

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



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The Sixty-third World Health Assembly adopted 28 resolutions and 1 decision.

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-third World Health Assembly of particular interest to the European Region of WHO

Policy and technical matters

Resolution	Title/Subject	Regional implications	Action/Comments
WHA63.1	Pandemic Influenza Preparedness: sharing of influenza viruses and access to vaccines and other benefits	<p>Continue providing support to the Vice-Chair for the European Region, as requested.</p> <p>Continue monitoring virus sharing by national influenza laboratories.</p> <p>Continue monitoring access status of Member States of the European Region to pandemic influenza vaccines, with special reference to the least developed countries.</p>	<p>Continue the following activities:</p> <ul style="list-style-type: none"> – provide input to the Open-Ended Working Group of the Intergovernmental Meeting on Pandemic Influenza Preparedness through participation in meetings and studies and through the International Health Regulations (IHR) global review; – provide technical support to national influenza laboratories, coordinated with WHO Collaborating Centres and the United Kingdom, for research on influenza; – provide technical guidance to Member States on (pandemic) influenza vaccination; – collect data from Member States to monitor access to vaccines and vaccination response to pandemic influenza; – take the necessary action at Regional and global levels, to improve equitable access to vaccines, if required; – coordinate the technical support provided to vaccine-producing Member States to develop in-country production capacity for (pandemic) influenza vaccines, with special reference to developing countries. <p>Lessons learned from the H1N1 pandemic should be incorporated in the above.</p>
WHA63.2	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	<p>Several Member States of the WHO European Region support the request to put an end to the occupation of the occupied Palestinian territory, particularly that of the Gaza Strip, and to reduce the human suffering of communities following the crisis in Gaza. European Region Member States and the European Union are among the main donors, providing continued support for the ongoing recovery and reconstruction efforts of the health sector in Gaza.</p>	<p>The Regional Office has expressed concern about the health consequences for the populations affected and has offered technical and operational support for recovery operations. The Regional Office has been urging donors, particularly the European Commission and Member States, to mobilize resources and support efforts to restore the health system in the occupied Palestinian territory. The delivery of bilateral donations of medical supplies and pharmaceuticals from</p>

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		<p>The Regional Office has on several occasions urged the Israeli authorities to facilitate the delivery of medical and humanitarian aid to the Gaza Strip, working closely with the Regional Office for the Eastern Mediterranean and the WHO West Bank and Gaza Office.</p>	<p>Turkey, such as H1N1 influenza vaccine and antivirals, was coordinated with the Regional Office for the Eastern Mediterranean.</p> <p>The Regional Office collaborates with the Israeli health authorities and academia on several technical aspects of health emergency preparedness, including joint exercises, capacity-building initiatives and training courses on public health and emergency management.</p>
WHA63.3	Advancing food safety initiatives	<p>The Director-General is requested to continue to provide global leadership in providing technical assistance and supporting Member States in building relevant capacity to improve cross-sectoral collaboration and action at the international, regional and national levels along the whole food-production chain.</p> <p>The Director-General is requested to develop and strengthen the International Food Safety Authorities Network (INFOSAN), including its emergency function.</p> <p>The Director-General is requested to monitor regularly and report to Member States on the global burden of foodborne and zoonotic diseases from the country, regional and international perspectives.</p>	<p>Food safety is also a growing public health problem in the European Region, with the biggest challenges being in newly independent States and the countries of south-eastern Europe, where there is: a) a lack of capacity to monitor microbiological and chemical food contamination or monitor, assess and report foodborne disease outbreaks; b) a weak institutional and policy infrastructure for food safety; c) a lack of coordination and integration of information systems between monitoring and surveillance activities and quality controls implemented by different competent bodies and institutions dealing with agriculture, veterinary services, health or trade.</p> <p>While the tools highlighted in the resolution, including INFOSAN, the WHO Foodborne Disease Burden Epidemiology Reference Group (FERG) and the WHO Global Foodborne Infections Network (GFN), are relevant also to the European Region, there is a need to acknowledge, synergize and coordinate with important capacity-building activities being undertaken at the regional and country level. In addition, WHO activities in the Region need to be coordinated with those of the European Commission and its related agencies, notably the European Centre for Disease Prevention and Control (ECDC) and the European Food Safety Authority (EFSA), which both play a highly influential role in risk assessment, surveillance and communication to national authorities and consumers.</p>

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			<p>Concerted action by all Member States is necessary to overcome the threats to food safety. In European Union countries, the food safety and surveillance systems are generally well-established. However, in the Balkan countries and the newly independent States there is still a great need for capacity-building in this field. More biennial collaborative agreements on food safety, involving more countries, are needed. Moreover, such agreements need to be strengthened.</p> <p>There is an ongoing process of clarifying the lines of data and information sharing between INFOSAN, the European institutions ECDC and the Rapid Alert System for Food and Feed (RASFF) and the European Union Member States. There is a need for cooperation between all those systems, both to avoid imposing additional burdens on Member States and to create synergies. The Regional Office should work closely with headquarters to (i) clarify the communication lines with INFOSAN – both internally and for the benefit of Member States – on the management of public health events relating to food safety; (ii) reach an agreement between INFOSAN and headquarters about the WHO modus operandi vis-à-vis European Union institutions.</p> <p>While FERG is coordinated by headquarters, with participation by the Regional Office, there is a need to strengthen capacity building in the Balkan countries and newly independent States in the area of surveillance of foodborne disease and monitoring of contamination in the food chain.</p>
WHA63.10	Partnerships	<p>Apply partnership policy to regional level:</p> <ul style="list-style-type: none"> – to make sure that current formal partnerships are in line with the policy; – to establish a regional mechanism for future proposals on formal partnerships, perhaps through the Executive Board or the Regional Committee; 	<p>There are no formal partnerships in the European Region. It has been confirmed that the European Observatory on Health Systems and Policies, along with its management and structure, is an integral part of WHO. In WHO administrative and financial terms, it is considered an internal partner of WHO and all WHO rules and regulations apply in their entirety, including copyright.</p>

