



**World Health
Organization**

REGIONAL OFFICE FOR

Europe

Regional Committee for Europe

EUR/RC68/6

68th session

Rome, Italy, 17–20 September 2018

6 August 2018

180508

Provisional agenda item 3

ORIGINAL: ENGLISH

Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board

In May 2018 the Seventy-first World Health Assembly adopted 16 resolutions and 16 decisions, of which 10 resolutions and four decisions are technical.

At its 143rd session in May 2018, the Executive Board adopted two resolutions and nine decisions, none of which are technical.

This document reviews the resolutions and decisions under the technical agenda items, referred to above, considered to be of particular interest to the WHO European Region.

Contents

Communicable diseases	3
Resolution WHA71.3.....	3
Resolution WHA71.16.....	3
Decision WHA71(11).....	4
Decision WHA71(15).....	5
Noncommunicable diseases	5
Resolution WHA71.2.....	5
Resolution WHA71.6.....	6
Resolution WHA71.7.....	6
Resolution WHA71.8.....	6
Resolution WHA71.9.....	7
Resolution WHA71.14.....	7

Communicable diseases

Resolution WHA71.3

Preparation for a high-level meeting of the General Assembly on ending tuberculosis

Regional implications

1. The WHO Regional Office for Europe is committed to contributing to the implementation of resolution WHA71.3; work in that regard in the Region is underpinned by the roadmap to implement the Tuberculosis Action Plan for the WHO European Region 2016–2020: towards ending tuberculosis and multidrug-resistant tuberculosis.
2. The Regional Office works intensively with countries to help them to adapt and implement multisectoral action plans with an emphasis on early detection and successful treatment of all forms of tuberculosis (TB) and TB/HIV coinfection, implementing preventive treatment, using surveillance and monitoring to improve programme performance, and facilitating research and innovation. The Regional Office will continue its work with other WHO regions, countries and partners to implement the minimum package of cross-border TB control and care.
3. The Regional Office has developed a “blueprint” for people-centred care, catalysing reforms for integrated and effective TB prevention and care. Together with partners, the Regional Office will continue helping countries to implement this blueprint with aligned financing mechanisms.
4. Through the Issue-based Coalition on Health, the Regional Office has prepared a common position paper on ending TB, HIV and viral hepatitis in Europe through cross-sectoral action to tackle the social, economic and environmental determinants of the three diseases. The Regional Office will continue to work with partners and countries to implement that approach.
5. To follow up on the forthcoming high-level meeting of the General Assembly on ending tuberculosis, on 26 September 2018, the Regional Office will help countries scale up their efforts in that regard.

Resolution WHA71.16

Poliomyelitis – containment of polioviruses

Regional implications

6. The European Region was certified poliomyelitis (polio)-free in 2002, after the last case of indigenous wild poliovirus had been detected in 1998. However, containment of polioviruses remains the major challenge for the Region in implementing the Polio Eradication and Endgame Strategic Plan 2013–2018. Due to the large number of global-level enterovirus laboratories and European-based polio vaccine manufacturers, the Region has the largest global burden and will require substantial technical and financial support to fully implement all poliovirus containment requirements. The Region has an existing sensitive

surveillance system that allows for the prompt detection of vaccine-derived and Sabin-like type 2 polioviruses in humans and the environment.

7. As of 2018, 18 countries in the Region include oral polio vaccine in their national immunization schedules. Preparation for the coordinated global withdrawal of bivalent oral polio vaccine will be initiated soon. Access to available and affordable stand-alone and combination polio vaccines supply remains a key factor in ensuring protection from any poliovirus emergence. The Regional Office will continue working with countries to facilitate procurement of inactivated polio vaccine.

8. Preparations are under way to carry out catch-up campaigns for the cohorts missed in 2016–2017 in early 2019, when sufficient supply of inactivated polio vaccine will be available. Selected countries with inactivated polio vaccine fully incorporated into their primary immunization schedules will gradually withdraw booster doses of bivalent oral polio vaccine.

Decision WHA71(11)

Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits

Regional implications

9. The decision to maintain the proportional division of the Pandemic Influenza Preparedness Framework Partnership Contribution is welcome, as this allows a continuation of ongoing work in recipient countries in the European Region (Armenia, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) as well as in support of regional activities.

10. The Regional Office will maintain the same Partnership Contribution recipient countries in 2018–2023 to allow newly established systems and mechanisms to be further institutionalized and to focus on country ownership and long-term sustainability of what has been achieved to date.

11. In addition to country-specific work, the Pandemic Influenza Preparedness Framework Partnership Contribution will continue to enhance influenza surveillance and response at the regional level by: maintaining and strengthening the regional influenza network, managed jointly with the European Surveillance System of the European Centre for Disease Prevention and Control (ECDC), and the joint Flu News Europe bulletin; organizing Region-wide influenza surveillance meetings jointly with ECDC; strengthening influenza virus sharing in the Region, which has so far resulted in 47 of 53 Member States sharing viruses with WHO collaborating centres in the past year, thereby contributing to global influenza vaccine production and global influenza surveillance; and supporting countries to increase their uptake of seasonal influenza vaccine through, for example, the fifth Flu Awareness Campaign, tailoring immunization programmes for seasonal influenza, and supporting donations of vaccine to countries.

