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## **Matters arising out of resolutions and decisions of the World Health Assembly and the Executive Board**

The Sixty-fourth World Health Assembly adopted 28 resolutions, which are listed in the Annex.

This paper reviews those resolutions (of both a technical and an administrative nature) that are of particular interest to the work of WHO in the European Region.

The documents and resolutions mentioned in this paper are available from the Secretariat and can also be downloaded from the Internet (<http://www.who.int/gb>).

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## Resolutions adopted by the Sixty-fourth World Health Assembly of particular interest to the European Region of WHO

### Policy and technical matters

Resolution	Title/Subject	Regional implications	Action/Comments
WHA64.1	Implementation of the International Health Regulations (2005)	The resolution adopted the report and the recommendations of the Review Committee on the Functioning of the International Health Regulations (IHR) (IHR Review Committee). This created new momentum for the full implementation of the IHR. After one year of investigation, the committee agreed that the IHR helped better prepare the world to cope with public health emergencies, but many countries are lacking commitment and progress, despite the upcoming target date. State Parties committed themselves to develop and strengthen their public health core capacities for surveillance and response (IHR Core Capacities) by June 2012. IHR will only be effective if all countries are implementing them.	<p>Further efforts are needed to ensure a coherent and effective implementation of the IHR in the WHO European Region. Several Member States have asked the WHO Regional Office for Europe for assistance. As at the same time, however, the Regional Office has been facing a shortage of funds. The area has become a priority for fundraising.</p> <p>The Regional Office is ready to support Member States with the following activities:</p> <ul style="list-style-type: none"> <li>• IHR awareness raising and training on the technical level;</li> <li>• address ministers of health with information about IHR implementation and the 2012 target date in order to maintain political commitment;</li> <li>• dialogue with Member States with a view to supporting and initiating a multisectoral national IHR implementation process targeting the development of national action plans in order to empower National IHR Focal Points and to encourage thorough reporting;</li> <li>• the translation of all relevant pandemic and IHR guidance documents in Russian;</li> <li>• the European coordination process for IHR core capacity building at points of entry;</li> <li>• consultation with Member States on the development of a pandemic preparedness plan; and</li> <li>• assistance in the review and update of pandemic plans.</li> </ul>
WHA64.2	WHO reform	The expected outcome of these reforms will be: <ul style="list-style-type: none"> <li>(i) greater coherence in global health, with WHO playing a leading role in enabling the many different actors to play an active and effective role in contributing to the health of all peoples;</li> <li>(ii) improved health outcomes, with WHO meeting the expectations of its Member States and partners in addressing</li> </ul>	The WHO Regional Office for Europe will participate fully and contribute to shaping the agenda and will offer opportunities to test innovations, such as contained in RC61/Inf.Doc/10 “The programme budget as a strategic tool for accountability: A proposed 2012–2013 pilot trial for WHO reform”.

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		<p>agreed global health priorities, focused on the actions and areas where the Organization has a unique function or comparative advantage, and financed in a way that facilitates this focus; and</p> <p>(iii) an Organization which pursues excellence; one that is effective, efficient, responsive, objective, transparent and accountable.</p> <p>The resolution <b>REQUESTS</b> the Director-General:</p> <p>(1) to present a detailed concept paper for the November 2012 World Health Forum, setting out objectives, numbers of participants, format and costs to the Executive Board at its 130th session in January 2012;</p> <p>(2) in consultation with Member States to develop an approach to independent evaluation and to present a first report on the independent evaluation of the work of WHO to the Sixty-fifth World Health Assembly in May 2012; and</p> <p>(3) to present a progress update to the Sixty-fifth World Health Assembly, through the Executive Board.</p> <p>The proposed reform is fully in line with the direction pursued in the Vision for Better Health for Europe. The process would therefore provide an opportunity for the WHO Regional Office for Europe to contribute to and benefit from the larger Organization-wide process. This could include opportunities for the Regional Office to experiment with and pilot innovative approaches to achieving the objectives.</p>	
WHA64.4	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	<p>Access to health care remains an area of concern in parts of the occupied Palestinian territory. While there has been some improvement in the West Bank, Palestinians still face difficulties in accessing services in Gaza where the closure posed substantial challenges for the reconstruction of damaged or destroyed health facilities.</p> <p>The WHO Regional Office for Europe on several occasions advocated with Israeli authorities to facilitate the delivery of medical and humanitarian aid to the Gaza Strip, working closely with the WHO Regional Office for the Eastern Mediterranean and the WHO Office for the West Bank and</p>	<p>The Regional Office for Europe maintains ongoing technical collaboration with Israeli health authorities and academia on several technical aspects of health emergency preparedness, including joint capacity building initiatives and training courses on public health and emergency management (PHEM Euro 3). Technical and logistical preparations to hold a 3<sup>rd</sup> WHO regional public health and emergency management PHEM Euro 3 course in Israel are currently under way; the course is supported by the Israeli Ministry of Health and by Mashav, Israel's Agency for International Development Cooperation.</p>

