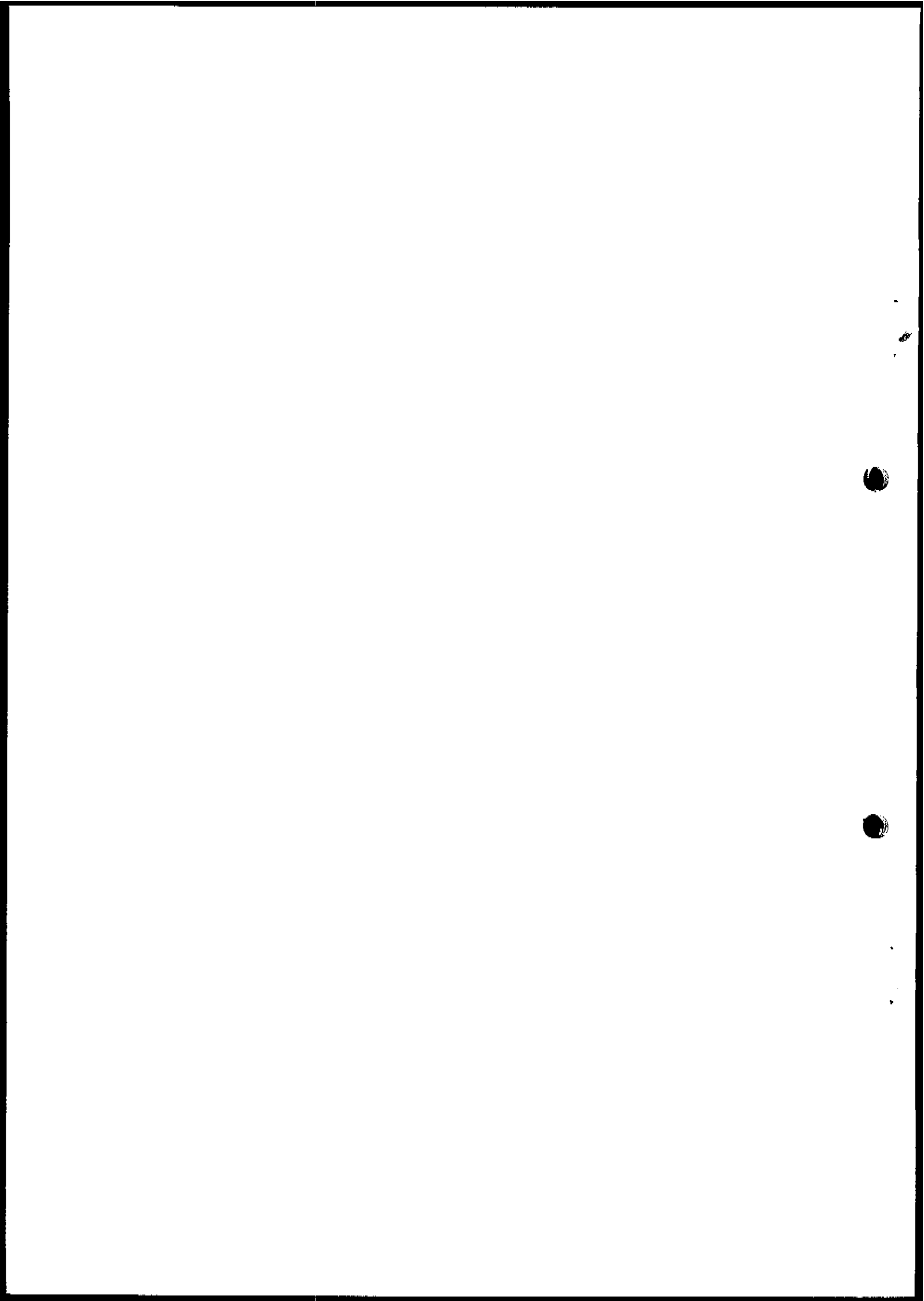
Considering the provisions of Article 52 of the WHO Constitution and Staff Regulation 4.5; and

Considering the nomination and recommendation made by the Regional Committee for Africa at its forty-fourth session,

1. APPOINTS Dr Ebrahim Malick Samba as Regional Director for Africa, and
2. AUTHORIZES the Director-General to issue Dr Ebrahim Malick Samba a contract for a period of five years from 1 February 1995 subject to the provisions of the Staff Regulations and Staff Rules.

Fourth meeting, 17 January 1995
EB95/SR/4

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世界衛生組織執行委員會決議

قرار المجلس التنفيذي لمنظمة الصحة العالمية

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

Ninety-fifth Session

EB95.R2

Agenda item 5

17 January 1995

Appointment of the Regional Director for the Americas

The Executive Board,

Considering the provisions of Article 52 of the WHO Constitution and Staff Regulation 4.5; and

Considering the nomination and recommendation made by the Regional Committee for the Americas at its forty-fourth session,

1. APPOINTS Sir George Alleyne as Regional Director for the Americas, and
2. AUTHORIZES the Director-General to issue Sir George Alleyne a contract for a period of four years from 1 February 1995 subject to the provisions of the Staff Regulations and Staff Rules.

Fourth meeting, 17 January 1995
EB95/SR/4

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世界衛生組織執行委員會決議

قرار المجلس التنفيذي لمنظمة الصحة العالمية

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

Ninety-fifth Session

EB95.R3

Agenda item 6

17 January 1995

Appointment of the Regional Director for Europe

The Executive Board,

Considering the provisions of Article 52 of the WHO Constitution and Staff Regulation 4.5; and

Considering the nomination and recommendation made by the Regional Committee for Europe at its forty-fourth session,

1. REAPPOINTS Dr Jo Eirik Asvall as Regional Director for Europe, and
2. AUTHORIZES the Director-General to issue Dr Jo Eirik Asvall a contract for a period of five years from 1 February 1995 subject to the provisions of the Staff Regulations and Staff Rules.

