



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

Regional Committee for Europe  
Sixty-second session

Malta, 10–13 September 2012



Matters arising out of  
resolutions and decisions  
of the World Health Assembly





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

The Sixty-fifth World Health Assembly (WHA65) adopted 17 resolutions and 9 decisions. The attached paper reviews those decisions and resolutions that are considered to be of particular interest to the European Region. The paper indicates the suggested follow-up by the Regional Office.

Special attention will be paid to the requested follow-up on decision WHA 65(9), WHO reform, under agenda item 5(f) of the Regional Committee's current session.

This agenda item will also cover regional input into the global debate on decision WHA65(8) on Prevention and control of noncommunicable diseases: follow-up to the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, resolution WHA65.22 on Follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination, and resolution WHA65.4 on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level.

The documents and resolutions mentioned in this paper are available for download at <http://www.who.int/gb>.

Resolution/decision	Title/Subject	Regional implications	Action/Comments
Decision WHA65(8)	Prevention and control of noncommunicable diseases: follow-up to the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases	<p>The Political Declaration adopted at the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases gives priority to the development of a voluntary global monitoring framework and of mechanisms for partnership in multisectoral action in 2012. By this decision, the World Health Assembly adopted a global target of a 25% reduction in premature mortality from noncommunicable diseases (NCDs) by 2025 and noted wide support for additional global voluntary targets, including those relating to raised blood pressure, tobacco use, salt/sodium and physical inactivity. It also defines the process and timeline for completion of the work before the end of 2012, including consultation at the regional committees and a formal meeting with Member States to be held before the end of October, as well as consultation with relevant stakeholders. A substantive report on the recommendations should be submitted to the Sixty-sixth World Health Assembly (WHA66) through the Executive Board.</p> <p>European Member States need to continue the strong drive they are making towards implementation of the global and regional strategies and action plans for the prevention and control of NCDs, and of the United Nations Political Declaration on NCDs. The level of domestic and international investment in and priority to NCDs needs to be examined, in order to align the funding with the political priority.</p> <p>By its resolution EUR/RC61/R3 on implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases, the</p>	<p>European Member States met in Oslo in February 2012 for a technical discussion of targets and indicators proposed for the global monitoring framework. The European Region was the first WHO region to hold a technical consultation with the aims of informing the country consultation process and gaining a regional perspective relevant for monitoring and evaluation of the action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 and Health 2020.</p> <p>The consultation process for the global monitoring framework will be advanced through a web-based consultation prior to the Regional Committee. The result of that consultation and the outcomes of the February 2012 meeting will be reported to the Regional Committee under the agenda item on Matters arising from resolutions and decision of the World Health Assembly and the Executive Board.</p>

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		<p>Regional Committee requested that the targets and indicators for the Action Plan should be informed by those for the global monitoring framework and the Health 2020 target-setting process.</p>	
WHA65.3	<p>Strengthening noncommunicable disease policies to promote active ageing</p>	<p>The resolution asks WHO to provide support to Member States in placing emphasis on health promotion and disease prevention throughout the life-course, including multisectoral approaches to healthy ageing, and to consider focusing <i>The world health report 2014</i> on the global status of ageing.</p> <p>WHO/Europe is stepping up its work with Member States and other partners to support active and healthy ageing, particularly focusing on healthy ageing over the life-course and on ensuring supportive environments and health and long-term care fit for ageing populations. On World Health Day on 7 April 2012, WHO/Europe took several actions to raise awareness and promote active and healthy ageing.</p>	<p>The Strategy and Action Plan for Healthy Ageing in Europe 2012–2020 is being submitted to the Regional Committee at the current session. The Strategy and Action Plan brings together in a coherent manner the most important ageing-related elements of WHO/Europe’s work programme under four strategic action areas and five priority interventions that complement the new European policy framework for health and well-being (Health 2020).</p>
WHA65.4	<p>The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level</p>	<p>The resolution asks Member States to give appropriate priority to mental health and to the development of a comprehensive action plan that addresses services, accessible care, policies, legislation, support and treatment, and which aims to prevent mental disorders, promote mental health, tackle stigma, promote human rights and empower persons with mental disorders. It requests WHO to develop such a comprehensive mental health action plan to be presented to WHA66.</p> <p>Mental ill health accounts for almost 20% of the burden of disease in the WHO European Region, and mental health problems affect one in four</p>	<p>Since January 2011, WHO/Europe has worked closely with its Member States, nongovernmental organizations (NGOs) and experts to develop a European mental health strategy. The scope, objectives and values of the European strategy and the global action plan are closely aligned.</p> <p>A consultation meeting on the global mental health action plan and the European strategy will be held in Oslo, Norway on 4 September 2012. Ministers of health of all Member States in the European Region have been requested to nominate representatives to attend this meeting. Comments and recommendations from the meeting will be reported</p>