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		Gaza.	The WHO Regional Office for Europe in coordination with WHO headquarters and the WHO Regional Office for the Eastern Mediterranean facilitated shipments of medical supplies to Gaza from bilateral donations from European Member States, in particular from Turkey.
WHA64.5	Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits	<p>Through intensive negotiations since the beginning of 2007, involving 14 various meetings, consultations, and drafting and working groups, the Resolution adopts, in accordance with Article 23 of the WHO Constitution, the Pandemic Influenza Preparedness Framework, including its annexes. It calls upon Member States to support actively the wide implementation of the Pandemic Influenza Preparedness Framework and to consider providing adequate resources for its implementation. Recognizing the role of industry as an important contributor to technology innovation and transfer in addressing the challenges, it also calls upon relevant stakeholders to give priority to implementing the Framework.</p> <p>The Framework will support European Member States, particularly developing countries, in improving preparedness for influenza pandemics, sharing viruses, and extending the benefits of new drugs and vaccines. In order to achieve optimum benefit from the Framework, the implications will be communicated to Member States and to persons responsible for national influenza surveillance, including the laboratory network. The WHO Regional Office for Europe will increase its efforts to improve Member States' uptake of seasonal influenza vaccines.</p>	<p>The Regional Office will continue to support Member States to improve their pandemic preparedness, share influenza viruses and other pathogens with potential international public health impact.</p> <p>In order to support the implementation of the Framework, the Regional Office is planning to develop a paper describing the key implications of the Framework and disseminate this to Member States, particularly to national influenza surveillance focal points and other stakeholders.</p> <p>The Regional Office will step up efforts to ensure that countries share viruses with WHO.</p> <p>The Regional Office has already increased the work performed on influenza vaccination, which is an important focus of the Regional Office's work during the next 5 years.</p>
WHA64.6	Health workforce strengthening	<p>The resolution is proposed by the Executive Board member from Norway.</p> <p>In recent years, the World Health Assembly has endorsed a number of resolutions in addressing concerns about the global health workforce crisis, including resolution <b>WHA57.19</b> on international migration of health personnel: a challenge for health systems in developing countries; <b>WHA59.23</b> on rapid scaling up of health workforce production; and most recently, <b>WHA63.16</b> on the WHO Global Code of Practice on the</p>	<p>The Regional Office will continue working and supporting its Member States in the implementation of the Regional Committee resolutions on health workforce policies (EUR/RC57/R1; EUR/RC59/R4). Currently, there is on-going work in 20 countries of the region which have defined Human Resources for Health (HRH) as a priority for technical collaboration with WHO in 2010–2011.</p> <p>A technical expert group is reviewing the implementation of the Regional Committee resolutions to be used as basis</p>

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		<p>International Recruitment of Health Personnel.</p> <p>The resolution recognizes the centrality of the health workforce for the effective operation of health systems and urges Member States to implement the voluntary WHO Global Code of Practice on the International Recruitment of Health Personnel and to intensify their efforts towards building a sustainable health workforce for improving health outcomes. The resolution calls on Member States to take measures to meet their own health personnel needs by educating, retaining and sustaining a health workforce that is appropriate for the specific conditions of each country.</p> <p>The resolution requests the Director-General to generate evidence and recommend effective interventions in order to address health workforce challenges; to work closely with partner agencies in the multilateral system on appropriate measures to support Member State efforts to maintain or achieve a sufficient, sustainable and effective workforce; and to provide technical support to Member States in the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.</p> <p>The resolution is certainly relevant to Member States of the European Region, as it corresponds with the Regional Committee resolutions on health workforce policies in the European Region (EUR/RC57/R1; EUR/RC59/R4), and supports EU initiatives on sustainable health workforce in Europe.</p> <p>Over the past 3 years, the Regional Office has taken a leading position in developing the WHO Global Code of Practice on the International Recruitment of Health Personnel and its successful negotiation, and is currently closely collaborating with WHO headquarters on developing evidence based tools and guidelines to promote and support effective implementation of the Code by Member States, as mandated in the resolution.</p>	<p>for operational planning for 2012–2013, developing a strategy for health workforce strengthening in the region (2012–2020) and reporting to the Regional Committee in 2012.</p> <p>The Regional Office supports Member States in responding to their health workforce challenges by focusing on the vital areas of health workforce governance and planning, migration and retention, and education and performance. Special emphasis is given to generating evidence on HRH for decision-making and joint data collection on HRH with OECD and Eurostat.</p> <p>The Regional Office has provided technical contributions to the WHO Secretariat in developing a strategy to promote effective implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel (at all levels: global, regional and national), including the development of guidelines on monitoring the implementation of the Code, global policy recommendations on health workforce retention, and minimum core data set on health workforce migration, etc. Work is currently continuing on the regional roadmap.</p> <p>Advocacy and continuing collaboration is important with all relevant regional and global partners and stakeholders committed to strengthening health workforce and implementing the WHO Global Code of Practice on the International Recruitment of Health Personnel (EU, WHO headquarters, OECD, IOM, GHWA, others).</p> <p>At the regional level, there are ongoing activities with WHO collaborating centres, expert networks and national focal points to strengthen the capacity of Member States to implement the objectives of the Code.</p> <p>Thirty-two Member States in the region have designated national authorities to monitor the implementation of the Code. Reports should be submitted by Member States in 2012, as decided at the Sixty-third World Health Assembly. The first report by the Director-General shall be made at the</p>

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			<p>Sixty-sixth World Health Assembly in 2013.</p> <p>Resource mobilization will be crucial for the implementation of the resolution and the WHO Global Code of Practice on the International Recruitment of Health Personnel at regional and country level, given that current available resources are clearly insufficient.</p>
WHA64.7	Strengthening nursing and midwifery	<p>This resolution complements the resolution WHA64.6 and emphasizes the specific contribution of nurses and midwives in strengthening country health systems. Building on seven previous World Health Assembly resolutions and the “Strategic directions for nursing and midwifery services 2011–2015”, it urges that Member States translate their commitment to strengthening nursing and midwifery into action.</p> <p>Noting that nurses and midwives form the majority of the health workforce in many countries’ health systems, the resolution calls upon Member States to develop action plans in order to promote and strengthen nursing and midwifery as an integral part of national and subnational health plans.</p> <p>The resolution highlights a number of recommendations (e.g. data bases, planning, production, education, legislation, working environment), all of which are highly relevant for Member States in the European Region.</p>	<p>A commitment has been made to revitalize the nursing and midwifery programme at the WHO Regional Office for Europe, resulting in a short-term appointment of a Policy Advisor for Nursing and Midwifery.</p> <p>Currently, the Regional Office is planning the Chief Nursing Officers meeting, involving the participation of all 53 Member States, to be held in conjunction with the Polish presidency of the European Union in early October 2011.</p> <p>There is continuing collaboration and support by the Regional Office for the European Forum of National Nursing and Midwifery Associations (EFNNMA), while preparations are under way for the annual EFNNMA meeting in the last week of September 2011.</p> <p>Work by the Regional Office is ongoing to review the implementation of the Munich Declaration and develop a roadmap for nursing and midwifery in the WHO European Region for the period 2012–2015 and beyond.</p> <p>It is necessary to make a Regional contribution to the global framework for Nursing and Midwifery Services Strategic Directions (2012–2015).</p> <p>It is necessary to review the contribution of collaborating centres for nursing and midwifery in the region to the work of the Regional Office and Member States, and to prioritize further activities to maximize their potential.</p> <p>It is necessary to re-establish a roster of regional experts in the area of nursing and midwifery and set up a respective Advisory group to the Regional Director.</p>

