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**Matters arising out of
the resolutions and decisions
of the Sixty-seventh
World Health Assembly**



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In May 2014, the Sixty-seventh World Health Assembly adopted 25 resolutions and 16 decisions.

The resolutions under technical agenda items considered to be of particular interest to the WHO European Region are reviewed below.

Contents

	page
World Health Assembly resolution WHA67.1.....	1
Global strategy and targets for tuberculosis prevention, care and control after 2015.....	1
World Health Assembly resolution WHA67.6.....	2
Hepatitis.....	2
World Health Assembly resolution WHA67.7.....	3
Disability.....	3
World Health Assembly resolution WHA67.8.....	3
Autism.....	3
World Health Assembly resolution WHA67.9.....	4
Psoriasis.....	4
World Health Assembly resolution WHA67.10.....	5
Newborn Health Action Plan.....	5
World Health Assembly resolution WHA67.11.....	6
Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention.....	6
World Health Assembly resolution WHA67.12.....	6
Contributing to social and economic development: sustainable action across sectors to improve health and health equity.....	6
World Health Assembly resolution WHA67.13.....	8
Implementation of the International Health Regulations (2005).....	8
World Health Assembly resolution WHA67.14.....	8
Health in the post-2015 development agenda.....	8
World Health Assembly resolution WHA67.15.....	9
Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children.....	9
World Health Assembly resolution WHA67.18.....	10
Traditional Medicine.....	10
World Health Assembly resolution WHA67.19.....	11
Strengthening palliative care as a component of comprehensive care throughout the life course.....	11
World Health Assembly resolution WHA67.20.....	12
Regulatory system strengthening for medical products.....	12
World Health Assembly resolution WHA67.21.....	12
Access to biotherapeutic products including similar biotherapeutic products and ensuring their quality, safety and efficacy.....	12
World Health Assembly resolution WHA67.22.....	13
Access to essential medicines.....	13
World Health Assembly resolution WHA67.23.....	14
Health intervention and technology assessment in support of universal health coverage.....	14
World Health Assembly resolution WHA67.24.....	15
Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage.....	15
World Health Assembly resolution WHA67.25.....	15
Antimicrobial resistance.....	15

World Health Assembly resolution WHA67.1

Global strategy and targets for tuberculosis prevention, care and control after 2015

Summary

1. Resolution WHA67.1 adopts the post-2015 global strategy and targets for tuberculosis (TB) prevention, care and control. The resolution urges Member States to adapt the strategy in line with national priorities and specificities; to implement, monitor and evaluate the actions with high-level commitment and adequate financing; and to seek, with full engagement of a wide range of stakeholders, to prevent high incidence rates of TB in specific communities or geographical settings. It invites partners from within and beyond the health sector to implement the strategy.

2. The Director-General is requested to provide guidance to Member States in adapting and operationalizing the strategy, including cross-border collaboration and addressing drug resistance, and in developing nationally appropriate indicators, milestones and targets. It requests the Director-General to coordinate and contribute to implementation of the strategy, working with global and regional financing institutions and partners like The Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID and the Stop TB Partnership, emphasizing active support for development of the global investment plan with the Stop TB Partnership. It requests the Director-General to further develop and update global normative and policy guidance and to promote research and equitable access to new tools and medical products for the prevention, diagnosis and treatment of TB and multidrug-resistant TB (MDR-TB). The Director-General is requested to report on progress, through the Executive Board, to the Seventieth and Seventy-third World Health Assemblies.

Regional implications

3. TB is still a major public health problem in the WHO European Region, with an estimated number of new cases over 350 000 and more than 35 000 deaths every year, of which more than 80% occur in eastern Europe. The major burden in the Region is borne by 18 high-priority countries, which have 85% of TB cases and more than 99% of all MDR-TB cases; the WHO European Region has the highest MDR-TB rate in the world, 15 European Member States being on the list of 27 high-burden countries globally.