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		<ul style="list-style-type: none"> – to adapt and integrate the policy criteria for engaging in partnerships as part of the Regional Office’s partnership strategy 	<p>Partnerships and UN Reform (PUN) will be liaising with the regions to update the inventory of partnerships, networks and alliances.</p> <p>Partnership policy is already referred to in the Regional Committee document entitled “Partnerships for Health in the European Region” as being of importance when the European Partnership strategy is developed and presented to the Regional Committee in 2011.</p>
WHA63.11	Agreements with intergovernmental organizations	None. The resolution refers to the amendment of an existing agreement between WHO and the Office International des Epizooties.	
WHA63.12	Availability, safety and quality of blood products	<ul style="list-style-type: none"> – Emphasis on upgrading national blood services and blood supply management and integrating them with various levels of care, including health promotion; – increased attention to the quality, safety and availability of blood and blood products, with particular reference to ageing populations, the particular epidemiology of bloodborne pathogens, increased cross-border movements, significant variations in quality of care and a strong plasma fractionation industry; – use of systems to monitor traceability and improve quality; – proactive approach to risk management, linked with early emergency response networks. 	<ul style="list-style-type: none"> – Differentiated actions shaped to Member States’ needs, focusing on health system integration, strengthened regulatory oversight and sustainable financial schemes; – emphasis on communication and capacity-building, requiring public, professional or political involvement; – development of integrated reporting and learning systems supporting vigilance; greater coordination with the pharmaceutical industry and health-care professionals; – coordination and collaboration with the multiple stakeholders in the field and in the European Region.
WHA63.13	Global strategy to reduce the harmful use of alcohol	<p>The most recent Regional Office document on alcohol policy dates from 2005: Framework for alcohol policy in the WHO European Region.</p> <p>In view of the importance of the global alcohol strategy adopted, the possible regional implications were discussed by national counterparts on alcohol policy at a meeting hosted by the Spanish Ministry of Health and Social Policy in June 2010.</p>	<p>The Regional Office is to start the process of drafting a plan to implement the regional and global strategies on alcohol, which is expected to be ready for discussion at the end of 2010. The national counterparts will meet again in Zurich, Switzerland, in May 2011 to discuss the draft.</p> <p>It is hoped that the draft text will be the subject of a Regional Committee resolution at the sixty-first session in September 2011.</p>

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		<p>The national counterparts urged the Regional Office to develop an implementation plan for the regional and global alcohol strategies.</p>	
WHA63.14	Marketing of food and non-alcoholic beverages to children	<p>The main purpose of the 12 recommendations contained in the annex to document A63/12 is to guide efforts by Member States to design policies or strengthen existing policies on food marketing communications to children in order to reduce the impact on children of the marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt.</p> <p>The resolution requests Member States to implement the recommendations, identifying the most suitable policy approach; to monitor and evaluate the impact of the recommendations; to promote intergovernmental collaboration; and to cooperate with civil society and the public and private sectors.</p> <p>The resolution requests the Director-General to provide technical support to Member States in carrying out these aims; to strengthen international cooperation in the area; and to ensure that the action plan for the global strategy for the prevention and control of noncommunicable diseases is conducted in conjunction with the monitoring of the implementation of the recommendations.</p>	<p>Several Member States have supported and actively participated in consultations on developing the recommendations.</p> <p>As a follow-up to the endorsement of the Second WHO European Action Plan for Food and Nutrition Policy, the Regional Office has facilitated the establishment of an action network to reduce marketing pressure on children. This network is led by Norway and currently has 17 country members. It has held five meetings so far to share experiences in this area.</p> <p>The country members of the action network have developed a Code on Marketing of Food and Non-Alcoholic Beverages to Children, which could serve as an example of how to develop regulations.</p> <p>The Regional Office will need to continue the support given to the network.</p> <p>The Regional Office will need to interact with major partners, such as the European Union, on approaches to regulating the marketing of food to children in the media.</p> <p>Some Member States will probably be in favour of drawing up, under WHO guidance, an international code on the marketing of food to children.</p> <p>Member States may wish to discuss the possibilities of the regulation or self-regulation of the marketing of food to children.</p>
WHA63.15	Monitoring of the achievement of the health-related Millennium Development Goals (MDGs)	<p>The resolution and the report to the World Health Assembly indicate that:</p> <ul style="list-style-type: none"> – international support for the MDGs continues, but there is a need to reaffirm commitments to official development assistance, the target being 0.7% of gross national product in developed countries 	<p>Given the strains on health systems, work on the health-related MDGs needs to feature more prominently in programmes coming under the new Division of Public Health and Health Systems and the Division of Information, Evidence, Research and Innovation relating to data on and support for health information systems.</p>