Decision WHA71(15)

Implementation of the International Health Regulations (2005): five-year global strategic plan to improve public health preparedness and response, 2018–2023

Regional implications

12. The Regional Office is submitting the action plan to improve public health preparedness and response in the WHO European Region, 2018–2023, to the Regional Committee at its 68th session, accompanied by a resolution for its adoption. The regional action plan aims to strengthen and maintain regional capacities to effectively prevent, prepare for, detect and respond to public health threats and to provide assistance to affected countries, when necessary. It is based on World Health Assembly document A71/8, and on document EUR/RC67/13, Accelerating implementation of the International Health Regulations (IHR) (2005) and strengthening laboratory capacities for better health in the WHO European Region.

13. The action plan has gone through extensive consultation, including a high-level meeting in February 2018 in Munich, Germany; discussion at the Standing Committee of the Regional Committee; online consultation in June 2018; and numerous bilateral exchanges with Member States and other stakeholders. It lays out a clear set of actions for Member States in the WHO European Region and for the Regional Office.

14. The action plan is built on three strategic pillars: Strategic pillar 1: build, strengthen and maintain States Parties' core capacities required under the IHR (2005); Strategic pillar 2: strengthen event management and compliance with the requirements under the IHR (2005); and Strategic pillar 3: measure progress and promote accountability.

15. The action plan's primary audience is States Parties in the European Region and, more broadly, social and development sectors, civil society, academia and patient groups.

Noncommunicable diseases

Resolution WHA71.2

Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018

Regional implications

16. The European Region is leading the way in tackling the challenge of strengthening health systems for better noncommunicable disease (NCD) outcomes, as highlighted at the high-level meeting, Health Systems Respond to NCDs: Experience in the European Region, held in Sitges, Spain, in April 2018. The Regional Office will continue to support Member States in the prevention and control of NCDs.

Resolution WHA71.6

WHO global action plan on physical activity 2018–2030

Regional implications

17. The Regional Office fully supports the global physical activity action plan, which was inspired by the Physical Activity Strategy for the WHO European Region 2016–2025. The Regional Office will continue to develop a standardized physical activity and sports monitoring system for the European Region. The Regional Office will also continue to provide support to countries and cities in urban planning to promote physical activity; a recent publication developed in collaboration with various stakeholders highlighted good practices and inspirational examples across Europe.

18. The Regional Office will continue to support the building of capacity for the prescription of physical activity as part of primary health care and at other levels of the health system, based on guidance from a 2016 publication on integrating diet, physical activity and weight management services into primary care. Support to the education sector will aim to increase the amount and quality of physical education in schools, including through comparison of the policies of different countries.

Resolution WHA71.7

Digital health

Regional implications

19. The resolution on digital health calls for Member States to scale up digital technologies, identify priority areas where additional technical assistance and advice on digital health from WHO is required, including but not limited to, gaps in research, evidence-based standards, and building capacity and partnerships in eHealth. The future of digital health in health systems in WHO Europe is embedded within the activities of the European Health Information Initiative, which has 39 members (mostly Member States) and is coordinated by the Division of Information, Evidence, Research and Innovation. The principles of the resolution are fully aligned with the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making, which was adopted by the Regional Committee at its 66th session in 2016 and calls on Member States to establish national governance mechanisms for digital health and to strengthen their national infrastructures for eHealth and digital health.

Resolution WHA71.8

Improving access to assistive technology

Regional implications

20. The Regional Office fully supports the resolution on improving access to assistive technology, which is integrated into the work to increase access to quality and affordable pharmaceuticals and health technologies. In terms of regulation, assistive technologies are classified as medical devices; “assistive technology” is an umbrella term covering the systems

and services related to the delivery of assistive products and services. Hearing aids, wheelchairs, communication aids, spectacles, prostheses, pill organizers and memory aids are all examples of assistive products.

21. The Regional Committee at its 67th session approved decision EUR/RC67(1), “Strengthening Member State collaboration on improving access to medicines in the WHO European Region”. The background document (EUR/RC67/11) outlined the key issues and priority areas of work for improving access to medicines in the European Region and proposed strategic areas in which increased Member State collaboration could be undertaken with the support of the Regional Office. The Regional Office is committed to fully implementing resolution WHA71.8 and is currently documenting existing intercountry collaboration initiatives that aim to increase access to medicines and health technologies in the Region. While the focus to date has been on medicines, collaboration can be expanded to cover assistive technologies through adding expertise in this area, as needed.

Resolution WHA71.9

Infant and young child feeding

Regional implications

22. The European Food and Nutrition Action Plan 2015–2020 addresses the issues raised in this resolution. European Member States are leading the way at the global level in many areas, particularly policy development, and monitoring and surveillance. The Regional Office will continue to support countries in introducing, coordinating, enforcing and evaluating measures to address the inappropriate promotion or marketing of foods for infants and young children.

Resolution WHA71.14

Rheumatic fever and rheumatic heart disease

Regional implications

23. Various action plans have been approved in the European Region that will facilitate the implementation of resolution WHA71.14.

24. The Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025 refers to vaccination and relevant communicable disease control in its list of priority interventions (individual level), and specifically mentions streptococcal disease and rheumatic valvular disease as part of the rationale for this. The Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind, lists among its key actions the provision of quality preconception information and services, including timely diagnoses of NCDs and taking all measures to secure quality health care to allow women to go safely through pregnancy and childbirth.