Fourth meeting, 17 January 1995

EB95/SR/4

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RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO
RÉSOLUTION DU CONSEIL EXÉCUTIF DE L'OMS
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RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

Ninety-fifth Session

EB95.R4

Agenda item 9.2

25 January 1995

Budgetary reform

The Executive Board,

Having considered the reports of the Director-General on budgetary reform,¹ programme budgeting in WHO and prioritization of activities,² programme support costs,³ and the proposed programme budget for the financial period 1996-1997,⁴

1. THANKS the Director-General for fulfilling the requirements of resolution WHA46.35 (1) to prepare a clearer and simpler proposed programme budget document; (2) shorten the lead-time between preparation of the programme budget and its implementation by developing plans of actions nearer to the time of programme execution; (3) determine strategic and financial priorities within agreed global objectives and reallocating human and financial resources to these priorities; (4) take account of the common accounting standards for organizations of the United Nations system; and (5) include data on actual cost increases during the last complete financial period, comparing these with forecasts;
2. ENDORSES the concept of strategic budgeting with the understanding that detailed plans of action will be prepared nearer to the time of implementation;
3. REQUESTS the Director-General to review the 1996-1997 budget proposals in specific areas mentioned by the Executive Board during the programme budget discussion, with a view to shifting resources of at least 5% of the budget from areas of lesser urgency to specific identified priority headings within regional as well as global allocations, and to reflect these changes in his report on the programme budget to the Forty-eighth World Health Assembly;
4. INVITES the Director-General to continue efforts to implement the remaining provisions of resolution WHA46.35, especially:
 - (i) the establishment of realistic and measurable targets in accordance with each health priority;
 - (ii) the improvement of programme evaluation based on agreed targets and outcomes; and
 - (iii) the reorientation of further resources in accordance with priorities;

¹ Document EB95/13.

² Documents EB95/14 and EB95/14 Corr.1.

³ Document EB95/18.

⁴ Documents PB/96-97 and EB95/58.

5. FURTHER REQUESTS the Director-General to report on progress made to the ninety-seventh session of the Executive Board in January 1996; and
6. ENTRUSTS the Programme Development Committee and the Administration, Budget and Finance Committee of the Executive Board with the follow-up of progress made in the development and preparation of action plans for the implementation of the 1996-1997 programme.

Eleventh meeting, 25 January 1995
EB95/SR/11

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世界衛生組織執行委員會決議

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RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO
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RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

Ninety-fifth Session

EB95.R5

Agenda item 9.3

25 January 1995

WHO response to global change

Renewing the health-for-all strategy

The Executive Board,

Having reviewed the reports of the Director-General on the third monitoring of progress in implementation of strategies for health for all by the year 2000¹ and on the elaboration of a new global health policy for equity, solidarity and health, evolving from health for all,²

Noting with interest the statement by the Director-General to the Executive Board at its ninety-fifth session;³

Recognizing the need to ensure the continued relevance of the health-for-all strategy to meet evolving political, economic, sociocultural and health conditions in the world;

Deeply concerned by the worsening health situation in a number of the least developed countries and by the aggravation of conditions measured against certain indicators, even in more developed ones;

Recalling the recommendations of the Executive Board Working Group on the WHO Response to Global Change and resolution EB92.R2,⁴

1. ENDORSES the steps taken by the Director-General to implement the recommendations on updating the health-for-all policy, objectives and targets and adjusting the strategy in response to global change;
2. STRESSES the importance of a broad national and international consultation among those dedicated to health and social development in order to create a renewed commitment to health under WHO leadership;
3. RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following resolution:

¹ Monitoring of progress in implementation of strategies for health for all by the year 2000, third report (documents EB95/5 and EB95/INF.DOC./13).

² Renewing the health-for-all strategy (document EB95/15).

³ Document EB95/DIV/2.

⁴ Document EB92/1993/REC/1, Annex 1, p. 11.

The Forty-eighth World Health Assembly,

Stressing the continued validity of "health for all" as a timeless aspirational goal, while recognizing that the time-frame up to the year 2000 may not be universally attainable;

Recognizing that political, economic, social, cultural and environmental situations are changing throughout the world;

Concerned by the negative trends seen in some of the major health determinants highlighted by the third monitoring of progress in implementation of strategies for health for all by the year 2000;¹

Recognizing the need to give priority attention to those most deprived, whether owing to poverty, marginalization or exclusion;

Stressing the importance of a broad national and international consultation among those dedicated to health and social development in order to create a renewed commitment to health under WHO leadership;

Having considered the report of the Director-General² outlining the steps taken to implement the recommendations of the Executive Board Working Group on the WHO Response to Global Change³ on the updating of the health-for-all strategy, objectives and targets in response to global change,

Having noted with appreciation the contribution of the Task Force on Health and Development created by resolution WHA45.24;⁴

1. ENDORSES the steps already taken by the Director-General to implement the recommendations on updating the health-for-all targets in response to global change;
2. URGES Member States to:
 - (a) launch extensive and intensive national consultations which will alert the general public, political leaders, ministries and other partners concerned with social and economic development policy, to the need to place health high on the political agenda, in order to address the serious health challenges of the coming decades and to ensure that the foundation is laid for implementation of the policy in countries;
 - (b) forward to WHO the consensus views on health challenges and major policy orientations resulting from the national consultation to serve as a basis for the elaboration of the global policy; and
 - (c) translate the global policy, after its adoption, into national or subnational context for implementation, selecting approaches specific to their social and economic situation and culture;

¹ Monitoring of progress in implementation of strategies for health for all by the year 2000, third report (documents EB95/5 and EB95/INF.DOC./13).

² Renewing the health-for-all strategy (document EB95/15).

³ Document EB92/1993/REC/1, Annex 1, p. 11.

⁴ *Handbook of resolutions and decisions*, Vol. III, p. 216.

3. CALLS ON other organizations of the United Nations system as well as intergovernmental and nongovernmental organizations active in the field of health to participate actively in the elaboration of the policy, to define their role in carrying it out and to join forces with WHO for its implementation;
4. REQUESTS the Director-General to:
 - (a) take the necessary steps for renewing the health-for-all strategy together with its indicators, by developing a new global health policy based on the concepts of equity and solidarity, emphasizing the individual's, the family's and the collective responsibility for health and placing health within the overall development framework;
 - (b) ensure the convergence of all relevant work carried out on the subject at all levels of the Organization;
 - (c) launch worldwide consultation among all Member States and other current and potential partners of WHO in health development to this effect;
 - (d) support Member States in the elaboration of their contribution to the policy, *inter alia*, by preparing user-friendly material to that effect, accessible to all sectors;
 - (e) solicit the contribution of other institutions dedicated to health and social development, such as those of the United Nations system and other international and nongovernmental organizations, together with an indication of the roles they intend to play in the implementation of the policy;
 - (f) elaborate, based on the outcome of the consultation process, the new health policy to serve as objective and guidance for the updating of global, regional and national health-for-all strategies and for the development of mechanisms to enable all concerned to fulfil their role;
 - (g) redefine WHO's mission and the meaning of technical cooperation for WHO in pursuance of that policy;
 - (h) to take the necessary measures for WHO to organize a high-level world conference, by the end of 1997, to adopt a health charter based on the new health policy, in order to obtain political ownership of the policy and commitment to its implementation; and
 - (i) report on the arrangements for such a world conference to the Forty-ninth World Health Assembly.