4. Since endorsement of the “Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015” (document EUR/RC61/15), implementation of the plan has been accelerated and most of the milestones outlined have been met. Treatment coverage for MDR-TB patients increased from 63% in 2011 to 96% in 2013; however, the treatment success rate for MDR-TB patients is 48.5%, far below the target of 75%. Key achievements include establishment of the Green Light Committee, provision of technical assistance to Member States, launch of the European Tuberculosis Laboratory Initiative to improve the quality of diagnosis and the Regional Collaborating Committee on Tuberculosis Control and Care to improve working in partnership. Several multidisciplinary task forces have been established to improve the prevention and control of childhood TB, to develop a framework mechanism for cross-border TB control and care and to assess and address health systems challenges and social determinants of TB in line with the Health 2020 policy framework.

5. The global “StopTB strategy” is comprehensive and includes many areas of intervention covered by the European consolidated action plan. The Regional Office will support its Member States by reviewing their TB epidemiological situations and assessing their health systems to render them more efficient and patient-friendly. Member States will require greater capacity-

building on integrated care, policy implementation and research and can play an important role by providing funding and engaging their research capacities.

World Health Assembly resolution WHA67.6

Hepatitis

Summary

6. The resolution builds on resolution WHA63.18 on “Viral hepatitis”, calling for intensified, accelerated action, urging Member States to develop and implement coordinated multisectoral national strategies for health promotion and for the prevention, diagnosis and treatment of viral hepatitis according to their local epidemiological context, promoting the involvement of civil society. It calls for particular action by Member States in the following areas: strengthening immunization strategies, including hepatitis B vaccination for infants and inclusion of a birth dose to prevent perinatal transmission; enhancing health promotion and prevention of viral hepatitis, including hepatitis A and E; strengthening surveillance systems, particularly for evidence-based decision-making; strengthening infection control in health care settings and by safe blood collection and quality-assured screening of all donors of tissues and organs; promoting equitable access to prevention, diagnosis and treatment, especially for populations affected by viral hepatitis; reviewing policies, procedures and practices associated with stigmatization and discrimination; considering national legislative mechanisms for the use of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights in order to promote access to specific pharmaceutical products;¹ and implementing comprehensive hepatitis prevention, diagnosis and treatment programmes for people who inject drugs, including the nine core interventions² in line with the WHO, United Nations Office on Drugs and Crime and UNAIDS technical guide.

7. The resolution requests the Director-General to provide technical support to Member States to develop national viral hepatitis prevention, diagnosis and treatment strategies with time-bound goals; to develop guidelines for hepatitis diagnosis and cost-effective ways to integrate prevention, testing, care and treatment of viral hepatitis into existing health care systems; and to provide technical guidance on prevention of transfusion-transmitted hepatitis B and C through safe donations. It asks the Director-General to develop, in consultation with Member States, a system for regular monitoring and reporting on progress; to estimate the global, regional and domestic economic impact and burden of viral hepatitis in collaboration with Member States and relevant organizations; and to examine the feasibility of and strategies necessary for the elimination of hepatitis B and C with a view to potentially setting global targets. In particular, it requests work with national authorities to promote comprehensive, equitable access to prevention, diagnosis and treatment of viral hepatitis, particularly for people who inject drugs, taking into consideration national policy, and to work with key stakeholders to facilitate equitable access to high-quality, effective, affordable, safe treatment and diagnostics

¹ The World Trade Organization General Council in its Decision of 30 August 2003 on implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health decided that “‘pharmaceutical product’ means any patented product, or product manufactured through a patented process, of the pharmaceutical sector needed to address the public health problems as recognized in paragraph 1 of the Declaration. It is understood that active ingredients necessary for its manufacture and diagnostic kits needed for its use would be included.”

² Needle-and-syringe programmes; opioid substitution therapy and other drug dependence treatment; HIV testing and counselling; antiretroviral therapy; prevention and treatment of sexually transmitted infections; condom programmes for people who inject drugs and their sexual partners; targeted information, education and communication for people who inject drugs and their sexual partners; vaccination, diagnosis and treatment of viral hepatitis; prevention, diagnosis and treatment of TB.

for hepatitis B and C. It further requests the Director-General to provide technical assistance to Member States in the use of the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights when needed, in accordance with the “Global strategy and plan of action on public health, innovation and intellectual property” (resolution WHA61.21). Finally, it requests the Director-General to maximize synergies between programmes for viral hepatitis prevention, diagnosis and treatment and the *WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020* and to report, through the Executive Board, to the Sixty-ninth World Health Assembly.