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WHA64.8	Strengthening national policy dialogue to build more robust health policies, strategies and plans	<ul style="list-style-type: none"> <li>• The Resolution is in line with one of the main objectives of EUR/RC61/9 “The new European Policy for health – Health2020” to support Member States to increase coherence of action and investments within the health sector and government-wide in the development, implementation and monitoring of policies and governance systems for health and health equity. It also reflects commitments set out in EUR/RC60/R5 “Addressing key public health and health policy challenges in Europe” and the Tallinn Charter on Strengthening Health Systems.</li> <li>• The resolution requests the Director-General to renew WHO’s role as a facilitator of inclusive policy dialogue on national health policy strategies and plans in Member States and to reflect this in our workplans. To this effect, the work of the WHO Regional Office for Europe corresponds with this resolution through Health 2020 and existing core policy work both in house and in Country Offices, e.g. Governance for Health and Strengthening Public Health Capacities and Systems.</li> <li>• The resolution further requests us to promote in our work with Member States the Paris Declaration principles of harmonization and alignment, including country ownership, and also to facilitate cross country and regional learning, as well as coordinate technical assistance and strengthen WHO capacity for integrated NHP support.</li> <li>• The WHO Regional Office is required to provide a progress report to the Sixty-fifth World Health Assembly on scaling-up support for the development of National Health Policies.</li> </ul>	<p>Within the WHO European Region there is a need to emphasize the following key issues.</p> <ul style="list-style-type: none"> <li>• The importance of convening policy dialogue specifically around the reduction of inequities in health and their determinants. This is in line with the Regional Office’s strategic priority to a) reduce health gaps within and among European countries and to b) prevent disinvestment in universal health policies, systems and public health services.</li> <li>• The importance of using government- and society-wide approaches to implement and adapt policies, strategies and plans for health.</li> <li>• The need to support policies and plans for health also at the subnational level. This reflects the increase in decentralized policy-making across the WHO Regional Office for Europe and the importance of dialogue to align national and subnational policies and plans for health and health equity.</li> <li>• The Regional Office will develop tools, resources and training to strengthen in-house capacity to engage with national and subnational policy processes for health and health equity.</li> <li>• The Regional Office will strengthen in-house capacity and mechanisms to advocate and harmonize activities with other supranational bodies in promoting robust national policies for health and health equity.</li> </ul>
WHA64.9	Sustainable health financing structures and universal coverage	This means that contribution is required to the Global Action Plan on realizing universal coverage in Member States, as well as annual reporting on coverage in Member States for the global report.	<p>Input to the Action Plan has been provided and implementation is coordinated by WHO headquarters.</p> <p>The process for obtaining data from countries and reporting on population insurance coverage is to be developed for reporting at the Sixty-fifth World Health Assembly and every three years thereafter.</p>



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WHA64.10	Strengthening national health emergency and disaster management capacities and resilience of health systems	<ol style="list-style-type: none"> <li>1. Promoting all hazard emergency preparedness programmes and disaster risk management for national health systems;</li> <li>2. Resilience of hospitals and health facilities for natural disasters; and</li> <li>3. Capacity building for emergency preparedness and disaster resilience.</li> </ol>	<ul style="list-style-type: none"> <li>• Regarding promoting all hazard emergency preparedness programmes and disaster risk management for national health systems, this needs to be undertaken in countries where we have developed a “WHO Europe health system crisis preparedness assessment tool”. This is a method built around health system framework building blocks, defining essential elements and attributes that health emergency preparedness plans should address. It has been used in 10 countries in the WHO European Region. Most recently it was deployed for preparedness assessments in Turkey and for assessments of the health system preparedness for potential public health implications of a refugee or irregular migration wave affecting southern European countries following the crisis in Northern Africa (Italy, Malta and Greece). It was also used by WHO Regional Office for the Eastern Mediterranean in Afghanistan, and WHO headquarters health system cluster used it in the WHO African Region for a mission to Eritrea.</li> <li>• Regarding resilience of hospitals and health facilities for natural disasters, the WHO Pan American Health Organization hospital safety index, which is used as a tool to assess hospital disaster resilience and to promote hospital emergency preparedness programmes, has been rolled out in the region. Republic of Moldova, Croatia, Georgia, the former Yugoslav Republic of Macedonia, Kosovo, Tajikistan and Kyrgyzstan have been spearheading the process (Republic of Moldova has assessed all 66 hospitals and health facilities and identified priority mitigation measures, while assessment results were presented in WHO workshops in Republic of Moldova and Croatia). Several other countries have identified this as a priority and are currently implementing assessments with our technical support (Poland, Ukraine, Montenegro, Armenia, and Azerbaijan).</li> <li>• Regarding capacity building for emergency preparedness and disaster resilience, we have</li> </ul>