Eleventh meeting, 25 January 1995
EB95/SR/11

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世界衛生組織執行委員會決議

قرار المجلس التنفيذي لمنظمة الصحة العالمية

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

Ninety-fifth Session

EB95.R6

Agenda item 11.1

25 January 1995

Changing medical education and medical practice for health for all

The Executive Board

RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following resolution:

The Forty-eighth World Health Assembly,

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

Mindful of the importance of an adequate number and mix of health workforce to achieve optimal health care delivery;

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

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

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

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

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

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

1. URGES Member States:

(1) to review, within the context of their needs for human resources for health, the special contribution of medical practitioners and medical schools in attaining health for all;

(2) to collaborate with all bodies concerned, including professional associations, in defining the desired profile of the future doctor and, where appropriate, the respective and complementary roles of generalists and specialists and their relations with other primary health care providers, in order to respond better to people's needs and improve health status;

(3) to promote and support health systems research to define optimal numbers, mix, deployment, infrastructure and working conditions to improve the general practitioner's relevance and cost-effectiveness in health care delivery;

(4) to support efforts to improve the relevance of medical educational programmes and the contribution of medical schools to the implementation of changes in health care delivery;

2. REQUESTS the Director-General:

(1) to promote coordinated efforts by health authorities, professional associations and medical schools to study and implement new patterns of practice and working conditions that would allow general practitioners and other primary health care providers to respond better to the need for more quality, relevance, cost-effectiveness and equity in health care;

(2) to support the development of guidelines and models that enable medical schools and other educational institutions to enhance their capacity for initial and continuing training of the medical workforce and reorient their research, clinical and community health activities to make an optimal contribution to changes in the manner of health care delivery;

(3) to respond to requests from Member States for technical cooperation in the implementation of reforms in medical education and medical practice by involving networks of WHO collaborating centres and nongovernmental organizations as well as using available resources within WHO;

(4) to encourage and facilitate coordination of worldwide efforts to reform medical education and medical practice in line with the principles of health for all, by collecting and disseminating relevant information and monitoring progress in the reform process.

Eleventh meeting, 25 January 1995
EB95/SR/11

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世界衛生組織執行委員會決議

قرار المجلس التنفيذي لمنظمة الصحة العالمية

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

Ninety-fifth Session

EB95.R7

Agenda item 11.1

25 January 1995

Prevention of hearing impairment

The Executive Board,

Concerned at the serious individual and social effects of hearing impairment, which is a largely preventable problem throughout the world,

RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following resolution:

The Forty-eighth World Health Assembly,

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

Concerned at the growing problem of largely preventable hearing impairment in the world, presently estimated at 120 million people with disabling hearing difficulties;

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

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

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

1. URGES Member States:

- (1) to prepare national plans for the prevention and control of major causes of avoidable hearing loss, and for early detection in children, within the framework of primary health care;
- (2) to take advantage of existing guidelines and regulations for the proper management of particularly important causes of deafness and hearing impairment, such as otitis media, use of ototoxic drugs and harmful exposure to noise, including loud music;
- (3) to ensure the highest possible coverage of childhood immunization against the target diseases of the Expanded Programme on Immunization and against mumps, rubella and (meningococcal) meningitis whenever possible;

(4) to consider the setting-up of mechanisms for collaboration with nongovernmental or other organizations for support to, and coordination of, action for hearing impairment prevention at country level;

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

2. REQUESTS the Director-General:

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

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

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

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

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

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

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

Twelfth meeting, 25 January 1995
EB95/SR/12

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世界衛生組織執行委員會決議

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Ninety-fifth Session

EB95.R8

Agenda item 12.3

26 January 1995

Intensified cooperation with countries in greatest need

The Executive Board

RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following resolution:

The Forty-eighth World Health Assembly,

Concerned at the evidence in the Director-General's report¹ of deteriorating health status in the least developed countries and in certain countries undergoing far-reaching political and economic changes;

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

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

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

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

1. URGES Member States:

- (1) to consider measures to alleviate poverty and its health effects as essential to progress towards health for all and development;
- (2) to give much greater attention to strengthening their capacities for health development, setting time-limits and targets for achievement;
- (3) to establish integrated strategies for health development and coordinate all efforts and resources, internal and external, mobilized for their implementation, and develop more effective management tools in order to maximize its efficiency;

¹ Document EB95/25.

2. CALLS ON the international community:

- (1) to mobilize additional resources for health development in countries in greatest need, reversing the current trend of diminishing development assistance;
- (2) to place particular emphasis on strengthening the capacity of countries in greatest need to initiate the process of health development, drawing in the first instance on national expertise and that of other developing and developed countries with appropriate experience;
- (3) to strengthen collaboration with countries and with WHO in ensuring that resources made available are used to meet national priorities as determined by the countries themselves;

3. REQUESTS the Director-General:

- (1) to accord high priority to providing a well-coordinated, country-specific WHO response to those countries in greatest need, allocating financial and technical resources according to criteria of income, health status and national capacity to meet health development needs, setting clearly defined strategies, time-limits and targets for achievement;
- (2) to continue to reorient the structure and functions at all levels of the Organization, in order to support WHO's intensified cooperation with countries using the country-centred approach in the process of reform;
- (3) to place renewed emphasis on cooperation with these countries in strengthening their capacity to develop and implement health development policies which: address health inequities, work intersectorally to promote economic and social development and improve financing and management of the health system at all levels;
- (4) to undertake intensified efforts to mobilize, coordinate and manage external resources and to make available the maximum internal resources for health development in the countries in greatest need;
- (5) to report at regular intervals to the Executive Board and Health Assembly on progress achieved in implementing this resolution.