Regional implications

8. Viral hepatitis B and C are increasing public health challenges in the WHO European Region. It is estimated that 13.3 million (1.8%) adults are infected with hepatitis B virus and 15.0 million (2.0%) with hepatitis C virus in the Region. In the eastern European and central Asian parts of the Region, the prevalence of infection is almost three times higher for hepatitis B and over two times higher for hepatitis C. More resources and capacity are needed for viral hepatitis activities in the WHO European Region and a strategy should be developed for a comprehensive response to viral hepatitis, in particular B and C, focusing on prevention, access to treatment and surveillance and the needs of key populations.

World Health Assembly resolution WHA67.7

Disability

Summary

9. Resolution WHA67.7 endorses the “WHO global disability action plan 2014–2021: better health for all people with disability” and urges Member States to implement the actions proposed in the plan, adapted to national priorities and specific contexts.

10. The resolution requests the Director-General to implement the actions and to report to the Seventieth and Seventy-fourth World Health Assemblies.

Regional implications

11. The prevalence of disability in Member States of the WHO European Region ranges from 4% to 21%, but is expected to increase with the ageing of the population and with the rising prevalence due to noncommunicable conditions, including injuries. This is an important area for the Regional Office in view of the principles underpinned by Health 2020 with a focus on equity, social justice, health systems strengthening, governance and the whole-of-society approach. Most Member States of the Region have signed the United Nations Convention on the Rights of Persons with Disabilities, although 13 are yet to ratify. The global action plan will be valuable for implementing the recommendations of the *World Report on disability* endorsed by Member States.

World Health Assembly resolution WHA67.8

Autism

Summary

12. The resolution urges Member States to recognize the specific needs of individuals with autism spectrum and other developmental disorders, to take a comprehensive approach and to develop and implement relevant policies, legislation and multisectoral plans, supported by

sufficient resources. It also calls for increased capacity of health and social care systems, mainstreaming into primary health care services and shifting the focus of care away from long-stay health facilities towards community-based, non-residential services. It requests Member States to identify and address disparities in access to services; to improve health information and surveillance systems; to support research and public awareness-raising campaigns consistent with the United Nations Convention on the Rights of Persons with Disabilities; and to promote sharing of best practices, knowledge and technology to support diagnosis and treatment. Member States are encouraged to provide social and psychological support and care to families affected by autism spectrum disorders and to recognize the contribution of adults living with these disorders to the workforce.

13. The resolution requests the Director-General to provide support in strengthening national capacity as part of a well-balanced approach to strengthening health systems for addressing mental health and disability and to engage with autism-related networks, regional initiatives and international stakeholders. It also requests facilitation of resource mobilization to implement resolution WHA66.8 on the “Comprehensive mental health action plan 2013–2020” and resolution WHA66.9 on “Disability” in order to scale up care for individuals with autism spectrum and other developmental disorders as an integrated component of all mental health needs. It requests the Director-General to monitor the global situation, to evaluate progress made in initiatives and programmes in collaboration with international partners and to report on progress to the Sixty-eighth, Seventy-first and Seventy-fourth World Health Assemblies.

Regional implications

14. The “WHO European Declaration and Action Plan on the Health of Children and Young People with Intellectual Disabilities and their Families” (resolution EUR/RC61/R5), endorsed by the Regional Committee in September 2011, includes children with autism spectrum disorders. Its aims are for children to be cared for by their families, for institutionalization to be prevented and for integrated community services to be offered. All children with intellectual disabilities, including children with autism, should be diagnosed early and affected children should be provided with care that is personalized according to their strengths and needs; stigma and discrimination must be addressed. The Regional Office is presently working with several countries on intellectual disabilities, including autism spectrum disorders, supporting policy development and workforce training.

World Health Assembly resolution WHA67.9

Psoriasis

Summary

15. The resolution encourages Member States to engage further in advocacy to raise awareness about psoriasis and to fight stigmatization, in particular through activities held every year on 29 October, World Psoriasis Day (resolution EB133.R2).