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		<p>people at some time in life. Nine of the ten countries with the highest rates of suicide in the world are in the European Region.</p> <p>WHO/Europe welcomes an action plan developed in partnership with regions that takes on board the regional strategies and is sensitive to the different stages of development and needs of Member States.</p>	<p>to the Regional Committee session in Malta the following week.</p>
WHA65.5	Poliomyelitis: intensification of the global eradication initiative	<p>The resolution declares the completion of poliovirus eradication to be a programmatic emergency for global public health, enhancing the existing global polio eradication initiative within the Organization, and urges Member States with poliovirus transmission to declare it a “national public health emergency”. It also urges Member States to fully implement strategies, with a strong national oversight and accountability mechanism, and it calls for population immunity to be increased through routine and mass campaigns. Furthermore, the resolution calls for application of vaccination recommendations for all travellers to and from infected areas, and for the achievement of certification-standard surveillance, and it stresses the need to remain vigilant to importations. The resolution also emphasizes the importance of ensuring the financial resources required until interruption of transmission by end-2013 and the initiation of planning for financing polio endgame strategies until the end of 2018.</p> <p>By adopting resolution EUR/RC60/R12 at the Regional Committee session in September 2010, all 53 European Member States renewed their political commitment to support for the Region’s polio-free status and were urged to sustain very high</p>	<p>The challenge will be to sustain the momentum of the work already done and to ensure that sufficient financial and human resources are in place or mobilized at WHO/Europe and in Member States. This is particularly important for those countries that are classified as being at high risk of spread following any future importation. WHO/Europe will continue to support Member States, particularly the central Asian republics, in conducting additional rounds of national or subnational supplementary immunization activities in high-risk countries in 2012–2013, if resources are ensured by partners.</p> <p>Surveillance quality will be further improved, to ensure prompt detection of any wild poliovirus importation and rapid response. The Regional Office will continue to monitor closely the quality of surveillance in all 53 Member States, and rapid surveillance assessments will be conducted in all high risk countries in 2012–2013.</p> <p>The number of children that are susceptible to polio and other vaccine-preventable diseases in Ukraine is large and growing rapidly, which poses a global risk. As soon as adequate vaccine is purchased and made available, there is an urgent need to specify and implement plans for re-establishing the routine</p>