Thirteenth meeting, 26 January 1995
EB95/SR/13

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世界衛生組織執行委員會決議

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RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

Ninety-fifth Session

EB95.R9

Agenda item 12.5

26 January 1995

An international strategy for tobacco control

The Executive Board,

Recalling resolutions WHA33.35, WHA39.14, WHA43.16 and WHA45.20, all calling for comprehensive, multisectoral, long-term tobacco strategies,

RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following resolution:

The Forty-eighth World Health Assembly,

Noting that the Director-General and other WHO staff members actively contributed to the success of the Ninth World Conference on Tobacco and Health (Paris, October 1994);

Noting also that the Ninth World Conference on Tobacco and Health adopted an international strategy for tobacco control, and called for the adoption of comprehensive, multisectoral, long-term tobacco strategies, addressing such issues as the promotion of tobacco products, demand reduction especially among young people, smoking cessation programmes, economic policies, health warnings, regulation of tar and nicotine content of tobacco products, smoke-free environments, and marketing and monitoring;

1. REAFFIRMS resolutions WHA33.35, WHA39.14, WHA43.16 and WHA45.20, all calling for comprehensive, multisectoral, long-term tobacco strategies;
2. URGES those Member States that have already successfully implemented all or most of a comprehensive strategy for tobacco control to provide assistance to WHO, working in partnership with the United Nations Focal Point on Tobacco (located in UNCTAD), so that these bodies can effectively coordinate the provision of timely and effective advice and support to Member States seeking to improve their tobacco control strategies;
3. REQUESTS the Director-General:
 - (1) to strengthen WHO's capacity in the field of tobacco or health;

(2) to report to the Forty-ninth World Health Assembly on the feasibility of initiating action to prepare and achieve an International Convention on Tobacco Control to be adopted by the United Nations, taking into account existing international trade and other conventions and treaties.

Thirteenth meeting, 26 January 1995
EB95/SR/13

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Ninety-fifth Session

EB95.R10

Agenda item 12.6

26 January 1995

Maternal and child health and family planning: quality of care

A conceptual and strategic framework for reproductive health

The Executive Board,

Noting the report by the Director-General¹ on maternal and child health and family planning: quality of care - A conceptual and strategic framework for reproductive health;

Recalling resolutions WHA32.42, WHA38.22, WHA40.27, WHA41.9, WHA42.42, WHA43.10 and WHA47.9 concerned with many different aspects of reproductive health;

Welcoming the Director-General's report on collaboration within the United Nations system: International Conference on Population and Development (Cairo, September 1994),² and in particular the programme of action and WHO position paper on health, population and development, for the Conference;

Noting United Nations General Assembly resolution 49/128, on the report of the International Conference on Population and Development, particularly operative paragraph 22 which requests the specialized agencies and all related organizations of the United Nations system to review and where necessary adjust their programme and activities in line with the programme of action;

Recognizing that, as a central component of women's health, reproductive health needs to be promoted by WHO at the forthcoming Fourth World Conference on Women in Beijing and other international fora,

1. REAFFIRMS the unique role of the Organization in international coordination with respect to normative functions, research, and technical cooperation in the area of reproductive health;
2. UNDERLINES the need for close collaboration with other agencies of the United Nations system to provide international support for the broader purposes of reproductive health;
3. ENDORSES the conceptual and strategic framework for reproductive health, in the context of primary health care including family health;

¹ Document EB95/28.

² Document EB95/49.

4. REQUESTS the Director-General to:

- (1) incorporate this framework in a comprehensive, unifying strategy for action and research in reproductive health and submit his report to the Forty-eighth World Health Assembly;
- (2) report to the ninety-seventh session of the Executive Board and the Forty-ninth World Health Assembly on the measures taken for the implementation of the strategy for reproductive health at national, regional and global levels;
- (3) report to the Economic and Social Council and the General Assembly of the United Nations on the continued high priority given by WHO in the area of reproductive health at all levels in response to United Nations General Assembly resolution UNGA49/128.

Thirteenth meeting, 26 January 1995
EB95/SR/13

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世界衛生組織執行委員會決議

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Ninety-fifth Session

EB95.R11

Agenda item 12.9

26 January 1995

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

The Executive Board,

Having examined the Director-General's report on "Control of diarrhoeal diseases and acute respiratory infections: integrated management of the sick child",

RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following resolution:

The Forty-eighth World Health Assembly,

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

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

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

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

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

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

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

1. ENDORSES the integrated management of the sick child as a most effective approach to ensure the survival and healthy development of children;
2. URGES governments of countries which have not yet reached the infant and child mortality reduction targets for the year 2000:
 - (1) to apply existing technical guidelines for the integrated management of the sick child, and to plan for the transition from specific programmes against childhood diseases to an integrated approach to illness in children;
 - (2) to strengthen the existing health system mechanisms for in-service training, logistics, communication, supervision and monitoring in order to provide a solid basis for the integrated management of the sick child;
 - (3) to maintain managerial activities for the control of diarrhoea and acute respiratory infections and activities to address the underlying problems of malnutrition in children during the transition to the integrated approach;
3. REQUESTS the Director-General:
 - (1) to continue the development of managerial tools including technical guidelines, planning guides, training courses, communication materials, and manuals for the planning, supervision, monitoring and evaluation of national activities for integrated management of the sick child;
 - (2) to promote, coordinate and support research-and-development activities to overcome technical and operational problems arising during the development of managerial tools and the initial implementation of the integrated management of the sick child;
 - (3) to promote the rational use of antimicrobials as an essential element of the integrated management of the sick child and to monitor the evolution and antimicrobial resistance of the main causative organisms of the major infectious diseases of children, in close coordination with the Organization's efforts in relation to new, emerging and re-emerging infectious diseases;
 - (4) to cooperate with Member States in formulating technical guidelines, based on the WHO managerial tools, for the planning and implementation of national activities for integrated management of the sick child;
 - (5) to maintain close and effective collaboration with other interested agencies and organizations, in particular UNICEF, UNDP and the World Bank, to promote the concept and practice of the integrated management of the sick child;
 - (6) to continue to seek the extrabudgetary funds required for the implementation of this initiative;
 - (7) to keep the Executive Board and the Health Assembly informed of the progress made, as appropriate.