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			<p>implemented regional capacity building courses in close collaboration with Israel on Public health and emergency management (PHEM Euro) and we are planning follow up courses. The courses provide technical WHO concepts to prevent and manage the public health consequences of emergencies and disasters. At the same time, we are supporting countries to develop national PHEM capacity building programmes. Following the regional courses, working groups have been established in several priority countries and are currently developing and implementing national PHEM capacity building programmes in Azerbaijan, Georgia, Armenia, Tajikistan, Kazakhstan and Kosovo.<sup>1</sup> At the same time, we are supporting some selected priority countries in developing vulnerability and risk analysis and mapping (VRAM) capacity, which has been piloted in Kazakhstan and Kosovo<sup>1</sup>, jointly with and supported by the WHO Mediterranean Centre for Health Risk Reduction. We have also finalized the e-atlas for the WHO Regional Office for Europe, which serves as a DVD-ROM based advocacy and planning tool, mapping hazards from natural disasters for vulnerable countries in the eastern part of the WHO European Region.</p>
WHA64.11	Preparations for the High-level Meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases, following on the Moscow Conference <sup>2</sup>	<p>This resolution paves the way for Member State and WHO contribution to the forthcoming High-level Meeting of the United Nations General Assembly (19–20 September 2011) on the prevention and control of noncommunicable diseases (NCDs).</p> <p>At the same time, this resolution endorses and annexes the full text of the Moscow Declaration. The Declaration was produced at the First Global Ministerial Conference on Healthy Lifestyles and the Prevention and Control of NCDs, hosted by the Russian Federation. The conference and its Declaration are</p>	<p>The Moscow Declaration sets an ambitious agenda and a commitment to global action on NCDs. This is echoed in the European NCD Action Plan being proposed to Sixty-first session of the Regional Committee in Baku. Member States are invited to:</p> <ul style="list-style-type: none"> <li>• actively consider how to implement the Moscow Declaration and the European and Global Action Plans on NCDs;</li> <li>• contribute actively to the negotiations on the Outcome Statement for the United Nations High-level Meeting;</li> </ul>

<sup>1</sup> In accordance with Security Council resolution 1244 (1999).

<sup>2</sup> First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, Russian Federation, 28–29 April 2011).

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		<p>especially significant given the fact that it was held in the WHO European Region and there was a highly active European contribution to the Conference itself and the drafting of the Declaration.</p>	<p>and</p> <ul style="list-style-type: none"> <li>participate at that Meeting with the highest level representation possible.</li> </ul>
WHA64.12	<p>WHO's role in the follow-up to the United Nations High-level Plenary Meeting of the General Assembly on the Millennium Development Goals (New York, September 2010)</p>	<p>Following up on the United Nations High-level Plenary Meeting of the United Nations General Assembly on the Millennium Development Goals (MDGs) and the launch of the "Global Strategy for Women's and Children's Health", the United Nations Secretary General requested WHO to lead a process to determine the most effective international institutional arrangements for global reporting, oversight and accountability on women's and children's health. In response, the Commission on Information and Accountability for Women's and Children's Health was launched in December 2010. An advance copy of the Final Report of the Commission was presented during the Sixty-fourth World Health Assembly. It features ten recommendations for better information for health, better tracking of resources for women's and children's health, and better oversight of results and resources. Not delineated here due to space constraints, these ten recommendations include specific approaches to:</p> <ul style="list-style-type: none"> <li>help countries develop better ways of gathering important health data to improve understanding of health needs and where resources should be focused;</li> <li>develop a coordinated system for tracking health spending on women and children; and</li> <li>provide national and global oversight to establish a feedback mechanism that supports continuous improvement in delivery of health services for women and children.</li> </ul> <p>Most countries of the WHO European Region will meet the targets of MDGs 4 and 5. However, several countries in central Asia and Caucasus are still struggling to meet the targets.</p> <p>In order to accelerate progress within these two MDGs, resolution 64.12 requests Member States to implement the recommendations in the final report of the Commission on</p>	<p>Resolution 64.12 requests the Director-General (and through her, the Regional Director and WHO Regional Office for Europe) to ensure the effective engagement of all stakeholders in the follow-up to the work of the Commission. The Regional Office will support uptake of these recommendations.</p> <p>The Regional Office is supporting countries in the WHO European Region to achieve MDGs 4 and 5 by providing technical support and guidance to introduce comprehensive policies including social determinants for maternal and child health through a health systems approach. Focus is also on improving access to quality services through the use of a series of WHO evidence-based tools and guidelines adapted to the country context. Efforts include building capacity of policy-makers in target countries.</p> <p>In addition, in order to accelerate progress and monitor success, WHO will organize national focal points meetings with special emphasis on social determinants and prevention of unsafe abortions. The meetings are planned for 2012 – resources permitting – and will be prepared in close collaboration with all relevant partners.</p> <p>In order to improve health information in Member States, WHO country support includes situation assessments, recommendations of actions and implementation through different tools, guidelines and approaches.</p> <p>It will be important to attract more donor contributions to the region and to ensure coordination at country level.</p> <p>In relation to MDG 7c, concerning access to water and sanitation, the WHO Regional Office for Europe is supporting the assessment of access by income group under the WHO/UNICEF Joint Monitoring Programme, and the implementation of the United Nations Global Analysis and</p>