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		<p>population immunity against poliovirus, maintain high-quality surveillance of poliovirus and acute flaccid paralysis (AFP), and make financial resources available for full programme implementation.</p> <p>In August 2011, the Regional Certification Commission for polio for the WHO European Region declared the successful interruption of polio transmission (following the 2010 outbreak in the Region), announcing that the Region had retained its polio-free status. During its annual meeting in June 2012, marking the tenth anniversary of polio-free certification, the Regional Commission, based on the evidence presented, concluded that there is no evidence that wild poliovirus transmission is continuing in the European Region, however it highlighted the continued risk due to ongoing global transmission and the population immunity gap in some areas of the Region.</p>	<p>programme and conducting catch-up immunization activities. WHO/Europe has worked closely with Ukraine to conduct a review of its programme and will provide technical assistance towards developing a plan to reach those not immunized, in line with the findings of the review.</p> <p>As the global policy on polio containment is finalized, the Regional Office for Europe could play a leading role in progress towards the next containment phase.</p>
WHA65.6	Maternal, infant and young child nutrition	<p>By this resolution the World Health Assembly endorses the comprehensive implementation plan on maternal, infant and young child nutrition and requests Member States, supported by WHO, to put the plan into practice.</p> <p>The objective of the plan is to strengthen and expedite implementation of the Global Strategy for Infant and Young Child Feeding, with emphasis on the International Code of Marketing of Breast-milk Substitutes. It aims to:</p> <ul style="list-style-type: none"> <li>• improve the implementation of interventions for the prevention and management of severe malnutrition and the targeted control of vitamin and mineral deficiencies;</li> </ul>	<p>WHO/Europe is leading the largest childhood obesity surveillance mechanism and has been implementing a joint WHO/European Commission project on monitoring nutrition and physical activity and preventing obesity. Among other things, this initiative provides information on important commitments included in the European Charter on Counteracting Obesity and the European Action Plan for Food and Nutrition Policy 2007–2012, and it informs the action plan for implementation of the European Strategy on Prevention and Control of NCDs.</p> <p>In this connection, the Regional Office has recently launched the NOPA (nutrition, obesity and physical</p>

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		<ul style="list-style-type: none"> <li>• increase political commitment to reducing malnutrition in all forms, and to develop or review current policy frameworks addressing the double burden of malnutrition and allocate adequate resources;</li> <li>• give higher priority to interventions designed to improve infant and young child nutrition, including the protection and promotion of breastfeeding and timely, safe and appropriate complementary feeding;</li> <li>• include these strategies in comprehensive maternal and child health services;</li> <li>• strengthen nutrition surveillance systems and increase the use of Millennium Development Goals (MDGs) to monitor progress;</li> <li>• implement the WHO Child Growth Standards by integrating them into child health programmes.</li> </ul> <p>Overweight is one of the biggest challenges for the European Region, and the double burden of malnutrition is especially affecting children in some Member States.</p> <p>The prevalence of micronutrient deficiency in some countries in the European Region, and particularly among vulnerable groups in richer countries, is still worrisome and could be aggravated by the international crisis.</p>	<p>activity) database. The Regional Office is already coordinating regional action and is ready to scale-up activities on population-based salt reduction strategies; tools and programmes for the promotion of physical activity; elimination of “trans” fat; price policies; food taxes; promoting active transport policies; support for the development, implementation and evaluation of national plans and strategies with a focus on inequalities; and the development of capacity to address obesity in the health system.</p>
WHA65.7	Implementation of the recommendations of the Commission on Information and Accountability for Women’s and Children’s	The resolution urges Member States to honour their commitments to the United Nations Secretary-General’s Global Strategy for Women’s and Children’s Health; to strengthen the accountability mechanisms for health and their capacity to monitor	<p>Cross-cutting work on the MDGs in the Regional Office is a priority of the Regional Director and focuses mainly on:</p> <ul style="list-style-type: none"> <li>• monitoring and reporting on progress towards the health-related MDGs in the European</li> </ul>

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	Health	<p>and evaluate progress and performance; and to harmonize existing mechanism to track progress. It calls on WHO to support Member States, to collaborate with all stakeholders to implement the Commission's recommendations, and to provide support to the independent Expert Review Group.</p> <p>The Commission expanded the scope of the Global Strategy to 75 countries. These countries (including Azerbaijan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan in the European Region) account for more than 95% of all maternal and child deaths in the world (European Member states involved in the <i>Countdown to 2015 initiative are Azerbaijan, Tajikistan and Turkmenistan. Every Woman Every Child</i> countries in the European Region are Kyrgyzstan, Tajikistan and Uzbekistan).</p>	<p>Region;</p> <ul style="list-style-type: none"> <li>• ensuring a focus on the MDGs in work towards the new European policy framework for health and well-being (Health 2020), support to national health policies and strategies, and follow-up to the Tallinn Charter: Health Systems for Health and Wealth;</li> <li>• increasing awareness of how social determinants of health influence inequities in progress towards the health-related MDGs, and producing know-how on how to scale up MDG progress for socially excluded population groups; and</li> <li>• strengthening alliances and improving coordination with other United Nations agencies by leading the UN Interagency Working Group on MDGs.</li> </ul> <p>WHO/Europe, together with relevant partners, is advocating for health to be an important component of post-2015 goals, clearly linked with the process of WHO reform. WHO/Europe's work aims to match the priorities of Member States, so that WHO is equipped to support Member States in meeting new challenges for health and addressing unfinished business.</p> <p>Workshops with the eligible countries are planned for the first week of October in Bishkek. These workshops will systematically assess the current situation, and support development of national action plans defining the priority actions for strengthening accountability for health in general and for women and children' health in particular. They will be linked with health information workshops for five other countries in the subregion.</p>