Thirteenth meeting, 26 January 1995
EB95/SR/13

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RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

Ninety-fifth Session

EB95.R12

Agenda item 12.11

26 January 1995

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

The Executive Board

RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following draft resolution:

The Forty-eighth World Health Assembly,

Having considered the report of the Director-General on new, emerging, and re-emerging infectious diseases;

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

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

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

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

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

1. URGES Member States:

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

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

3. REQUESTS the Director-General:

- (1) to establish, in consultation with Member States, strategies to improve recognition and response to new, emerging and re-emerging infectious diseases in a manner sustainable by all countries;
- (2) to draw up plans for improved national and international surveillance of infectious diseases and their causative agents, including prompt dissemination of surveillance information, and to coordinate their implementation among Member States and with interested agencies and other groups;
- (3) to increase WHO's capacity, within available resources, for directing and strengthening research applied to prevention and control of these diseases, and to ensure that reference facilities capable of safely characterizing new or unusual pathogens remain available;
- (4) to coordinate WHO's initiative on new, emerging and re-emerging infectious diseases in cooperation with other specialized agencies and organizations of the United Nations system, bilateral development agencies, nongovernmental organizations, Member States, and other groups concerned;

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

Thirteenth meeting, 26 January 1995
EB95/SR/13

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Ninety-fifth Session

EB95.R13

Agenda item 22.2

26 January 1995

Establishment of the joint and cosponsored United Nations programme on HIV/AIDS

The Executive Board,

Recalling resolution EB93.R5 recommending the development and eventual establishment of a joint and cosponsored United Nations programme on HIV/AIDS, to be administered by WHO in accordance with the consensus option set forth in the Director-General's study on this subject;¹

Having reviewed the Director-General's report EB95/48 on action taken to implement resolution EB93.R5;

Welcoming the endorsement of the establishment of the programme by governing bodies of the other cosponsors;

Taking note of resolution 1994/24 adopted by ECOSOC at its July 1994 session, endorsing the establishment of the programme, subject to further review by April 1995 of progress made towards its implementation;

Aware of the urgency to proceed with the establishment of the programme, to ensure that it is fully operational by 1 January 1996;

Noting the establishment of the Committee of Cosponsoring Organizations to assume interim responsibility for overseeing the transition process leading to full implementation of the programme;

Welcoming the recent appointment of a director of the programme as from 1 January 1995;

Drawing attention to the increasingly grave implications of the HIV/AIDS epidemic for health and for the provision of adequate health services;

Reaffirming WHO's constitutional mandate to act as the directing and coordinating authority for international health work;

Recognizing the substantial capacity that has been built up within WHO to respond to the HIV/AIDS epidemic, primarily through its Global Programme on AIDS;

¹ Document EB93/1994/REC/1, Annex 3.

Reiterating the importance of the government's role as principal coordinator of national response to the HIV/AIDS epidemic, including the institutional role of the ministries responsible for health in the programming, implementation and evaluation of health measures,

1. WELCOMES the further development of the joint and cosponsored United Nations programme on HIV/AIDS;
2. REQUESTS the Director-General:
 - (1) to facilitate full implementation of the programme in accordance with resolution EB93.R5;
 - (2) to provide administrative support to the director of the programme and his staff during the transition period and to arrange for WHO to meet the administrative needs of the programme once it is operational, in the light of the Organization's role as administering agency of the programme;
 - (3) to ensure that WHO representatives are fully briefed on the operation of the programme at country level, and in particular on the functioning of the resident coordinator system and corresponding theme groups on HIV/AIDS and their role therein;
 - (4) to bring the attention of the director of the programme to WHO's capacity at global, regional and country levels, for responding to the HIV/AIDS epidemic, and to request the director to draw upon this capacity to the greatest extent possible in the work of the programme;
 - (5) to ensure continuation of the work of the Global Programme on AIDS during the period of transition to full implementation of the joint programme;
 - (6) to report on progress made towards establishment of the programme to the Forty-eighth World Health Assembly in May 1995.

Fourteenth meeting, 26 January 1995
EB95/SR/14

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Ninety-fifth Session

EB95.R14

Agenda item 12.10

26 January 1995

Paris AIDS Summit (1 December 1994)

The Executive Board,

Having examined the Director-General's report¹ on the worldwide strategy for prevention and control of HIV/AIDS and looking ahead to the implementation of the joint and cosponsored United Nations programme on HIV/AIDS,²

RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following resolution:

The Forty-eighth World Health Assembly,

Having considered the reports of the Director-General on the worldwide strategy for prevention and control of HIV/AIDS, expressing the exemplary role of the World Health Organization, and on the implementation of the cosponsored United Nations programme on HIV/AIDS;

Mindful that, among its objectives, the programme must not only obtain and facilitate a worldwide consensus on policies and programmes, but must also strengthen the capacity of the United Nations system to follow up trends and ensure that appropriate and effective policies and strategies are implemented at the national level;

Having in mind the seven initiatives contained in the declaration of the AIDS Summit adopted in Paris on 1 December 1994 with regard to involvement of people living with HIV/AIDS; global collaboration for HIV/AIDS research; international collaboration for blood transfusion safety; care of affected persons; mobilization in favour of children, young people and orphans; the vulnerability of women; and respect for human rights and ethics related to HIV/AIDS;

Emphasizing that improved coordination of the activities conducted by governments, multilateral and intergovernmental organizations, and community-based organizations, including people living with HIV/AIDS, will make more effective control of the pandemic possible,

1. WELCOMES the declaration of the AIDS Summit adopted by the Heads of Government or representatives of the 42 States meeting in Paris on 1 December 1994;
2. INVITES governments which have not signed the declaration to do so;

¹ Document EB95/32.

² Document EB95/48.

3. INVITES the organizations cosponsoring the United Nations programme on HIV/AIDS to include in their programmes the aims defined in the declaration adopted at the Paris Summit;
4. REQUESTS the Director-General, within the framework of the joint and cosponsored United Nations programme on HIV/AIDS, and in close cooperation with its Director, to contribute to the implementation of the measures and initiatives set out in the declaration of the Paris Summit.

Fourteenth meeting, 26 January 1995
EB95/SR/14

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Ninety-fifth Session

EB95.R15

Agenda item 16.1

27 January 1995

Status of collection of assessed contributions and status of advances to the Working Capital Fund

The Executive Board,

Having considered the report of the Director-General on the status of collection of assessed contributions and of advances to the Working Capital Fund;

Taking into account the genuine difficulties faced by some developing countries arising out of adverse international economic factors beyond their control and faced by countries with a transitional economy,

1. EXPRESSES its deep concern at:
 - (1) the level of outstanding contributions by Member States;
 - (2) the effect of such delays on the programme of work approved by the Health Assembly;
2. URGES Members that are in arrears to pay their outstanding contributions before the Forty-eighth World Health Assembly;
3. RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following resolution:

The Forty-eighth World Health Assembly,

Noting with concern that, as at 31 December 1994:

- (1) the rate of collection in 1994 of current-year contributions to the effective working budget amounted to 80.32%, leaving US\$ 79 846 675 unpaid in respect of 1994 contributions;
- (2) only 99 Members had paid their current-year contributions to the effective working budget in full, and 72 Members had made no payment towards their contributions;
- (3) unpaid arrears of contributions to the effective working budget in respect of 1993 and prior years exceeded US\$ 52 million,