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		<ul style="list-style-type: none"> – stronger and sustainable health systems are key to delivering on the health-related Goals, based on the principle of tackling inequities through universal access and people-centredness – there is a need to review policies on human resources for health from the perspective of both recipient and donor countries – greater efforts need to be made to provide support on preventing and eliminating maternal, newborn and child health and reproductive health issues, in particular; to meet the HIV-related Goals (universal access to prevention, treatment and support by 2010); and to develop innovative strategies for tuberculosis prevention, detection and treatment, including ways of dealing with threats such as coinfection with HIV, multidrug-resistant tuberculosis or extensively drug resistant tuberculosis. It should be noted that a separate resolution on an HIV/AIDS strategy was adopted under the agenda item on the MDGs <p>As the Director-General is requested to work within the framework of the Medium-term strategic plan 2008–2013 to continue cooperation with other United Nations agencies and international organizations on meeting the Goals, regional offices have an important role to play and should take a proactive approach. The resolution calls on the Director-General to ensure that health is one of the main themes of the United Nations Millennium Development Goals High-level Plenary Meeting (20–22 September 2010). It may be noted that preparations are under way at regional level (coordinated by the United Nations Economic Commission for Europe) for the Plenary Meeting, with contributions by the Regional Office, which has coordinated and co-authored a chapter on the health-related Goals for an interagency report and supported or participated in related regional reviews.</p>	<p>The new European Health Policy needs to accommodate cross-office coordination on the Goals, on which, until recently, work has largely been carried out by individual programmes; so far the Regional Office has not made a coordinated contribution to achieving the Goals. This will require adequate human resources and finance. The same goes for work on national health planning.</p> <p>As WHO is requested to support Member States in their efforts to achieve the Goals, address social determinants of health and strengthen public policies aimed at fostering full access to health and social protection, it is opportune that the forthcoming Marmot Review Consultation Report will include a focus on the role of social determinants of health in achieving the Goals.</p> <p>A Regional Office cross-office workplan on analysis and monitoring should be established, which should include a mechanism to improve coordination with other United Nations agencies (UNICEF, the United Nations Food Programme and UNAIDS) working on the health-related Goals in the Region.</p>

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		<p>Considerable emphasis is given to primary health care in achieving the MDGs, and this will need to be linked with work on national health planning.</p> <p>There is a need for regular monitoring and reporting and for strengthening institutional capacity in national health information systems. Such reporting needs to go beyond the analysis of trends and to cover also policy and programme responses and the question of how important issues like equity and the strengthening of health systems are being addressed.</p>	
WHA63.16	WHO Global Code of Practice on the International Recruitment of Health Personnel	<p>The resolution adopts the WHO Global Code of Practice on the International Recruitment of Health Personnel; only the second voluntary code approved by the World Health Assembly in the history of WHO, it sets out the ethical principles applicable to the international recruitment of health personnel and is intended as a guide for Member States in establishing or improving the legal and institutional framework for such recruitment.</p> <p>The Code can have a sustained impact only if its principles and purpose are widely communicated, if effective monitoring is fully supported and if its signatories tackle the broader and deeper causes of health-worker shortages and imbalances.</p> <p>Therefore, it is critical that WHO develop a strategy to promote effective implementation of the Code by all stakeholders and at all levels (global, regional and national). WHO has the key role and responsibility to provide all possible support to Member States for the implementation of the Code, as mandated in the resolution.</p> <p>Member States are encouraged to implement the Code, to incorporate it into applicable laws and policies, and to consult with all stakeholders in the decision-making process related to the international recruitment of health personnel.</p>	<p>It is critical that WHO develop a strategy to promote effective implementation of the Code by all stakeholders and at all levels (global, regional and country). Currently, the Human Resources for Health Department at headquarters is developing, in consultation with regional offices, a strategy for the implementation of the Code at the global level. This strategy includes objectives, targets and indicators to measure implementation. The Regional Office for Europe has started the process of developing its own implementation strategy.</p> <p>Further collaboration and consultations with Member States and all relevant stakeholders, such as the European Union, the Global Health Workforce Alliance, Realizing Rights, professional associations and civil society will be required in order to promote the Code and its implementation. The leadership role of the WHO European Region will be maintained at the global level.</p> <p>At the regional level, the WHO European Office will continue to work with all relevant partners, including 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>Resource mobilization will be crucial for the implementation of the Code at regional and country level, given that current available resources are clearly insufficient.</p>