16. The resolution requests the Director-General to draw attention to the public health impact of psoriasis by publishing a global report on psoriasis emphasizing the need for further research and identifying successful approaches for integrating management of the disease into existing services for noncommunicable diseases by the end of 2015. It also requests the Director-General to include information on diagnosis, treatment and care of psoriasis on the WHO website, to further raise public awareness.

World Health Assembly resolution WHA67.10

Newborn health action plan

Summary

17. The resolution endorses the newborn health action plan and urges Member States to revise and strengthen their national strategies, policies and plans in line with the goals, targets and indicators in the action plan. It calls for Member States' commitment to ensure adequate human and financial resources to achieve the national newborn health targets in line with the global action plan and to improve access to and the quality of care, in particular, for the mother and the newborn during labour, around birth and during the first week after birth. The resolution urges Member States to strengthen health information systems to monitor the quality of care and to track progress in ending preventable maternal and neonatal deaths and stillbirths and to share information on lessons learnt and actions taken to reach national targets for newborn and maternal health.

18. The resolution requests the Director-General to foster alignment and coordination of stakeholders to support implementation of the action plan, taking into account the views expressed at the Sixty-seventh World Health Assembly and their domestic context. It also requests the Director-General to identify and mobilize human and financial resources for technical support to Member States in implementing the newborn health component of national plans and monitoring their impact. It also requests finalization of a detailed monitoring plan, with measures of coverage and outcomes, to track progress and to report to the World Health Assembly periodically until 2030, using the proposed monitoring framework to guide discussion and future actions.

Regional implications

19. More than 50% of the under-five mortality rate in the European Region is due to neonatal causes such as prematurity and congenital malformations; every tenth child is born prematurely. The rate of newborn deaths varies widely between countries and among population groups and progress in reducing newborn mortality is comparatively slow. Investing in health through the life-course and empowering people are priorities of Health 2020 and are well aligned with the strategic directions of the global action plan. The strategic objectives and principles of the global action plan are also in line with "Investing in children: the European child and adolescent health strategy 2015–2020", which will be presented to the Regional Committee in September 2014. Several Member States in the European Region have begun developing new policies for reproductive, maternal, newborn, child and adolescent health and the Regional Office supports Member States in improving the quality of care, with emphasis on vulnerable groups, like Roma and other ethnic minorities. The Regional Office also supports work in some Member States to improve civil registration and to build the capacity of policy-makers and researchers, particularly in central and eastern Europe, to conduct research on reproductive, maternal and newborn health.

World Health Assembly resolution WHA67.11

Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention

Summary

20. Resolution WHA67.11 welcomes formal adoption of the *Minamata Convention on Mercury* by Parties in October 2013 and encourages Member States to take the necessary measures to sign, ratify and implement the Convention, which sets out internationally legally binding measures to address the risks posed by mercury and mercury compounds for human health and the environment. It encourages Member States to participate in national, regional and international efforts to implement the Convention; to address the health aspects of exposure, ensuring sound management of mercury and mercury compounds throughout their life cycle; to promote appropriate health care services for the prevention, treatment and care for populations affected by exposure, including effective risk communication for vulnerable groups. It calls for close cooperation between ministries of health and ministries of environment, as well as other ministries responsible for implementation of the Minamata Convention. It requests Member States to facilitate exchange of epidemiological information on the health impacts of exposure to mercury and mercury compounds, in close cooperation with WHO and other relevant organizations.

21. The resolution requests the Director-General to provide support to Member States in developing and implementing strategies and programmes to identify and protect populations at risk, particularly vulnerable populations, with the participation of health and other relevant sectors. It further requests the Director-General to cooperate closely with the Minamata Convention Intergovernmental Negotiating Committee, the Conference of the Parties and other international organizations and bodies, mainly the United Nations Environment Programme, to fully support implementation of the health-related aspects of the Convention and to provide information to the Committee and the Conference of the Parties on progress made in that regard. It also calls for a report on progress to the Seventieth World Health Assembly in 2017.