1. EXPRESSES concern at the level of outstanding contributions, which has had a deleterious effect on the work programme and financial situation;
2. CALLS the attention of all Members to Financial Regulation 5.6, which provides that instalments of contributions and advances shall be considered as due and payable in full by the first day of the year

to which they relate, and to the importance of paying contributions as early as possible to enable the Director-General to implement the programme budget in an orderly manner;

3. RECALLS that, as a result of the adoption, by resolution WHA41.12, of an incentive scheme to promote the timely payment of assessed contributions, Members that pay their assessed contributions early in the year in which they are due will have their contributions payable for a subsequent programme budget reduced appreciably, whereas Members paying later will see their contributions payable for that subsequent programme budget reduced only marginally or not at all;

4. URGES Members that are regularly late in the payment of their contributions to take as rapidly as possible all steps necessary to ensure prompt and regular payment;

5. REQUESTS the Director-General to draw this resolution to the attention of all Members.

Fifteenth meeting, 27 January 1995
EB95/SR/15

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RÉSOLUTION DU CONSEIL EXÉCUTIF DE L'OMS
РЕЗОЛЮЦИЯ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА ВОЗ
RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

Ninety-fifth Session

EB95.R16

Agenda item 17.2

27 January 1995

Review of the Working Capital Fund

The Executive Board,

Having considered the report of the Director-General on the Working Capital Fund,

RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following resolution:

The Forty-eighth World Health Assembly,

Having considered the recommendation of the Executive Board on the Working Capital Fund,

1. DECIDES that:

(a) Parts I and II of the Working Capital Fund be consolidated into one single Working Capital Fund with effect from 1 January 1996;

(b) the amount standing to the credit of each Member or Associate Member in the present Part I of the Working Capital Fund shall be refunded on 1 January 1996 by offsetting this amount against any regular budget contributions due by that date;

(c) an amount of US\$ 5 million shall be transferred by the Director-General on 1 January 1996 from casual income to the Working Capital Fund to partly compensate for the refund of advances to Members and Associate Members;

2. DECIDES to amend the Financial Regulations with effect from 1 January 1996, as follows:

**PRESENT FINANCIAL
REGULATIONS**

5.4 After the Health Assembly has adopted the budget and determined the amount of the Working Capital Fund, the Director-General shall:

- (a) Transmit the relevant documents to Members;
- (b) Inform Members of their commitments in respect of contributions for the financial period and advances to the Working Capital Fund;
- (c) Request them to remit the first and second instalments of their contributions for the financial period together with their advances, if any, to the Working Capital Fund.

5.6 Instalments of contributions and advances shall be considered as due and payable in full within thirty days of the receipt of the communication of the Director-General referred to in regulation 5.4 or 5.5 above, or as of the first day of the year to which they relate, whichever is the later. As of 1 January of the following year, the unpaid balance of such contributions and advances shall be considered to be one year in arrears.

5.7 Contributions and advances to the Working Capital Fund shall be assessed in US dollars, and shall be paid in either US dollars or Swiss francs; provided that payment of the whole or part of these contributions may be made in such other currency or currencies as the Director-General, in consultation with the Board, shall have determined.

5.8 Payments made by a Member shall be credited first to the Working Capital Fund and then to the contributions due in the order in which the Member was assessed.

5.9 The Director-General shall submit to the regular session of the Health Assembly a report on the collection of contributions and advances to the Working Capital Fund.

AMENDED TEXT
*(with deletions struck through
and additions highlighted)*

5.4 After the Health Assembly has adopted the budget ~~and determined the amount of the Working Capital Fund~~, the Director-General shall:

- (a) Transmit the relevant documents to Members;
- (b) Inform Members of their commitments in respect of contributions for the financial period ~~and advances to the Working Capital Fund~~;
- (c) Request them to remit the first and second instalments of their contributions for the financial period ~~together with their advances, if any, to the Working Capital Fund~~.

5.6 Instalments of contributions ~~and advances~~ shall be considered as due and payable in full within thirty days of the receipt of the communication of the Director-General referred to in regulation 5.4 or 5.5 above, or as of the first day of the year to which they relate, whichever is the later. As of 1 January of the following year, the unpaid balance of such contributions ~~and advances~~ shall be considered to be one year in arrears.

5.7 Contributions ~~and advances to the Working Capital Fund~~ shall be assessed in US dollars, and shall be paid in either US dollars or Swiss francs; provided that payment of the whole or part of these contributions may be made in such other currency or currencies as the Director-General, in consultation with the Board, shall have determined.

5.8 Payments made by a Member shall be credited ~~first to the Working Capital Fund and then~~ to the contributions due in the order in which the Member was assessed.

5.9 The Director-General shall submit to the regular session of the Health Assembly a report on the collection of contributions ~~and advances to the Working Capital Fund~~.

5.10 New Members shall be required to make a contribution for the financial period in which they become Members and to provide their proportion of the total advances to the Working Capital Fund at rates to be determined by the Health Assembly.

6.2 There shall be established a Working Capital Fund in an amount and for purposes to be determined from time to time by the Health Assembly. The Fund shall be composed of two parts, as follows:

Part I: Advances from Members made in accordance with the scale of assessments as determined by the Health Assembly for the apportionment of the expenses of the World Health Organization; and

Part II: Amounts of casual income to be transferred into the Fund from time to time.

The advances made by Members to the Fund shall be carried to the credit of the Members which have made such advances. The amounts paid into the Fund from casual income shall be carried to the credit of the Organization.

6.4 Except when such advances are recoverable from some other source, advances made from the Working Capital Fund for unforeseen and extraordinary expenses or other authorized purposes shall be reimbursed through the submission of supplementary estimates.

3. REQUESTS the Director-General to make consequent amendments to the Financial Rules at an appropriate time.

5.10 New Members shall be required to make a contribution for the financial period in which they become Members and to provide their proportion of the total advances to the Working Capital Fund at rates to be determined by the Health Assembly.