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		<p>Member States should periodically report to the WHO Secretariat every three years, beginning with an initial data report within two years after the adoption of the Code by the Sixty-third World Health Assembly, the measures taken, results achieved, difficulties encountered and lessons learnt in a single report. Coordination will be required at the regional level.</p>	<p>Reports should be submitted to the Regional Committee in 2012, as decided at the Fifty-ninth World Health Assembly, and provide a regional contribution to the first review of the relevance and effectiveness of the Global Code at the Sixty-eighth World Health Assembly.</p>
WHA63.17	Birth defects	<p>Advanced maternal age is very common in many Member States of the European Region and is directly linked with an increased risk of congenital malformations. In more than one third of Member States, 15–27% of all live births are to mothers aged 35+ years. High alcohol consumption is another important risk factor for birth defects in many countries of the Region.</p> <p>The situation regarding congenital malformation screening and registration differs among the 53 Member States, which results in diverse data. Many countries have no reliable statistics on congenital disorders, including links with communicable diseases (such as measles and toxoplasmosis), or on their prevention (vaccination coverage).</p> <p>One should be careful when discussing the problem of birth defects in countries with the highest perinatal and neonatal mortality in the European Region, where infections, asphyxia and preterm birth are the leading causes of neonatal and child mortality, where wrong priorities are often set and where high-technology interventions are used without a clear comprehensive programme and without an understanding of the usefulness of these interventions or the cost for the health system. Often health professionals have a limited capacity to interpret the findings. In some countries, prenatal diagnosis interventions are used to diagnose the sex of the fetus and selective abortions follow.</p>	<p>Country situations should be analysed before WHO assists Member States with implementation of the recommendations. Putting resources in this area may be effective in countries where other basic interventions to improve neonatal health are in place, such as countries with better developed health systems and more resources. In these countries, activities on the prevention and management of congenital disorders should be integrated into the existing health care system.</p> <p>The Regional Office supports the public health approach, the prevention of avoidable diseases and the promotion of a healthy lifestyle as important components of the prevention of congenital disorders. When assisting countries in improving maternal and neonatal care, comprehensive analysis of existing national recommendations on the screening and management of congenital disorders to avoid overuse of medical technologies is encouraged, as well as integration of prevention and screening of birth defects into health education and health care based on the best available evidence.</p> <p>Diagnostics of congenital malformations will be included in the assessment tool of evaluation of maternal health care at primary health care level (planned to be developed by the Regional Office in 2011).</p> <p>In collaboration with the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) in Geneva, the Regional Office will work with WHO Collaborating Centres on carrying out operational research on the impact of prenatal interventions related to the screening of birth defects.</p>

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WHA63.18	Viral hepatitis	<p>Targeted prevention:</p> <ul style="list-style-type: none"> – prevention of hepatitis B through vaccination of most-at-risk-populations (MARPs) – harm-reduction programmes, including Opioid Substitution Therapy for injecting drug users, and prevention among prisoners, sex workers and men who have sex with men. <p>Surveillance:</p> <ul style="list-style-type: none"> – improved epidemiological surveillance systems with emphasis on chronic infections. <p>Access to diagnosis and treatment:</p> <ul style="list-style-type: none"> – increased access to laboratory diagnosis and treatment of chronic viral hepatitis. <p>Blood safety:</p> <ul style="list-style-type: none"> – sustainable national safe blood donor programmes – safe injection and transfusion practices, including laboratory capacity and management of sharps and disposables – national programmes for prevention of noscomial infections as part of the patient safety and health care worker safety agenda. 	<p>Targeted prevention:</p> <ul style="list-style-type: none"> – advocacy efforts and training, where needed, to introduce and expand access to vaccination of MARPs – inclusion of hepatitis B and C prevention as part of any HIV prevention interventions for MARPs. <p>Surveillance:</p> <ul style="list-style-type: none"> – strengthening of incidence and prevalence data for chronic hepatitis B and C through sentinel surveys and case registration. <p>Access to diagnosis and treatment:</p> <ul style="list-style-type: none"> – promotion and advocacy of access to laboratory diagnosis and treatment of chronic viral hepatitis. <p>Blood safety:</p> <ul style="list-style-type: none"> – comprehensive action on preventing transmission of bloodborne pathogens through unsafe injection and blood transfusion practices – strengthening blood services and improving laboratory capacity for viral identification – strengthening the role and capacity of primary health care in prevention through patient education and early diagnosis.
WHA63.19	WHO HIV/AIDS strategy for 2011–2015	<p>The HIV epidemic in the WHO European Region is concentrated in populations that are often marginalized, vulnerable and criminalized. Scientific evidence that supports achieving universal access to HIV prevention, treatment and care for such groups as injecting drug users, men who have sex with men, sex workers, migrants and prisoners requires approaches that sometimes go against the well-established policies and practices of our Member States. This represents a challenge for WHO, as it requires additional efforts to mobilize the political commitment to invest resources and adopt evidence-informed and human rights-based policies for key populations, such as harm reduction interventions including opioid substitution therapy for injecting drug users, which remain highly sensitive</p>	<p>The Regional Office will ensure a comprehensive and representative input from the European Region, including close collaboration with WHO headquarters and by using different mechanisms, such as the Regional Committee, and consultations with Member States, other partners, such as European Union institutions, and civil society forums. The broad consultation process will include web-based and targeted national consultations. An outline of the process and a briefing will be circulated. The Regional Office will make available high-level institutional support and resources for this process.</p>