Regional implications

22. Currently, 27 of the signatories (26 Member States and the European Commission) to the Minamata Convention are in the WHO European Region. Member States will greatly benefit from ratification of the Convention, as mercury-releasing sources and mercury-containing products are still being used in the health sector in some Member States. The health sector can play a significant role in implementing the Convention by highlighting the negative impact of mercury on human health and advocating for prevention of its use in health and other sectors.

World Health Assembly resolution WHA67.12

Contributing to social and economic development: sustainable action across sectors to improve health and health equity

Summary

23. The resolution urges Member States to take efficient action on social, economic and environmental determinants of health through effective legislation, cross-sectoral structures, actions and resources. It calls for enabling societal policies for measuring and tracking social determinants and disparities in health and addressing their impact on health, health protection, health equity and health systems functioning. It calls for the development of institutional

capacity, including within health authorities and relevant research and development institutions; action to enhance health and safeguard public health interests; and the inclusion of relevant stakeholders, local communities and civil society actors in the development, implementation and monitoring of policies across sectors. It urges Member States to contribute to the post-2015 development agenda by emphasizing the impact of policies on sectors other than health and by identifying synergies in policy objectives between health and other sectors.

24. The resolution requests the Director-General to prepare, in consultation with Member States, United Nations organizations and other relevant stakeholders, a framework for country action, taking into account the *The Helsinki Statement on Health in All Policies*, to support national efforts to improve health and to ensure health protection, health equity and health systems functioning, including through action across sectors on determinants of health and risk factors for noncommunicable diseases. It also requests the Director-General to support Member States in building capacity and structures to implement health in all policies and to measure social determinants and disparities in health. It requests strengthening of WHO's role and capacity to ensure coherence and collaboration across programmes and initiatives within WHO. It further requests the Director-General to provide leadership and to work with the United Nations system, development banks, other international organizations and foundations to put health into major strategic initiatives and their monitoring, including the post-2015 development agenda, and to report on progress made to the Sixty-ninth World Health Assembly through the Executive Board.

Regional implications

25. With the adoption of the European policy framework for health and well-being, Health 2020, by the Regional Committee in September 2012, the WHO European Region made an important direct contribution to implementation of the resolution. The Health 2020 policy framework takes its departure from health as a societal resource and a prerequisite for economic and social development. Advancing the Health 2020 strategic objectives to improve health for all, to reduce health inequalities and to improve leadership and participatory governance for health are now at the core of all collaboration in the WHO European Region. The Region has been advocating for health in all policies for many years and there is strong synergy between the outcome of the 8th Global Conference on Health Promotion in Helsinki, Finland, in June 2013 and the Health 2020 priorities and approaches. The focus of the Health 2020 framework on equity is supported by the findings of the *WHO European review of social determinants of health and the health divide*, which provides a wealth of new evidence that health is not equally distributed in European societies, that there is a social gradient in health in all European Member States and that addressing the social determinants of health is crucial to improving health for all in the European Region. Health in all policies is an important approach in advancing the recommendations of the European review and the Health 2020 vision. In order to implement a health-in-all-policies approach in countries, strong political commitment and leadership, backed by appropriate institutional mechanisms and public health capacity, are needed, as recognized and addressed in Health 2020. Important studies on governance for health in the 21st century and the economic case for health promotion and disease prevention provide additional evidence and recommendations to support implementation of the resolution in the European Region.

World Health Assembly resolution WHA67.13

Implementation of the International Health Regulations (2005)

Summary

26. Resolution WHA67.13 adopts, in accordance with paragraph 3 of Article 55 of the *International Health Regulations (2005)*, the updated Annex 7 of the Regulations, which provides updated recommendations and requirements for vaccination against yellow fever. Annex 7 states that vaccination against yellow fever may be required of any traveller leaving an area in which the Organization has determined there is a risk for yellow fever transmission and that the validity of a certificate of vaccination against yellow fever shall extend for the life of the person vaccinated, beginning 10 days after the date of vaccination. In accordance with paragraph 1 of Annex 6, the yellow fever vaccine used must be approved by the Organization, and Parties shall designate specific yellow fever vaccination centres on their territories in order to ensure the quality and safety of the procedures and materials employed.