6.2 There shall be established a Working Capital Fund in an amount and for purposes to be determined from time to time by the Health Assembly. ~~The Fund shall be financed by transfers from casual income. The Fund shall be composed of two parts, as follows:~~

~~Part I: Advances from Members made in accordance with the scale of assessments as determined by the Health Assembly for the apportionment of the expenses of the World Health Organization; and~~

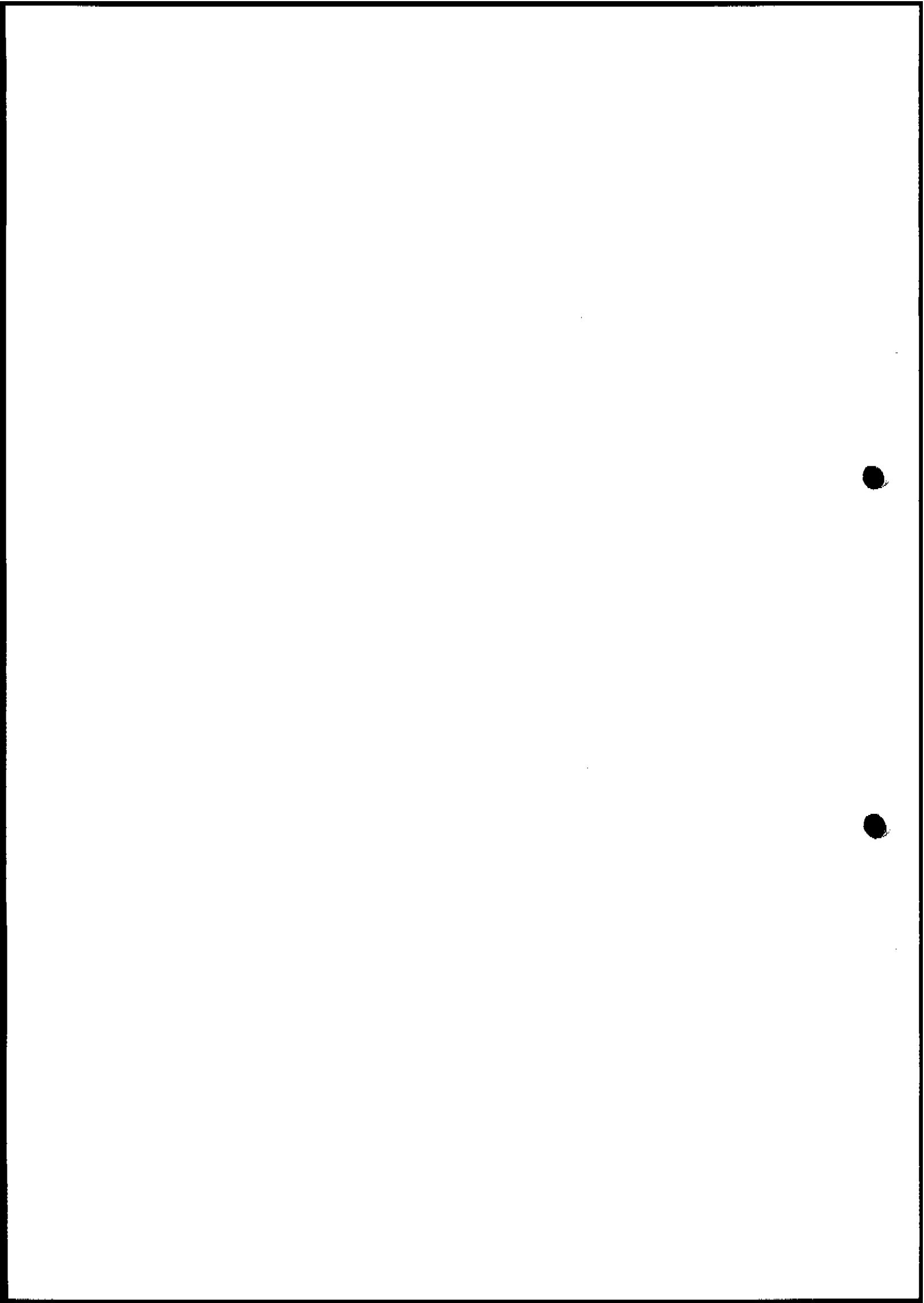
~~Part II: Amounts of casual income to be transferred into the Fund from time to time.~~

~~The advances made by Members to the Fund shall be carried to the credit of the Members which have made such advances. The amounts paid into the Fund from casual income shall be carried to the credit of the Organization.~~

~~6.4 Except when such advances are recoverable from some other source, advances made from the Working Capital Fund for unforeseen and extraordinary expenses or other authorized purposes shall be reimbursed through the submission of supplementary estimates.~~

Fifteenth meeting, 27 January 1995
EB95/SR/15

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世界衛生組織執行委員會決議

قرار المجلس التنفيذي لمنظمة الصحة العالمية

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

Ninety-fifth Session

EB95.R17

Agenda item 12.1

27 January 1995

Emergency and humanitarian action

The Executive Board,

Noting the present global trend towards increased incidence, severity and duration of natural and man-made disasters;

Noting also the report of the Director-General;

Expressing sympathy and solidarity with people and countries which have been and are suffering as a result of these disasters,

RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following resolution:

The Forty-eighth World Health Assembly,

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

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

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

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

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

1. THANKS the Director-General for his report on emergency and humanitarian action;
2. ADOPTS the strategy described in the report of the Director-General¹ on emergency and humanitarian action;
3. COMMENDS WHO for its role in promoting disaster reduction and in implementing related emergency prevention and preparedness strategies, and for improving its capacity to respond quickly and efficiently to urgent health needs arising from complex emergency situations;
4. ENDORSES the provisions of United Nations General Assembly resolution 49/22 of 13 December 1994 on the International Decade for Natural Disaster Reduction as they relate to the health sector;
5. URGES Member States:
 - (1) to include disaster reduction and emergency preparedness regularly in their national and subnational development plans and to allocate national budgetary resources for this purpose;
 - (2) to ensure permanent national and subnational mechanisms for intersectoral emergency management which include the health sector;
6. CALLS ON the donor community to give greater priority to health aspects in their humanitarian assistance programmes either on a bilateral or a multilateral basis, taking into consideration the coordinating role of WHO in all international health-related matters;
7. REQUESTS the Director-General within available resources:
 - A. in emergency preparedness and disaster reduction:
 1. to continue to support the efforts of Member States to strengthen their capacity in the field of emergency preparedness so as to protect the development achievements of countries and reduce the vulnerability of communities at risk;
 2. to seek extrabudgetary resources which will complement regular budgetary funds for this purpose;
 3. to promote and support the development of regional and country emergency preparedness programmes;
 4. to continue to promote and actively take part in establishing, with appropriate partners in the United Nations system, a comprehensive, integrated and institutionalized approach to disaster reduction with the objective of ensuring comprehensive support to country programmes and related technical activities;
 5. to ensure the coordinated participation of appropriate WHO technical programmes in disaster reduction and preparedness;
 6. to further strengthen the technical and structural capacity of regional and interregional emergency preparedness centres;

¹ Document EB95/23.