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		<p>issues in a number of countries. Under these circumstances, it is a challenge to work towards halting the spread of HIV by 2015, as set out in MDG 6.</p> <p>The new WHO HIV/AIDS Strategy for 2011–2015 will guide the Regional Office’s support to Member States, together with the broader strategic frameworks, such as the MDGs, primary health care, and the UNAIDS Outcome Framework.</p>	
WHA63.20	Chagas disease: control and elimination	<p>Chagas is a vector-borne disease endemic to South America, but population movement has resulted in an increase in cases in the European Region, where knowledge and experience of the disease is limited and measures for prevention, control, diagnosis, management and treatment are insufficient, especially in blood banks and organ transplantation, obstetric, perinatal and paediatric services. It is estimated that the number of infected cases in Europe exceeds 80 000, with more than 3900 laboratory-confirmed cases during the past 10 years. These cases pose a continuing risk of transmission of the parasite through blood transfusion, congenital infection and organ transplantation.</p>	<p>Since both funds and expertise in this area of work are limited at Regional Office level, close collaboration with headquarters and the Organization’s blood safety expertise will continue to be crucial in meeting the needs of Member States. Similarly, the involvement of mother and child health programmes should be considered.</p>
WHA63.21	WHO’s role and responsibilities in health research	<p>The resolution and the report to the World Health Assembly indicate that:</p> <ul style="list-style-type: none"> – the global strategy is expected to be rolled out to the regions, on their own initiative and shaped to their own context, in the near future; the Pan American Health Organization (PAHO) already has its own strategy on research for health, which has been approved after being developed through various rounds of their equivalent of the Advisory Committee on Health Research and through regional consultations and endorsed by the PAHO equivalent of the Regional Committee); – all research being undertaken by WHO (including the regional offices) will be expected to follow the approach and overlapping dimensions of the global strategy and thereby adhere to the highest norms and 	<p>There continues to be a clear need for a dedicated research function in the Regional Office, especially as the work of headquarters – and the other regional offices – on the global strategy develops. More and closer collaboration in these areas with the Research Policy and Cooperation Unit at headquarters will be required.</p> <p>The European Advisory Committee on Health Research needs to be reconstituted in order to help or advise on, inter alia:</p> <ul style="list-style-type: none"> – mapping, and then supporting the development of, national health research systems in the Region; – setting regional priorities for research; – supporting resource mobilization initiatives for work on research for health in the region.

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		<p>standards of good research practice; it has therefore now become urgent for the Regional Office to put in place the corresponding P5 post, as suggested in the new human resources plan and organigram;</p> <ul style="list-style-type: none"> – there will be greater emphasis on the use of evidence to inform policy (this underlines the need for a dedicated evidence function in the Regional Office also). <p>Related elements include ethics reviews, the conduct of clinical trials and joint platforms, and the evidence base in setting guidelines.</p> <p>Specifically, Member States are called upon to:</p> <ul style="list-style-type: none"> – adopt and implement policies for research that are aligned with national health plans; – establish governance mechanisms for research; – improve the collection of health information and data and make them publicly available, where appropriate. <p>In all these areas, it is expected that regional offices will have the capacity and expertise to provide guidance and support, as needed.</p>	<p>Moreover, the Committee will need to report directly to the Regional Director and the Regional Committee to ensure Member State support.</p> <p>As the Director-General is called upon to provide adequate resources in programme budgets to support the research function, this may need to be considered by the Regional Office, as well. It is worth noting here that, currently, the Regional Office for the Eastern Mediterranean is the only regional office to require that a percentage of its programme budget go to research and the Research Policy and Cooperation Unit.</p> <p>Staff training in the Regional Office is likely to be required. This can take the form of either attending headquarters workshops on such topics as conducting or managing research or ethical reviews or else establishing the capacity for such workshops within the Regional Office.</p>
WHA63.22	Human organ and tissue transplantation	<ul style="list-style-type: none"> – Area inadequately regulated, with variations across the European Region, an increasing gap between human material supply and demand and ethical concerns; – possible distortion impact on country health priorities, diverting attention from improved performance of care for chronic conditions leading to organ failure; – maximizing donation, with the emphasis on deceased donor programmes and analysing outcomes. 	<p>Key issues:</p> <ul style="list-style-type: none"> – enforcing regulatory oversight and protecting vulnerable populations; – consistency of health promotion activities and integration of health care to reduce organ demand; – public information and professional capacity-building for self-sufficiency in human material for transplantation; – mapping of progress and stakeholder coordination.
WHA63.23	Infant and young child nutrition	<p>The resolution calls for:</p> <ul style="list-style-type: none"> – increased political commitment to reducing malnutrition in all its forms; – improved implementation of the global strategy for infant and young child feeding, particularly the 	<p>The Regional Office is working to strengthen the evidence base of effective and safe nutrition actions to counteract the public health effects of the double burden of malnutrition. It also provides models of best practices. These activities will involve an increase in the provision of programme</p>

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		<p>International Code of Marketing of Breast-milk Substitutes;</p> <ul style="list-style-type: none"> – the development or review of policy frameworks on malnutrition and the allocation of adequate resources; – higher priority to be given to interventions designed to improve infant and young child nutrition, including the protection and promotion of breastfeeding and timely, safe and appropriate complementary feeding; the implementation of supplementary and therapeutic feeding for severe malnutrition; and the control of vitamin and mineral deficiencies; – the inclusion of these strategies in comprehensive maternal and child health services and support for the aim of universal coverage and principles of primary health care, including strengthening health systems – stronger nutrition surveillance systems and increased use of MDGs to monitor progress; – the implementation of the WHO Child Growth Standards by integrating them into child health programmes. <p>Lastly, the resolution stresses that there is an urgent need to scale up infant and young child feeding interventions and to adopt a global action plan on nutrition.</p>	<p>assistance and guidance.</p> <p>The Regional Office will mainstream nutrition in all WHO European health policies and strategies and promote significant action on nutrition in the context of the reform of primary health care, which will involve intensifying efforts to strengthen health systems.</p> <p>The Regional Office will continue and strengthen collaboration with other United Nations agencies and international organizations involved in the process of ensuring improved nutrition, including clear identification of leadership, division of labour and outcomes.</p> <p>The Regional Office will provide technical support to Member States in expanding nutritional interventions related to the double burden of malnutrition, such as the Nutrition-Friendly Schools Initiative or complementary feeding interventions, monitoring and evaluating impact, strengthening or establishing effective nutrition surveillance systems, such as the Childhood Obesity Surveillance Initiative (COSI), and implementing the WHO Child Growth Standards. Technical support is crucial here in establishing higher levels of priority for food and nutrition in Member States.</p> <p>The Regional Office will participate in the development of a comprehensive implementation plan on infant and young child nutrition as a critical component of a global multisectoral nutrition framework. A plan may also need to be established at the regional level.</p> <p>The Regional Office has contributed to the development of tools based on the linear programming technique to assist in the identification of balanced complementary diets at the lowest cost, using locally available food and micronutrient supplements or fortified foods, as needed.</p> <p>The Regional Office has contributed to the global review of nutrition policy implementation currently being undertaken by headquarters, including an overview of information on infant and young child feeding practices and the</p>