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WHA65.8	Outcome of the World Conference on Social Determinants of Health	<p>The resolution endorses the Rio Political Declaration on Social Determinants of Health, considering it to be a key input into the work of Member States and WHO. It asks Member States, with support from the international community, to implement the pledges made in the Rio Political Declaration. It also asks Member States to develop and support policies, strategies and plans, in line with the health-in-all-policies approach. Recognizing the leading role of WHO, it requests the Director-General to work closely with other organizations in the United Nations system and to duly consider social determinants of health in the WHO reform process and WHO's future work. The resolution asks the Director-General to report to WHA66 and WHA68 on progress in implementing this resolution and the Rio Political Declaration on Social Determinants of Health.</p> <p>WHO/Europe has been leading in this area, through its work at the European Office for Investment for Health and Development in Venice and the Regional Office.</p> <p>WHO/Europe welcomes the resolution, which is consistent with regional activities aimed at providing an evidence-based, systematic and accountable approach to full integration of the social and economic determinants of health. In recent years, particular emphasis has been placed on mainstreaming and integrating social determinants, gender and equity into efforts to strengthen health systems and public health, using whole-of-government approaches.</p>	<p>WHO/Europe will continue to support Member States by providing normative guidance and tools for tackling socially determined health inequities. It will guide actions by providing scientific evidence and know-how for policy-makers to strengthen the governance capacity in Member States to act systematically on social determinants of health and reduce health inequities. WHO/Europe will also continue to monitor and review the policy implications of emerging research findings on socially determined health inequities.</p> <p>The European review of the social determinants of health and health divide will inform the new regional health policy framework, Health2020.</p> <p>Addressing the social determinants of health and tackling related health inequities is central in Health 2020. Technical assistance in this area has seen a very significant increase in the past few years, and it is likely to increase even more once Health 2020 is endorsed by the Regional Committee. As countries are at different stages in developing comprehensive and systematic action to address the social determinants of health, such technical assistance has to be diversified to fit different country contexts. This applies both to the type of institutional strengthening and to the human resource skills that need to be strengthened in Member States. This approach is key in the next stage of development of the WHO Venice Office, as well as in the in the design, implementation, evaluation of all WHO programmes and policies.</p>
WHA65.17	Global vaccine action plan	The resolution endorses the Global Vaccine Action	WHO/Europe will continue to support Member