B. in emergency response and humanitarian action:

1. to emphasize the Organization's responsibility for technical and normative guidance while retaining the necessary flexibility to carry out certain operational activities, when necessary;
2. to strengthen its partnership with governments, local authorities, organizations of the United Nations system, and particularly with the Department of Humanitarian Affairs (DHA), and with other humanitarian organizations, in the planning, implementation and monitoring of emergency, rehabilitation and recovery programmes;
3. to improve WHO's internal coordination and its capacity to provide effective coordination of health sector activities undertaken in response to emergencies in the field;
4. to strengthen the ability of WHO field offices, particularly in disaster-prone countries, to respond to early warning signals;

C. in humanitarian advocacy:

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

Fifteenth meeting, 27 January 1995
EB95/SR/15

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世界衛生組織執行委員會決議

قرار المجلس التنفيذي لمنظمة الصحة العالمية

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RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

Ninety-fifth Session

EB95.R18

Agenda item 19

27 January 1995

Real Estate Fund

The Executive Board,

Noting the report of the Director-General on the status of projects being financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 1995 to 31 May 1996,

RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following resolution:

The Forty-eighth World Health Assembly,

Having considered resolution EB95.R18 and the report of the Director-General on the status of projects financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 1995 to 31 May 1996;

Recognizing that certain estimates must necessarily remain provisional because of the fluctuation of exchange rates,

1. AUTHORIZES the financing from the Real Estate Fund of the expenditures summarized in part III of the Director-General's report, at an estimated cost of US\$ 6 370 000;
2. APPROPRIATES to the Real Estate Fund, from casual income, the sum of US\$ 4 275 000;
3. AUTHORIZES the appropriation from casual income in 1996 of the amount of US\$ 1 920 000 to the Real Estate Fund to cover the balance of expenditure for the Local Area Network project, on the understanding that the remaining estimated amount of US\$ 2 925 000 will be assessed equitably against regular and extrabudgetary resources.

Fifteenth meeting, 27 January 1995
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RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

Ninety-fifth Session

EB95.R19

Agenda item 21.1

27 January 1995

Recruitment of international staff in WHO: geographical representation

The Executive Board,

Having considered the report of the Director-General¹ on the recruitment of international staff in WHO,

1. TRANSMITS the report and the record of its discussion to the Forty-eighth World Health Assembly;
2. RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following resolution:

The Forty-eighth World Health Assembly,

Noting the report and proposals of the Director-General and the views of the Executive Board with regard to the recruitment of international staff in WHO;

Recalling earlier resolutions of the Health Assembly and the Board on the same subject, the last of which was WHA46.23;

Noting that recruitment of nationals from unrepresented and under-represented countries and countries below the mid-point of the desirable range has exceeded the target of 40% and reached 48%;

Reaffirming that the principles embodied in Articles 4.2, 4.3 and 4.4 of the Staff Regulations remain the paramount consideration in staff recruitment,

1. DECIDES to maintain the target of 40% of all vacancies arising in professional and higher-graded posts subject to geographical distribution during the period ending September 1996 for the appointment of nationals of unrepresented and under-represented countries and those below the mid-point of the desirable range;
2. CALLS UPON the Director-General and the Regional Directors to pursue energetically their efforts to continue to improve geographical representation;

¹ Document EB95/42.

3. REQUESTS the Director-General to report on the recruitment of international staff in WHO to the Executive Board and the Health Assembly in 1998.

Sixteenth meeting, 27 January 1995
EB95/SR/16

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Ninety-fifth Session

EB95.R20

Agenda item 21.3

27 January 1995

Confirmation of amendments to the Staff Rules

The Executive Board,

CONFIRMS in accordance with Staff Regulation 12.2¹ the amendments to the Staff Rules that have been made by the Director-General with effect from 1 January 1995 concerning the primary and secondary dependants' allowances for professional and higher categories of staff; and with effect from 1 March 1995 the salary scale applicable to staff in the professional category and directors' posts, the rates of staff assessment for the professional and higher-graded staff, and the creation of the National Professional Officer category for a trial period of three years.

Sixteenth meeting, 27 January 1995
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¹ WHO Basic Documents, 40th ed., 1994, p. 97.

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Ninety-fifth Session

EB95.R21

Agenda item 21.3

27 January 1995

Salaries for ungraded posts and the Director-General

The Executive Board,

RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following resolution regarding salaries of staff in the ungraded posts and of the Director-General:

The Forty-eighth World Health Assembly,

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

1. ESTABLISHES the salary for the posts of Assistant Directors-General and Regional Directors at US\$ 131 617 per annum before staff assessment, resulting in a modified net salary of US\$ 85 972 (dependency rate) or US\$ 77 763 (single rate);
2. ESTABLISHES the salary for the post of Deputy Director-General at US\$ 145 236 per annum before staff assessment, resulting in a modified salary of US\$ 93 735 (dependency rate) or US\$ 84 232 (single rate);
3. ESTABLISHES the salary for the Director-General at US\$ 179 537 per annum before staff assessment, resulting in a modified net salary of US\$ 113 286 (dependency rate) or US\$ 100 525 (single rate);
4. DECIDES that these adjustments in remuneration shall come into effect on 1 March 1995.

Sixteenth session, 27 January 1995

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Ninety-fifth Session

EB95.R22

Agenda items 23.1 and 23.2

27 January 1995

Collaboration with nongovernmental organizations: Report of the Standing Committee on Nongovernmental Organizations

The Executive Board,

Having examined the report of its Standing Committee on Nongovernmental Organizations,

1. DECIDES to establish official relations with the following nongovernmental organizations:

Inter-African Committee on Traditional Practices affecting the Health of Women and Children
International Association of Biologists Technicians
International Medical Parliamentarians Organization
International Women's Health Coalition;

2. DECIDES that working relations with the International Pharmaceutical Students' Federation be continued for a further two years;

3. DECIDES that admission into official relations of the Thalassaemia International Federation be postponed for a period of one year, further information being requested regarding the nature of the relations between the Federation and those of its associate members that represent industry;

4. DECIDES to discontinue official relations with the following nongovernmental organizations:

International Association for the Study of the Liver
International Council on Jewish Social and Welfare Services
International Federation for Information Processing
International Federation for Preventive and Social Medicine
International Union of Biological Sciences
World Rehabilitation Fund,

expressing, with appreciation for past collaboration, the hope that in the future, these nongovernmental organizations may once again become active with WHO in activities to further the work of WHO.

Sixteenth session, 27 January 1995

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