World Health Assembly resolution WHA67.14

Health in the post-2015 development agenda

Summary

27. Resolution WHA67.14 urges Member States to call for full realization of the right to enjoyment of the highest attainable standard of physical and mental health and to consider this right as fundamental to equitable, inclusive sustainable development. It urges Member States to engage actively in discussions on and ensure that health is central to the post-2015 development agenda. In addition, they are urged to ensure that the post-2015 development agenda will accelerate and sustain progress towards achievement of the health-related Millennium Development Goals; will incorporate noncommunicable diseases, injuries and mental health, and will promote universal health coverage, defined as universal access to quality prevention, promotion, treatment, rehabilitation and palliation services and financial risk protection as fundamental to the health component. It urges Member States to emphasize the need for multisectoral action to address social, environmental and economic determinants of health and to reduce health inequities, including by health in all policies. It further urges them to recognize the importance of strengthening civil registration, vital statistics and health information systems and strengthening health systems for achieving and sustaining universal health coverage and improved health outcomes.

28. The resolution requests the Director-General to continue active engagement in ongoing discussions on the post-2015 development agenda, working with the United Nations Secretary-General, in order to ensure the centrality of health in all relevant processes; and to continue to inform Member States and provide support, upon request, on issues and processes concerning the positioning of health in the post-2015 development agenda.

Regional implications

29. The Regional Office has been actively engaged in the post-2015 development agenda process. Intensive consultations have taken place in the context of the Regional Coordination Mechanism and the United Nations Development Group for Europe and Central Asia. An advocacy document and a series of related issue briefs, including one on health, detailing the main achievements and challenges faced with regard to meeting the Millennium Development Goals and setting an overall vision for the Region on the development agenda beyond 2015, were prepared and submitted to the members of the High-level Panel of Eminent Persons as a contribution to the Secretary-General's report, which was presented at the United Nations

General Assembly Special Event towards achieving the Millennium Development Goals in September 2013. The advocacy package (advocacy paper and 14 issue briefs) is available in both English and Russian.

30. The Regional Consultation on the Post-2015 Agenda hosted by Turkey in November 2013, a platform for multistakeholder dialogue, provided an opportunity to identify regional priorities. The event brought together representatives of governments, international organizations, civil society, the private sector, academia and the media. One of the thematic panel discussions was on health and social protection. Participants and panellists stressed the critical role of health in the post-2015 development agenda, as both an outcome and a determinant of sustainable development and poverty eradication, and referred to WHO's European policy for health and well-being, Health 2020, as an important regional policy framework, crucial for setting the foundation and formulating a new vision of health in the post-2015 agenda. The priorities and key messages formulated at the Regional Consultation will feed into the global negotiation process and will be promoted through various channels, including the Open Working Group on Sustainable Development Goals.

World Health Assembly resolution WHA67.15

Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children

Summary

31. The resolution urges Member States to strengthen the role of their health systems in addressing violence, in particular against women, girls and children, to ensure that all people at risk or affected by violence have timely, effective, affordable access to health services, including health promotion and curative, rehabilitation and support services, emphasizing the importance of prevention and protection. Member States are urged to ensure health systems engagement with other sectors to promote and develop a comprehensive national multisectoral response that is adequately financed. It urges them to end the acceptance and tolerance of all forms of violence against women and girls and calls for action through advocacy, data collection and engagement of men and boys. It urges Member States to promote a human rights approach, break the cycle of interpersonal violence and ensure access to health services, including for sexual and reproductive health, and to social and psychological services. They are urged to enhance capacity, through appropriate continuous training of all public and private professionals in health and non-health sectors as well as caregivers and community health workers and other related preventive and health promotion service providers.

32. The resolution requests the Director-General to develop, in consultation with Member States, United Nations organizations and other relevant stakeholders, a draft global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women, girls and children. It requests that the data be updated on a regular basis and information be collected on best practices in order to develop effective prevention and response by national health systems. The Director-General is requested to provide technical assistance for strengthening the role of health systems. A request is also made for finalization of a global status report on violence and health in 2014, in cooperation with the United Nations Development Programme and the United Nations Office on Drugs and Crime, a report to the Executive Board at its 136th session on progress in implementing the resolution and a draft global action plan for submission to the Executive Board at its 138th session for consideration by the Sixty-ninth World Health Assembly.