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		<p>Plan and urges Member States to commit themselves to achieve the immunization goals and apply the Plan's vision and strategies, allocating adequate human and financial resources. They should report annually to the regional committees at a dedicated session on the progress and lessons learnt. WHO is requested to support implementation of the Plan by fostering alignment and coordination with stakeholders, with a strong focus on strengthening routine immunization, and on identifying and mobilizing more financial resources, especially in low- and middle-income countries.</p> <p>Although vaccination coverage is relatively high in the WHO European Region, nearly 650 000 children do not receive their first dose of measles vaccine to fulfil basic immunization requirements, and vaccine-preventable diseases continue to cause illness, disability and even death. In recent years, countries in the European Region have had to fight large and sporadic outbreaks, especially due to measles: outbreaks have been reported in many countries in the western part of Europe. WHO/Europe is dedicated to working with Member States in order to reach the remaining unimmunized children in the Region.</p>	<p>States in strengthening their immunization programmes, using an approach based on strengthening health systems. Support will also be given with collecting and sharing experience with the introduction of new vaccines across the Region. For lower-income countries in the Region, WHO/Europe will continue to assist in decision-making and will support countries in collecting surveillance and economic data. WHO/Europe also provides technical support on pre- and post-introduction evaluations. With regard to immunization of adolescents and young adults (with current and new vaccines), there is a clear need to monitor school-based immunization programmes, which are universally available in the European Region. To that end, WHO/Europe plans to include additional monitoring tools in consultation with Member States.</p>
WHA65.18	World Immunization Week	<p>The resolution asks Member States to designate the last week of April as World Immunization Week and requests WHO to support Member States in implementation of World Immunization Week as the overarching framework for promoting the importance of immunization across the life-course and ensuring universal access to this essential preventive health service. During the discussion,</p>	<p>European Immunization Week will be conducted next year during the last week of April, as part of the global initiative.</p>

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		<p>Member States emphasized the need for WHO to take a strong leading role in this area.</p> <p>WHO/Europe was among the first regions to initiate an immunization week in 2005, promoting the core message that immunization of every child is vital to prevent diseases and protect life. The goal of European Immunization Week is to increase vaccination coverage by raising awareness of the importance of immunization, and the slogan <i>Prevent. Protect. Immunize</i> carries this message across the Region.</p> <p>The seventh European Immunization Week (EIW) took place from 21 to 27 April 2012 and was the most successful to date since its inception in 2005. All 53 Member States in the European Region participated the event in 2012, and this provided the opportunity to advocate immunization, and in some cases to conduct outreach activities and supplementary immunization campaigns.</p>	
WHA65.19	Substandard/spurious/falsey labelled/falsified/counterfeit medical products	<p>As a follow-up of the report of the Working Group on Substandard/Spurious/Falsely Labelled/Falsified/Counterfeit Medical Products (SSFFC), the resolution emphasizes WHO's fundamental role in ensuring the quality, safety and efficacy of medical products, in promoting access and in supporting national regulatory authorities. The World Health Assembly decided to establish a new Member State mechanism for international collaboration among Member States from a public health perspective, excluding trade and intellectual property considerations. It urged Member States to participate in this new mechanism on a voluntary basis and to review the mechanism after three years</p>	<p>WHO/Europe works with countries to help ensure that people have equitable access to affordable medicines of assured quality and supports Member States by providing guidance, technical assistance and training. It aims to enable countries to meet the global standards through development of internationally recognized norms, standards and guidelines.</p> <p>Six countries (Belarus, Croatia, Georgia, Kyrgyzstan, the Russian Federation and Ukraine) have been selected for a pilot project on a communication strategy among national medicines regulatory authorities. The project is planned to</p>

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		<p>of operation. Expressing concerns regarding the lack of sufficient funding for WHO work in this area, it also urged Member States to provide sufficient funding to the Secretariat.</p> <p>WHO/Europe welcomes the resolution and its potential implications for public health and is strongly involved in the actions recommended by the SSFFC Working Group.</p> <p>The first regional meeting on SSFFC was held in Kyiv, Ukraine in June 2011. Participants represented 19 medicines regulatory authorities from eastern and south-eastern Europe. An overall commitment was made by all participating countries to continue active collaboration on SSFFC.</p> <p>WHO/Europe participated in the work of the Committee of experts on minimizing public health risks posed by counterfeiting of medical products and similar crimes (Rome, December 2011), organized by the European Directorate on Quality of Medicines (EDQM) and the Italian medicines agency.</p>	<p>take one year, with transfer of the developed technologies to all Member States across the Region.</p> <p>Collaboration with EDQM on SSFFC (information exchange and joint meetings) will continue.</p>
WHA65.20	WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies	The resolution calls on Member States and donors to allocate resources for health sector activities during humanitarian emergencies through the United Nations Consolidated Appeals Process and Flash Appeals, and for strengthening WHO's institutional capacity to exercise its role as the health cluster lead agency; and to ensure proper consultation with the country concerned for efficient response and with all humanitarian partners to support and contribute towards effective	<p>WHO/Europe supports Member States in preparing for, responding to and recovering from disasters and health crises following an "all-hazard/whole-health" approach. Activities to strengthen preparedness include assessments, capacity-building workshops and training, technical support and documentation.</p> <p>Important priorities in this context will be the further roll-out of assessments of Member States'</p>