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			<p>implementation of the Code in Member States.</p> <p>The Regional Office is currently developing, jointly with the European Community, a European integrated database on nutrition, obesity and physical activity, containing information on surveillance data, policy development and implementation in these three areas. This database will also be linked to the headquarters databases on child growth and malnutrition, micronutrient deficiencies and infant and young child feeding practices.</p> <p>The new WHO Child Growth Standards have been officially adopted by several European Region Member States. Two region-wide WHO training courses on child growth assessment were organized in 2008. The Regional Office helped run national courses in 2008 and 2009 and is continuing to do so in 2010. There has been wider implementation of the WHO integrated course on infant and young child feeding in European Member States.</p> <p>In the biennium 2010–2011, the Regional Office will prioritize improving the capacity of health professionals to provide counselling on infant and young child feeding in such countries with biennial collaborative agreements as Latvia, Montenegro, Tajikistan and Uzbekistan and will support other Member States who need assistance in this area.</p> <p>The Regional Office is looking to enlarge the network of countries enrolled in COSI, to present and disseminate the results of the first round of evaluation and to broaden the scope of COSI by including preschool children, where appropriate.</p> <p>The Regional Office is looking to strengthen the role of the health sector, in particular the primary sector, in the promotion of breastfeeding in Europe.</p> <p>Some of the countries with high maternal and child undernutrition are in the European Region and this issue could be raised as a topic of discussion.</p>

Resolution	Title/Subject	Regional implications	Action/Comments
			<p>The Regional Office will encourage Member States to promote exclusive breastfeeding for the first six months of life, especially in the context of preventing childhood obesity. The first progress report on the implementation of the European Charter on Counteracting Obesity and the WHO European Action Plan for Food and Nutrition Policy 2007–2012, due in 2010, will include a section on the initiatives undertaken by Member States in this area.</p>
WHA63.24	Accelerated progress towards achievement of MDG 4 to reduce child mortality: prevention and treatment of pneumonia	<p>The resolution supports the Regional Office’s strategies and activities relating to the accelerated introduction of the underutilized <i>Haemophilus influenzae</i> type b vaccine and the new <i>Streptococcus pneumoniae</i> vaccine in Member States, with the focus on the poorest countries, which carry a disproportionate burden of disease. The resolution is in line with the Regional Office’s strategy in using the introduction of pneumococcal vaccines as an opportunity to strengthen other effective public health interventions recommended by WHO to prevent and treat pneumonia.</p> <p>The implementation of the resolution will require synergy between the relevant WHO programmes at both regional and country level so that eventually such interventions may be effectively delivered together at the point of access to community health care.</p>	<p>The Regional Office’s priorities in accelerating the introduction of <i>Haemophilus influenzae</i> type b vaccine and pneumococcal vaccine are to:</p> <ul style="list-style-type: none"> – provide support to Member States in establishing or strengthening national advisory bodies on immunization in order to improve evidence-based decision-making; – provide decision- and policy-makers with global and regional data on the disease burden and information about vaccines; – summarize and share the experiences of countries that adopted the vaccines earlier; – strengthen country capacity and provide the tools for collecting local data in order to facilitate decisions on introducing a vaccine, based on the disease burden and the cost–effectiveness of vaccination, and monitor their impact; – provide technical assistance to Member States in developing national strategies for the comprehensive prevention and control of pneumonia, as outlined in the global action plan, and use the introduction of pneumococcal vaccine as an opportunity to strengthen other public health programmes aimed at combating childhood pneumonia, such as: <ul style="list-style-type: none"> ○ case management using the Integrated Management of Childhood Illness strategy at every level; ○ improvement of nutrition and low birth weight;