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		<p>Information and Accountability for Women's and Children's Health. Monitoring progress towards MDGs 4 and 5 in the European Region has faced significant challenges as a result of weak health information systems. In addition, ensuring adequate national resources and development assistance for women's and children's health, remains a challenge. Hence, the recommendations of the Commission are particularly salient to countries of the European Region. Three Member States (Kyrgyzstan, Tajikistan and Uzbekistan) are among the 79 target countries globally. However, several other countries from central Asia and Caucasus have expressed interest in adhering to the recommendations of the Commission.</p> <p>Starting at its 130th session in January 2012, the Executive Board will review progress on the implementation of the recommendations of the Commission.</p>	<p>Assessment of Sanitation and Water Supply (GLAAS). With particular reference to the Mediterranean, the WHO Regional Office for Europe through the Programme for the Assessment and Control of Pollution in the Mediterranean Region (MED POL) is working on improved sanitary inspections, and sustainability of wastewater systems.</p>
WHA64.13	Working towards the reduction of perinatal and neonatal mortality	<p>There is huge diversity in perinatal mortality, from as low as 2 to over 20 perinatal deaths per 1000 births in the European Region. The same situation exists in regards to neonatal mortality, with a range from less than 1 death per 1000 live births to almost 20 in 2009.</p> <p>Perinatal and neonatal mortality is directly linked to the status of the health systems, access to quality primary care, emergency care and quality hospital care for mothers and newborn babies.</p> <p>Work towards the reduction of perinatal and neonatal mortality in the WHO European Region is carried out in line with the efforts targeting the attainment of Millennium Development Goals and other international development goals and targets.</p>	<p>Assistance to Members States with high perinatal and neonatal mortality rates in introducing, implementing and monitoring results is high on the agenda for the WHO Regional Office for Europe through;</p> <ul style="list-style-type: none"> <li>• WHO Effective Perinatal Care;</li> <li>• WHO European strategic approach for making pregnancy safer: Improving maternal and perinatal health; and</li> <li>• assessment of hospital and antenatal care for mothers and babies using existing tools.</li> </ul> <p>The strengthening of the national institutional capacity and human resources, including their research capacity to address the main causes of perinatal and neonatal mortality, is planned in central Asia and eastern Europe in close collaboration with United Nations agencies and other stakeholders.</p>
WHA64.14	Global health sector strategy on HIV, 2011–2015	<p>The WHO Regional Office for Europe is actively engaged in the development of the Global health sector strategy for HIV/AIDS 2011–2015 and the development of a European action plan for its implementation.</p>	<p>The Regional Office will actively support the implementation of the European action plan by providing strategic direction and technical guidance to Member States in partnership to advocate for commitment and resources to</p>

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		<p>The European action plan provides concrete guidance to Member States on comprehensively addressing HIV/AIDS. The action plan is structured around four strategic directions: optimizing HIV prevention, diagnosis, treatment and care outcomes; leveraging broader health outcomes through HIV responses; building strong and sustainable systems; and reducing vulnerability and removing structural barriers to accessing services (addressing the social determinants of health). The primary audience of the Action Plan is the health authorities of Member States in the WHO European Region, but also a broader constituency from social and developmental sectors.</p> <p>The plan will allow countries to focus better on the most effective and efficient measures, integrate activities better and strengthen health systems.</p>	<p>strengthen and sustain the response to HIV.</p> <p>A global and regional costing exercise will define the resources needed and the future costs for not implementing the plan. The Regional Office will monitor and evaluate Member States' progress towards reaching the European goals and targets through a harmonized process of data collection, reporting and analysis and support Member States through national strategy assessments and annual monitoring, which will allow to measure progress in the implementation of the plan.</p>
WHA64.15	Cholera: mechanism for control and prevention	<p>Cholera is a rare disease in the WHO European Region. Preliminary figures for 2010 indicate only eleven reported cases in two Member States. There were no alert and response actions taken by the Regional Office. However, in 2011, a cholera outbreak in Ukraine (after the World Health Assembly) serves as a reminder that several Member States remain at risk for transmission; and some, particularly in central Asia, border on countries and regions where cholera remains endemic and importation is a risk.</p> <p>Cholera, is a waterborne disease closely linked to poor environmental conditions and lack of personal hygiene and is associated with the same risk factors as other waterborne diarrhoeal diseases prevalent in some European Member States. Concerns over unjustified sanctions on travel and trade and other limitations of surveillance systems may lead Member States to underreport cholera cases.</p>	<p>Sanctions have been shown not to contribute to the efficient control of cholera. Effective public health interventions include access to appropriate health care, proper and timely case management, improved environmental management and appropriate use of oral cholera vaccines, of which there are currently two available, one of which is prequalified while the other pending is prequalification. WHO provides guidance to Member States in strengthening surveillance for early detection and response. In the event of an outbreak, the Regional Office provides immediate material and technical support, where needed, to assist Member States in mounting an effective response.</p> <p>Cholera is often a proxy indicator of social and economic inequity and poverty. There is a need for more research, resources and investment, particularly in high risk countries, with a focus on prevention, safe water and hygiene, strengthened surveillance including laboratory capacity and improved case management.</p>
WHA64.17	Malaria	<p>The resolution urges Member States to keep malaria high on political and development agenda, to advocate strongly for adequate and predictable long-term financing and to sustain</p>	<p>It is necessary to continue the following activities:</p> <ul style="list-style-type: none"> <li>provide strategic guidance and technical assistance to eligible Member States to achieve malaria elimination;</li> </ul>