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		<p>health cluster coordination. Further requests are to strengthen national risk management, emergency preparedness and contingency planning processes and disaster management units in the health ministry concerned, ensuring a national coordination mechanism; to build and consolidate the capacity of national authorities at all levels; and to establish voluntary health response teams and appropriate mechanisms for deployment.</p> <p>WHO is called upon to have in place the necessary policies, guidelines, adequate management structures and processes, as well as the organizational capacity and resources to fulfil its role as health cluster lead agency; to strengthen its surge capacity, including standby arrangements with global health cluster partners; to ensure that it has qualified humanitarian personnel to be mobilized at short notice; to provide a faster, more effective and more predictable humanitarian response by operationalizing the Emergency Response Framework; and to establish the necessary mechanisms to mobilize its expertise across all disciplines and all levels. WHO is also requested to define the Organization’s core commitments and core functions, and to ensure full engagement of the three levels of the Organization; and to support Member States and partners in the transition to recovery, aligning recovery planning with national development policies and ongoing health sector reforms.</p> <p>The new global WHO Emergency Response Framework sets out the required changes and resources that will enable the Organization to fulfil its role as the health cluster lead agency and leader</p>	<p>health system crisis management capacities, using the tools developed and finalized jointly with partners. Country assessments will be complemented by capacity-building initiatives at regional and national levels, through “public health and emergency management” training programmes. WHO/Europe will further support the strengthening of hospitals’ and health facilities’ emergency preparedness and crisis management capacities using the “Hospital Safety Index” tool and the WHO/Europe “hospital emergency response checklist”.</p> <p>The new WHO Emergency Response Framework defines ambitious core commitments, performance standards, procedures and policies for WHO, and at the same time outlines the necessary resource requirements and the necessary budget space for the Organization’s base programme to meet those commitments. Implementation of the Framework needs to be seen as a process. To establish the respective functions and systems in order to meet the outlined core commitments for WHO in emergencies, a joint resource mobilization effort is needed to generate the resources that will allow establishment of a sustainable regional team and positions in selected high-risk priority countries. For WHO to fulfil its mandate, adequate core staffing, strong mechanisms for rapid deployment of experts and logistic capacity to mobilize medical supplies will be needed.</p>

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		<p>in humanitarian and public health emergencies. The Framework provides a new system for grading humanitarian emergencies and defines the response requirements in acute emergencies, based on capacities at country level and the extent of international support required, with three proposed emergency grades. Those grades are consistent with the “health crisis levels” defined in WHO/Europe’s public health emergency procedures.</p> <p>WHO/Europe has substantially revised its regional emergency procedures; they have been tested through exercises and – following several revisions – have been endorsed by the Regional Director and are available online through the intranet. An emergency operations centre (EOC), as a regional coordination and information-sharing facility, was established in WHO premises and is fully operational. WHO/Europe and the WHO country office in Turkey were also the main players in a global simulation exercise on 18–19 April 2012 to test the Emergency Response Framework and to grade an evolving event as a level 3 emergency, as guided by the Regional Director and the Director-General.</p>	
WHA65.22	Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination	<p>The resolutions urges Member States:</p> <ul style="list-style-type: none"> <li>• to hold national level consultations among all relevant stakeholders, in order to discuss the CEWG report and other relevant analyses, resulting in concrete proposals and actions;</li> <li>• to implement individual countries’ proposals and actions identified by national consultations;</li> <li>• to establish and/or strengthen mechanisms for improved coordination of research and</li> </ul>	WHO/Europe is conducting a web-based consultation with Member States, in preparation for discussions under the agenda item at the current session of the Regional Committee on “Matters arising from decisions and resolutions of the World Health Assembly and the Executive Board”, and a technical briefing. A further consultation on this topic with the European Advisory Committee on Health Research will be held in July. WHO headquarters is coordinating the regional