Resolution	Title/Subject	Regional implications	Action/Comments
			<ul style="list-style-type: none"> ○ control of indoor air pollution; ○ prevention and management of HIV infection.
WHA63.25	Improvement of health through safe and environmentally sound waste management	<p>The resolution calls for greater human and technical capacity at national and regional levels for the assessment and management of risks related to waste management.</p> <p>The 2008 report, entitled “Population health and waste management: scientific data and available options”, is in line with many points of the resolution and provides a basis for its implementation in the Region.</p> <p>The environmental health capacity-building project to be implemented in seven Member States will include the assessment of risks related to wastes.</p> <p>Management of health-care wastes is included in the biennial collaborative agreement with Latvia.</p> <p>Recruitment of a Technical Officer, Chemicals, to the Bonn Office will strengthen the Regional Office’s capacity to assist Member States in issues related to chemical wastes and to facilitate their participation in the Strategic Approach to International Chemicals Management.</p>	<p>Progress made should be reported to the Sixty-fourth World Health Assembly through the Executive Board.</p> <p>Recruitment of the Technical Officer, Chemicals, should be initiated.</p> <p>Health inequalities arising from exposure to waste were assessed and a report presented to the Fifth Ministerial Conference on Environment and Health (the Parma Conference).</p>
WHA63.26	Improvement of health through sound management of obsolete pesticides and other obsolete chemicals	<p>The resolution requests Member States to strengthen their policies on the safe handling of obsolete pesticides. As confirmed at a meeting held by the Regional Office in 2008, this is also an urgent need in the European Region.</p> <p>WHO is requested to support the development of efficient strategies to minimize the health risks of obsolete pesticides, to enhance its capacity to foster such strategies and to support the capacity-building efforts of Member States.</p>	<p>Following the revision of the organigram in June 2010, the recruitment of a Technical Officer, Chemicals, should be initiated without delay in order to enhance the Regional Office’s capacity in this area.</p> <p>The resolution is fully in line with the Parma Ministerial Declaration, which called for the prevention of disease caused by chemicals.</p>
WHA63.27	Strengthening the capacity of governments to constructively engage the private sector in providing essential	<p>With its emphasis on strengthening regulatory institutional capacity and gathering better strategic intelligence on private sector provision, the resolution is certainly relevant to Member States of the European Region, particularly in view of the fact that the landscape of health care provision in many European Member States is characterized by a mix</p>	<p>The Regional Office should continue to assist Member States in implementing the Tallinn Charter: Health Systems for Health and Wealth and resolution EUR/RC58/R4, which emphasizes the unique role that the state plays both in steering the health system, or more specifically in providing a framework for policy-making and information-gathering,</p>

Resolution	Title/Subject	Regional implications	Action/Comments
	health-care services	<p>of public and private provision. As such, the challenge for the Regional Office is to strengthen the stewardship and governance role of ministries of health and others so as to level the playing field for both public and private providers, in accordance with the Tallinn Declaration.</p> <p>Indeed, resolution EUR/RC58/R4 on Stewardship/governance of health systems in the WHO European Region urges Member States to ensure the collection of information and evidence; make health care systems more responsive to people's needs and preferences; and involve all stakeholders of the health system, including private providers and their representative bodies and consumer and patient organizations. It also requests the Regional Office to assist Member States in carrying out these functions and responsibilities.</p>	<p>and in guaranteeing or moving towards universal coverage by its influence over the way that health care is funded.</p> <p>Such assistance should include the Regional Office's assessment of health system performance, regardless of whether services are delivered by public or private providers. Emphasis should also be placed on our commitment to the equitable distribution of the burden of funding according to people's ability to pay, again regardless of how services are provided, so long as they are regulated by the state in a consensual manner, inclusive of all the relevant stakeholders.</p>
WHA63.28	Establishment of a consultative expert working group on research and development: financing and coordination	<p>Following the adoption of WHA61.21 on the Global strategy and plan of action on public health, innovation and intellectual property, the Expert Working Group on Research and Development Financing and Coordination was established. The Working Group's report was discussed at a consultation prior to the Sixty-third World Health Assembly, on 13 May, and at the Assembly itself.</p> <p>Several Member States – and the European Union – welcomed the report as a first but important step towards identifying new sources of financing for research and development in public health priority areas. However, questions were also raised about the proposals reviewed by the Working Group, which were not considered viable, the criteria and methodologies used for evaluating those proposals, the consultations with stakeholders and the sources of the statistics used.</p> <p>As there remained questions about the report of the Expert Working Group, Member States adopted resolution WHA63.28, which called on the Director-General to establish a Consultative Expert Working Group to take forward the work of the Expert Working Group, explore</p>	<p>As requested by resolution WHA63.28, the supporting documentation, together with additional information on the work of the Expert Working Group, has been posted on the WHO website, and Member States were informed by circular letter on 30 June; see http://www.who.int/phi/ewg_response_wha63_28/en/index.html</p> <p>In the circular letter Member States were invited to propose candidates for the Consultative Expert Working Group, with submissions to be sent through the regional directors by 31 July. The Director-General will then propose the members of the Consultative Expert Working Group to the next meeting of the Executive Board in January 2011.</p> <p>Member States are also encouraged to discuss research and development financing and specific regional issues and approaches in regional consultative meetings with WHO support.</p>