Resolution	Title/Subject	Regional implications	Action/Comments
		<p>national financial commitments for malaria control in order to accelerate implementation of the policies and strategies recommended by WHO.</p> <p>The resolution calls upon international partners to collaborate with WHO in order to support countries in accomplishing malaria goals and to make progress towards elimination.</p> <p>The resolution requests the Director-General to support the development and updating of evidence-based norms, standards, policies, guidelines and strategies for malaria prevention, control and elimination and to monitor global progress in the control and elimination of malaria.</p> <p>All malaria-affected countries in the WHO European Region remain fully committed to the principles of the regional declaration “The Move from Malaria Control to Elimination in the WHO European Region” endorsed in 2006.</p> <p>Over the past 15 years there has been a substantial reduction in the number of reported locally acquired malaria cases (from 90 712 cases in 1995 to 176 in 2010) as a result of intensive anti-malaria interventions.</p> <p>In 2010, 5 countries in the WHO European Region (Azerbaijan, Kyrgyzstan, Tajikistan, Turkey and Uzbekistan) reported only 176 locally acquired cases of malaria. Experts are optimistic that malaria transmission has been interrupted in Georgia. Turkmenistan was certified as malaria free in October 2010, and Armenia is working closely with WHO to be certified by the end of 2011.</p>	<ul style="list-style-type: none"> <li>• provide technical assistance to Member States on issues related to preventing the re-establishment of malaria transmission and maintaining malaria-free status;</li> <li>• provide normative and technical guidance to eligible Member States to certify malaria elimination;</li> <li>• coordinate cross-border collaboration on malaria elimination between neighbouring Member States in WHO Regional Offices of Europe and Eastern Mediterranean Region; and</li> <li>• promote and coordinate operational research directly related to malaria elimination.</li> </ul>
WHA64.24	Drinking-Water, Sanitation and Health	<p>In the WHO European Region, work on supporting Member States in improving drinking-water quality and supply is taking place within the framework of participation in two multilateral and legally binding environmental agreements: the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes, and the Convention for the Protection of the Mediterranean Sea against Pollution from Land-based Sources. WHO Regional Office for Europe also collaborates within the WHO/UNICEF Joint Monitoring Programme assessing</p>	<p>It is foreseen that WHO Regional Office for Europe will play a major role in the implementation of the Global Analysis and Assessment of Sanitation and Water Supply (GLAAS) in the WHO European Region.</p> <p>The Regional Office has published an awareness raising document “Small scale water supplies in the pan-European Region” and is supporting the cross-cutting work stream on small scale water supply and sanitation under the Protocol, led by Germany and the Czech Republic.</p>

Resolution	Title/Subject	Regional implications	Action/Comments
		<p>progress towards the achievement of the Millennium Development Goal related to water and sanitation (MDG7/10).</p> <p>The main challenges for WHO Regional Office for Europe are:</p> <ol style="list-style-type: none"> <li>1. the quality of water and sanitation services, especially in the countries of the Newly Independent States, with regard to continuity of supply and compliance with the WHO Guidelines for Drinking-water Quality;</li> <li>2. the inequity between urban and rural areas, particularly the functioning of small scale, community-owned water supply systems which are characterized by a high non-compliance rate and a comparatively higher disease burden related to the inadequate functioning of these systems;</li> <li>3. expansion of access to water and sanitation to the wider population in line with the Millennium Declaration;</li> <li>4. new integrated strategy for water and sanitation;</li> <li>5. cooperation with other United Nations-Water Members and United Nations Special Rapporteur on human right to safe drinking-water;</li> <li>6. support for training and adult learning and disseminate best practice;</li> <li>7. promotion of partnerships in risk reduction in drinking-water installations; and</li> <li>8. cooperation with United Nations Environment Programme in the framework of the Barcelona Convention for health related aspects in the Mediterranean sea</li> </ol>	<p>The Regional Office has published “Technical and Policy Guidance on Water-Related Disease Surveillance”, and “Guidance on Water Supply and Sanitation under Extreme Weather Events” as a complement to the work on resilience in water services done by WHO headquarters, and will implement regional training programmes on this topic.</p> <p>The Regional Office has translated the “Manual on Water Safety Plans” into Russian, and has given technical support on location in Turkmenistan and Kyrgyzstan. The WHO Water Safety Plans (WSP) assessment tool will be translated into Russian and piloted in Kyrgyzstan to develop WSP for centralized water supply.</p> <p>WHO Regional Office for Europe has organized technical expertise mission by its own staff in the framework of the Biennial Collaborative Agreement (BCA), and by staff from the WHO collaborating centres, the Higher Institute of Public Health Italy and the Ministry of Health Switzerland.</p> <p>The WHO Regional Office for Europe is maintaining six collaborating centres on water and health, and is exploring possibilities to establish a formal network.</p> <p>WHO contributes to a “Best Practice Guidance on Equity in Access to Safe Drinking-water” under the leadership of France and with the support of Belgium and Switzerland. The release date is scheduled to coincide with the World Water Forum in Marseilles, France (12–17 March 2012).</p> <p>The WHO Regional Office for Europe is implementing a programme on the assessment of small scale water supply systems in Georgia with the financial and technical support of Germany.</p> <p>The WHO Regional Office for Europe provides technical support for sustainability of wastewater treatment plants and safe water reuse. The WHO Regional Office for Europe also supports sustainable tourism by its work on environmental health risk assessment and management in tourist establishments, and intercalibration of bathing water quality assessments.</p>