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		<p>development (R&amp;D), in collaboration with WHO and other relevant partners, as appropriate; and</p> <ul style="list-style-type: none"> <li>to increase investment by the private sector, academic institutions and nongovernmental organizations in health R&amp;D related to Type II and Type III diseases and the specific R&amp;D needs of developing countries in relation to Type I diseases.</li> </ul> <p>Regional committees are requested to discuss, at their 2012 sessions, the report of the CEWG in the context of implementation of the global strategy and plan of action on public health, innovation and intellectual property, in order to contribute to concrete proposals and actions.</p> <p>The resolution requests the Director-General to hold an open-ended meeting of Member States to thoroughly analyse the report and the feasibility of the recommendations proposed by the CEWG; the results will be presented under a substantive item dedicated to follow-up of the CEWG report at WHA66, through the Executive Board at its 132nd session.</p> <p>WHO/Europe's focal point on research is supporting this work through linkage with the European Advisory Committee on Health Research (EACHR) and the research portfolio.</p> <p>The Regional Office is involved in many parts of implementation of the Strategy and will continue to support countries in securing better access to good-quality generics through: the exchange of</p>	<p>discussions and will organize a videoconference with the regions in the near future. This will identify the salient issues and define the outcomes of the discussions at the Regional Committee sessions. A short briefing note for Member States is being prepared for this purpose.</p>

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		<p>information and capacity-building for regulators and industry in areas of pricing and reimbursement of medicines (e.g. the PPRI – Pharmaceutical Pricing and Reimbursement Information – network); local manufacturing and regulation of the quality of medicines (regulatory assessments in countries, inspections of manufacturers, training of inspectors and other drug regulators, direct assistance to manufacturers with the transfer of technology and other issues); use of TRIPS flexibilities (together with the United Nations Development Programme and the Global Fund); and continuous advocacy of the need for public health needs-driven research in the area of medicines.</p>	
WHA65.23	Implementation of the International Health Regulation (2005)	<p>The resolution reaffirms the Health Assembly’s renewed commitment to full implementation of the International Health Regulation (2005) (IHR) and urges States Parties to identify gaps, including resource gaps; to prepare national plans and strengthen coordination and collaboration between States Parties and other relevant organizations and partners; and to develop and strengthen core public health capacities as requested in the IHR. It also urges States Parties to respect the time frames stipulated in the IHR. WHO is requested not only to build and strengthen its own capacities but also to collaborate and assist State Parties in building up theirs and to monitor progress. By 2014, WHO will develop and publish the criteria for granting further extensions to the timeline for establishment of national core capacities.</p> <p>Forty-four of the 54 States Parties in the European Region of WHO (81%) submitted self-reported data</p>	<p>WHO/Europe, in partnership with States Parties and major stakeholders, will continue to support IHR-related activities. In 2012, it is planned to hold national and subregional workshops for awareness-raising among senior officials within the health sector and beyond, in order to increase political commitment to IHR implementation. However, there are still gaps in planned IHR activities, mostly related to the lack of funding and the availability of tools and documents in different languages, particularly Russian.</p> <p>Multisectoral coordination and coordination between points of entry and the national level will be improved. The relevant legislation also needs to be reviewed and operationalized, in order to ensure that it is relevant for day-to-day work.</p>



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		<p>in 2011. The main weaknesses lie in the area of human resources (regional average score of 35%), followed by points of entry (regional average score of 67%). States Parties reported a regional average score of over 80% in surveillance and zoonotic events; and regional average scores of between 70% and 80% in legislation, policy and financing; coordination and national focal point communications, response, preparedness, risk communication, and laboratory activities.</p> <p>WHO/Europe aims to integrate IHR implementation into generic national preparedness activities and plans. Capacities at points of entry and those for risk communication need to be strengthened in all States Parties.</p>	