Resolution	Title/Subject	Regional implications	Action/Comments
		<p>further its funding proposals and consider new proposals from Member States, from regional consultation meetings or from stakeholders.</p>	
Decision	Substandard/spurious/ falsely-labelled/ falsified/counterfeit medical products	<p>Counterfeit medicines pose a serious threat both to the health of patients and to the effectiveness and credibility of countries' health systems and regulatory systems. European countries have been concerned about the risks posed by counterfeiting medical products and have taken steps to secure supply chains and prevent the entry and spread of counterfeit products.</p> <p>WHO has collaborated for many years with Member States' regulatory authorities and with stakeholders on combating counterfeit medicines. Counterfeiting is a global issue and requires national and regional, as well as global, concerted action and information exchange.</p> <p>Before the Sixty-third World Health Assembly, headquarters had requested information and comments on the use of the term "counterfeit" in national legislation and on draft model legislation on counterfeit medicines. The survey has already shown the global variations in how countries are dealing with counterfeit medical products from the legal, public health and trade points of view.</p> <p>The Sixty-third World Health Assembly discussed the counterfeiting of medical products because of the difficulty of defining "counterfeit medical products", because of the possible interaction and confusion with trade and intellectual property issues, because of the possible implications for the wider use of generic medicines and because of the role and responsibilities of WHO with regard to the International Medical Products Anti-Counterfeiting Taskforce (IMPACT). Several Member States raised concerns about seizures by the customs authorities of European Union countries of medicines that were being shipped from countries in Asia to countries in Africa and Latin America, because this could hamper access to medicines in those countries. The seizures were carried out because of current</p>	<p>Discussions between European Union Member States, the European Parliament and the European Commission on new legislation on counterfeit medicines are continuing under the Belgian presidency of the Union in 2010.</p> <p>The Council of Europe is in discussions on the ratification of its draft convention on the counterfeiting of medical products and similar crimes involving threats to public health, which will be open for accession by all countries.</p> <p>The first Working Group meeting will be convened by WHO in early November (dates to be confirmed) and European countries are encouraged to participate in this important debate. The Working Group will report back to the 128th meeting of the Executive Board in January 2011 and to the Sixty-fourth World Health Assembly in May 2011.</p> <p>The Regional Office continues to support Member States and their regulatory authorities, upon request, in strengthening their regulatory systems, as part of global WHO action.</p> <p>Counterfeit medicines will also be on the agenda of the International Conference of Drug Regulatory Authorities in November.</p>

Resolution	Title/Subject	Regional implications	Action/Comments
		<p>European Union legislation and concerns about counterfeit medicines.</p> <p>Several draft resolutions were proposed and the World Health Assembly finally decided to establish a time-limited and results-oriented working group open to all Member States to review the Organization's role in regulating medical products, its relationship with IMPACT and its public health role in the prevention and control of counterfeit products (now renamed in the decision as substandard/spurious/falsefully labelled/falsified/counterfeit medical products), as well as issues mentioned in the other resolutions.</p>	

Administrative, financial and budgetary matters

Resolution	Title/Subject	Regional implications	Action/Comments
WHA63.4	Financial report and audited financial statements for the period 1 January 2008–31 December 2009	There are no specific implications for the Regional Office.	No actions required.
WHA63.5	Scale of assessments 2010–2011	The contributions of a number of European Region Member States either increased or decreased, in some cases quite substantially.	Since it has been formally adopted, Member States are bound by the new scale of contributions.
WHA63.6	Safety and security of staff and premises	US\$ 10 million will be deposited in the security fund in order to cover the cost of urgent action to ensure the safety and security of staff and premises. Urgent needs have been identified in other regions as a priority for the Organization, particularly at headquarters in Geneva.	<p>The Regional Office will be sending to country offices the results of a survey on compliance with the Minimum Operating Residential Security Standards and the Minimum Operating Security Standards. These will give the Region an indication of any urgent action that will be needed.</p> <p>Once the results have been analysed, the Regional Office will be able to submit a request for funds.</p>

WHA63.7	The Capital Master Plan	Headquarters is in need of urgent renovation and the first US\$ 80 million will be used for its renovation project, which will take approximately 8 to 10 years.	The Regional Office has made provision for the move of the Regional Office in Copenhagen to the new United Nations city (United Nations common premises) in 2013. For all other offices of the European Region, adequate provision has been made through proper planning, which has been reflected in the Capital Master Plan for the next five years.
WHA63.8	Report of the External Auditor	There were no items specific to the Regional Office in the report of the External Auditor.	Action on items included in the External Auditor's report to the Regional Office has already been taken and reported back to the Auditor.
WHA63.9	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.	

Annex
List of resolutions adopted by the Sixty-third World Health
Assembly
(Geneva, 17–21 May 2010)

- WHA63.1 Pandemic Influenza Preparedness: sharing of influenza viruses and access to vaccines and other benefits
- WHA63.2 Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
- WHA63.3 Advancing food safety initiatives
- WHA63.4 Financial report and audited financial statements for the period 1 January 2008–31 December 2009
- WHA63.5 Scale of assessments 2010–2011
- WHA63.6 Safety and security of staff and premises
- WHA63.7 The Capital Master Plan
- WHA63.8 Report of the External Auditor
- WHA63.9 Salaries of staff in ungraded posts and of the Director-General
- WHA63.10 Partnerships
- WHA63.11 Agreements with intergovernmental organizations
- WHA63.12 Availability, safety and quality of blood products
- WHA63.13 Global strategy to reduce the harmful use of alcohol
- WHA63.14 Marketing of food and non-alcoholic beverages to children
- WHA63.15 Monitoring of the achievement of the health-related Millennium Development Goals
- WHA63.16 WHO Global Code of Practice on the International Recruitment of Health Personnel
- WHA63.17 Birth defects
- WHA63.18 Viral hepatitis
- WHA63.19 WHO HIV/AIDS strategy for 2011–2015
- WHA63.20 Chagas disease: control and elimination
- WHA63.21 WHO's role and responsibilities in health research
- WHA63.22 Human organ and tissue transplantation

- WHA63.23 Infant and young child nutrition
- WHA63.24 Accelerated progress towards achievement of Millennium Development Goal 4 to reduce child mortality: prevention and treatment of pneumonia
- WHA63.25 Improvement of health through safe and environmentally sound waste management
- WHA63.26 Improvement of health through sound management of obsolete pesticides and other obsolete chemicals
- WHA63.27 Strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services
- WHA63.28 Establishment of a consultative expert working group on research and development: financing and coordination

- Decision Substandard/spurious/false-labelled/falsified/counterfeit medical products