Regional implications

33. Interpersonal violence is an important public health concern in the European Region as it leads to the premature deaths of 46 000 people each year, 75% of whom are male. Deaths are the tip of the iceberg: violence in the family is often hidden and detected only through surveys. Data show that the lifetime prevalence of violence against children is 23% and 19–25% against women. Resolution EUR/RC55/R9 on “Prevention of injuries in the WHO European Region” describes the public health approach to reduce the burden of violence in the Region. The Regional Office has advocated for the prevention of interpersonal violence in technical reports, including the *European report on preventing violence and knife crime among young people* (2010), the *European report on preventing elder maltreatment* (2011) and the *European report on preventing child maltreatment* (2013). A conference on stopping violence against women was co-organized in Vienna, Austria, by the Regional Office, the City of Vienna and the European Institute for Gender Equity in November 2013. Technical support is being provided to several countries and a European child maltreatment prevention action plan is due for consideration at the 64th session of Regional Committee as part of the “Investing in children: the European child and adolescent health strategy 2015–2020”. The forthcoming “Investing in children: the European child maltreatment prevention action plan 2015–2020” focuses on preventing “cycles of violence” by preventing violence in childhood.

World Health Assembly resolution WHA67.18

Traditional medicine

Summary

34. The resolution takes note of the *WHO traditional medicine strategy: 2014–2023* and urges Member States to adapt and implement the strategy, where appropriate, and to integrate traditional medicine into health services, particularly primary health care services. Member States will report on progress made in implementation of the strategy as appropriate.

35. The resolution requests the Director-General to facilitate, upon request, Member States’ implementation of the strategy and to support formulation of related knowledge-based national policies, standards and regulations. It requests the continued provision of policy guidance to Member States on integrating traditional and complementary medicine services within their national and/or subnational health care system(s) and to provide the technical guidance necessary to ensure the safety, quality and effectiveness of such traditional and complementary medicine services, with emphasis on quality assurance. Furthermore, the Director-General is requested to continue to promote international cooperation and collaboration to share evidence-based information, to monitor and allocate appropriate funding and to report to the World Health Assembly periodically, as appropriate, on progress made in implementing the resolution.

Regional implications

36. The Regional Office will support Member States in implementing the resolution, upon request.

World Health Assembly resolution WHA67.19

Strengthening palliative care as a component of comprehensive care throughout the life course

Summary

37. The resolution urges Member States to develop, strengthen and implement, where appropriate, palliative care policies to support comprehensive strengthening of health systems and to integrate palliative care services in the continuum of care. It calls for Member States to provide support to families and caregivers and support for appropriate use of essential medicines, including controlled medicines for symptom management. It requests Member States to include palliative care as an integral component of ongoing education and training for care providers. It also calls on Member States to review and update their national legislation and policies for controlled medicines, with reference to WHO policy guidance – *Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines* (2011) – to improve access to and rational use of pain management medicines, in line with United Nations international conventions on drugs.

38. The resolution requests the Director-General to ensure that palliative care is an integral component of all relevant global disease control and health system plans and to update evidence-based guidelines and tools on palliation, including pain management options, while adequately addressing ethical issues related to the provision of comprehensive palliative care. The Director-General is requested to support Member States in reviewing and improving national legislation and policies, with the objective of ensuring balance between the prevention of misuse and appropriate access to controlled medicines, in line with United Nations international conventions on drugs, and to explore ways to increase the availability and accessibility of medicines used in palliative care. The resolution request the Director-General to work closely with international partners, such as the International Narcotics Control Board, on the availability and balanced control of medicines for pain, and with the United Nations Children’s Fund and other relevant partners in the promotion and implementation of palliative care for children. The resolution requests the Director-General to work with Member States to encourage adequate funding and improved cooperation for palliative care programmes and research initiatives, in particular in resource-poor countries, and to encourage research on models of palliative care. The Director-General is requested to report on progress made in implementing the resolution to the Sixty-ninth World Health Assembly.