Resolution	Title/Subject	Regional implications	Action/Comments
WHA64.27	Child injury prevention	<p>Child injuries are the leading cause of death in children aged 5–19 years in the WHO European Region and are responsible for 42 000 deaths annually. The European report on child injury prevention accompanied the World report in 2008. It highlighted the burden, suggested actions to overcome the issue in the Region and was launched in several countries. The resolution fits into current policy priorities both for resolution EUR/RC55/R9 and the European Council Recommendation on the Prevention of injuries. Injuries are a steep cause of health inequality and their prevention would fit in with the Regional Director’s emphasis on tackling the socioeconomic determinants of health and the emphasis given to this area as part of the Parma Declaration. This would also be in line with supporting the achievement of the MDG concerning child mortality, where concern has been expressed that attainment will only be met in low- and middle-income countries if the injury epidemic is tackled effectively. The resolution gives added weight to the policy attention brought to the area by the World and European reports and calls on Member States to integrate injury prevention into child and adolescent health services.</p>	<p>The WHO Regional Office for Europe is well positioned to support Member States in implementing the actions proposed by the resolution because of the previous investment in the European report and as injury prevention is already in the BCA of 19 Member States. The large inequalities in injuries in the Region could be reduced by investing in the transfer of experience from safer countries, which are among the best in the world. The resolution is completely in synergy with Regional Office policies such as Injury Prevention, Health 2020, Noncommunicable Diseases Action Plan and Health in All Policies. The Regional Office should continue its work in promoting intersectoral cost-effective actions as highlighted in the Reports and resolution, including by mainstreaming them into child and adolescent health development plans. Interventions for child injury prevention could be given priority in the forthcoming negotiations with Member States for BCAs for the biennium 2012–2013.</p>
WHA64.28	Youth and health risks	<p>The Regional Office is providing support to Member States for developing comprehensive cross sector adolescent health policies and action plans based on the WHO European strategy for child and adolescent health. The Health Behaviour in School-aged Children survey provides information on health and risk behaviours as well as well-being for adolescents. Specific focus on adolescents and youth is provided by also fostering actions towards reducing inequities in health within and between countries and addressing gender as a key determinant of adolescent health.</p>	<p>To initiate the implementation of a new WHO Regional Office for Europe tool that coherently brings together and interconnects knowledge and evidence on effective interventions and good practices for better health, equity and well-being of young people in priority areas such as:</p> <ul style="list-style-type: none"> <li>• social and emotional well-being;</li> <li>• violence, injuries and substance abuse;</li> <li>• chronic conditions and disabilities;</li> <li>• adolescent pregnancy;</li> <li>• HIV/STIs;</li> <li>• mental health; and</li> <li>• overweight and obesity.</li> </ul> <p>The product emphasizes the intersectoral governance and accountability for young people’s health and development, and takes a whole-of society approach to young people’s</p>



Resolution	Title/Subject	Regional implications	Action/Comments
			<p>health. It looks therefore at actions at various levels such as:</p> <ul style="list-style-type: none"> <li>• cross-sector policies;</li> <li>• families and communities actions; and</li> <li>• interventions by health systems and health services.</li> </ul> <p>It demonstrates that health systems in general, and health ministries in particular, can work proactively with other sectors to identify practical policy options that maximize the positive health effects of other policies on young people's well-being, and minimize any negative effects.</p>

### Administrative, financial and budgetary matters

Resolution	Title/Subject	Regional implications	Action/Comments
WHA64.3	Appropriation resolution for the financial period 2012–2013	<p>The resolution appropriates the US\$ 943 840 million Assessed contributions into 13 appropriation sections corresponding to the 13 Strategic objectives of the Programme budget.</p> <p>It FURTHER RESOLVES that:</p> <p>notwithstanding the provisions of Financial Regulation 4.3, the Director-General is authorized to make transfers between the appropriation sections up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made; the expenditure resulting from any such transfers shall be reported in the financial report for the financial period 2012–2013.</p> <p>However, since the Programme Budget 2012–2013 expressed intentions to achieve a <b>flexible funding model and equitable funding distributions</b>, two new additions were expected concerning the appropriation resolution, namely:</p> <ol style="list-style-type: none"> <li>1. that within <b>each Major Office</b> the Assessed Contributions (AC) would be managed to ensure optimum alignment between budget, resources and results within its programme portfolio, i.e. the AC would not be a priori distributed across Strategic Objectives(SOs); and</li> <li>2. it was intended to reduce the number of appropriation</li> </ol>	<p>The WHO Regional Office for Europe's share of the overall AC allocated to SOs 1–11 (about US\$ 25 million or 5%) is small compared to the total allocation across the Organization (US\$ 531 million). Therefore, what the Regional Office does in terms of managing the AC across SOs depending on availability of other funds will not impact the overall allocation in a major way, i.e. Director-General's 10% flexibility.</p> <p>Therefore, the Regional Office should make the case to seek acceptance from Director-General, within the frame of the above pilot to enhance accountability for the Office to manage AC funds flexibly within two sections, i.e. SO 1–11 and SO 12–13.</p>

		<p>sections from the current 13 to 2: one section for all of the AC intended for use in SOs 1–11 and a second section covering AC for SOs 12–13.</p> <p>The passing of the resolution pre-allocating AC levels into 13 segments per previous biennia, therefore, runs contrary to aims of a flexible and equitable funding model and will not allow the Regional Offices to efficiently manage AC funding within the overall funding, considering all types. Further, the resolutions will keep transaction costs high and thus not facilitate increased efficiency. Thus funds that should be flexible and results-based are rendered inflexible and to be managed in a resource based mode.</p> <p>This considerably undermines the WHO European Region’s proposals as presented in EUR/RC61/Inf.Doc/10 entitled “The programme budget as a strategic tool for accountability: A proposed 2012–2013 pilot trial for WHO reform”. It was the Region’s intention to use to the greatest extent the available AC funding for SOs 1–11 to support the delivery of the 25 Key Priority Outcomes presented in the document. This ability could now be compromised.</p>	
WHA64.18	Unaudited interim financial report on the accounts of WHO for the year 2010	There are no specific implications for the Regional Office.	No action required
WHA64.19	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution	<p>Tajikistan continues to have its voting rights suspended unless a minimum payment of US\$ 109 209 (as at end of February 2011) is received in the first week of May 2011 at the latest.</p> <p>Kyrgyzstan has an outstanding payment of US\$ 1 184 158 (as of end Feb 2011). The minimum amount they need to pay not to have their voting rights suspended is US\$ 2613.</p> <p>Ukraine has submitted a proposal to extend the period for repaying its arrears over the period 2013–2022.</p>	Member States are kindly requested to pay in time their dues in order not to have their voting rights suspended.

WHA64.20	Special arrangements for settlement of arrears	It was decided to allow Ukraine to keep its voting privileges at the Sixty-fourth World Health Assembly on the condition that Ukraine pay its outstanding arrears of assessed contributions, totalling US\$ 26 395 036, over 10 years from 2013 to 2022, in addition to the payment of its annual assessment for the current year.	It has to be noted that the voting privileges will be automatically revoked if the payment schedule is not respected.
WHA64.21	Scale of assessments for 2012–2013	The contribution of Member States of the WHO European Region remains at the same level as 2010–2011.	Since it has been formally adopted, Member States are bound by the new scale of contributions.
WHA64.22	Amendments to the Financial Regulations	The amendments to Financial Regulations 14.8 and 14.9, which cover the issuance and periodicity of audited financial statements, were approved. The amendments would require the External Auditor to issue an annual report on the audit of the financial statements prepared by the Director-General, transmitting it through the Executive Board to the World Health Assembly.  In addition, it also approved an amendment to Financial Regulation 14.1 to set the term of office of the External Auditor to four years, covering two budgetary periods, renewable once for an additional term of four years.	The introduction of the International Public Sector Accounting Standards (IPSAS) will greatly improve the quality, transparency and timeliness of financial reporting in the whole Organization, including at the WHO Regional Office for Europe.
WHA64.23	Appointment of the External Auditor	The Chairperson of the Commission on Audit of the Philippines was appointed External Auditor of the accounts of the World Health Organization as well as the non-consolidated affiliated entities and partnerships for the period 2012–2015.	No actions required.
WHA64.25	Salaries of staff in ungraded posts and of the Director-General	The resolution makes provision for adjustments to the salary scale of senior WHO officers: the Director-General, the Deputy Director-General, assistant directors-general and regional directors.	
WHA64.26	International Agency for Research on Cancer: amendments to Statute	The resolution provides for a separate accounting of the funds and assets of International Agency for Research on Cancer, separately from those of WHO.	

## Other items of particular interest to the European Region

Decision	Title/Subject	Regional implications	Action/Comments
EB129(8)	WHO reform for a healthy future	<p>The objectives of the reform process are relevant to all levels of the Organization:</p> <ul style="list-style-type: none"> <li>• Greater coherence in global health;</li> <li>• Improved health outcomes;</li> <li>• An effective, efficient, responsive, objective, transparent and accountable Organization.</li> </ul> <p>In line with those objectives, the Executive Board decided to establish a transparent, Member-State driven and inclusive consultative process.</p> <p>In close consultation with Member States, the Director-General and the Global Policy Group oversee the reform programme.</p> <p>The WHO Regional Office for Europe participates fully in the reform programme, launched at the beginning of 2011 and the Regional Director for Europe leads one of several elements of the programme presented to the World Health Assembly. The Regional Director for Europe is fully committed to the global spirit within the Organization and supports the Director-General in all her endeavours that serve this purpose, including the Global Policy Group.</p>	<p>The 129th session of the Executive Board requested the Director-General to develop three draft concept papers for Member State review and consultation: the governance of WHO, an independent evaluation of WHO, and the World Health Forum.</p> <p>As agreed during 129th session of the Executive Board, WHO reform has been included into the agenda of the Sixty-first session of the Regional Committee for Europe. This will provide the platform for Member States to engage in strategic discussions, which will be reported back to the special session of the Executive Board in November 2011. The concept papers will be revised in line with the discussions during the special session of the Executive Board and will be presented to the 130th session of the Executive Board in January 2012. Final documents, incorporating the comments from the 130th session of the Executive Board will be submitted to the Sixty-fifth World Health Assembly in May 2012 for detailed discussion with all Member States.</p> <p>In mid-June, the Director-General established the “Task Force on the WHO Programme of Reform” comprised of staff with relevant experience from regional offices, country offices and headquarters to develop a proposal package on the managerial aspects of the Organization's reform. The Regional Office is represented at the Task Force by staff from head and country office appointed by the Regional Director. The Reform Task Force will present its proposals for consideration by the Director-General and the Global Policy Group.</p>

## **Annex. List of resolutions adopted by the Sixty-fourth World Health Assembly (Geneva, 16–24 May 2011)**

WHA64.1	Implementation of the International Health Regulations (2005)
WHA64.2	WHO reform
WHA64.3	Appropriation resolution for the financial period 2012–2013
WHA64.4	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
WHA64.5	Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
WHA64.6	Health workforce strengthening
WHA64.7	Strengthening nursing and midwifery
WHA64.8	Strengthening national policy dialogue to build more robust health policies, strategies and plans
WHA64.9	Sustainable health financing structures and universal coverage
WHA64.10	Strengthening national health emergency and disaster management capacities and resilience of health systems
WHA64.11	Preparations for the High-level Meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases, following on the Moscow Conference <sup>3</sup>
WHA64.12	WHO's role in the follow-up to the United Nations High-level Plenary Meeting of the General Assembly on the Millennium Development Goals (New York, September 2010)
WHA64.13	Working towards the reduction of perinatal and neonatal mortality
WHA64.14	Global health sector strategy on HIV/AIDS, 2011–2015
WHA64.15	Cholera: mechanism for control and prevention
WHA64.16	Eradication of dracunculiasis
WHA64.17	Malaria
WHA64.18	Unaudited interim financial report on the accounts of WHO for the year 2010

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<sup>3</sup> First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, Russian Federation, 28–29 April 2011).

- WHA64.19 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution
- WHA64.20 Special arrangements for settlement of arrears
- WHA64.21 Scale of assessments for 2012–2013
- WHA64.22 Amendments to the Financial Regulations
- WHA64.23 Appointment of the External Auditor
- WHA64.24 Drinking-Water, Sanitation and Health
- WHA64.25 Salaries of staff in ungraded posts and of the Director-General
- WHA64.26 International Agency for Research on Cancer: amendments to Statute
- WHA64.27 Child injury prevention
- WHA64.28 Youth and health risks