Regional implications

39. In the WHO European Region, palliative care is a cross-cutting area of work with a rights-based, people-centred health systems approach to improving coordinated, integrated health services and multisectoral actions to address the growing burden of noncommunicable diseases. In recent years, the Regional Office has published several documents on palliative care, including: *Better palliative care for older people* (2004), *Palliative care: the solid facts* (2004) and *Palliative care for older people: better practices* (2011). The Regional Office, through its collaborating centres on palliative care, will continue to work on policy and rehabilitation with emphasis on methods for needs assessment used in the global palliative care atlas; capacity-building with a palliative care outcomes scale; and predictions of future needs for palliative care in Europe, particularly for ageing populations. The Regional Office collaborates with the European Commission’s Access to Opioid Medication in Europe in certain countries in the Region to review policies and legislation for improving palliative care through better access to pain medication.

World Health Assembly resolution WHA67.20

Regulatory system strengthening for medical products

Summary

40. Resolution WHA67.20 urges Member States to strengthen national regulatory systems, including, as appropriate and voluntarily, through self-evaluation, collecting data on regulatory systems performance, identifying and developing a core set of regulatory functions to meet country and/or regional needs, developing the necessary competences, facilitating use of relevant guidance and science-based outputs of WHO expert committees and devising and implementing strategies to address the increasing complexity of supply chains. It also urges Member States to engage in global, regional and subregional networks of national regulatory authorities and to promote international cooperation for information sharing. Member States are requested to strengthen and secure appropriate funding for regulatory systems as an essential component of the production of quality, safe and efficacious medical products, especially in complex areas such as the regulation of biotherapeutic products, blood products and in vitro diagnostics. It urges Member States to support WHO's prequalification programme and the promotion of access to safe, affordable medical products in the context of universal health coverage.

41. The resolution requests the Director-General to continue to support Member States in regulatory systems strengthening and to continue to develop appropriate norms, standards and guidelines; to raise awareness of the importance of effective regulatory systems within health systems and to increase guidance for strengthening capacity to regulate increasingly complex biological products, with a focus on biotherapeutic products, blood products and associated in vitro diagnostics, medicines for human use based on gene therapy, somatic cell therapy and tissue engineering. The Director-General is requested to prioritize support for establishing and strengthening regional and subregional networks of regulatory authorities and to promote greater participation of Member States in existing international and regional initiatives for collaboration and cooperation, including the participation of the International Conference of Drug Regulatory Authorities in promoting the exchange of information and collaborative approaches among drug regulatory authorities. The Director-General is requested to ensure that any activity carried out under the resolution does not duplicate or circumvent the work plan and mandate of the Member States' mechanism for addressing substandard, spurious, falsely labelled, falsified or counterfeit medical products and to report on progress made in implementing the resolution to the Seventieth and Seventy-second World Health Assemblies.

World Health Assembly resolution WHA67.21

Access to biotherapeutic products including similar biotherapeutic products³ and ensuring their quality, safety and efficacy

Summary

42. The resolution urges Member States to develop or strengthen national regulatory assessment and authorization frameworks; to introduce national regulations to allow access to quality, safe, efficacious and affordable biotherapeutic products, including similar biotherapeutic products; and to develop the necessary scientific expertise to facilitate the development of solid, scientifically-based regulatory frameworks.

³Acknowledging that national authorities may use different terminologies when referring to similar biotherapeutic products

43. The resolution requests the Director-General to support Member States and to encourage cooperation and exchange of information among them in relation to biotherapeutic products. The Director-General is requested to convene the WHO Expert Committee on Biological Standardization to update the 2009 guidelines, taking into account technological advances for the characterization of biotherapeutic products and considering national regulatory needs and capacities, and to report on the update to the Executive Board and on progress made in implementing the resolution to the Sixty-ninth World Health Assembly.

Regional implications on resolutions WHA67.20 and WHA67.21

44. Regulation of medical products varies across Europe, although quality remains an important issue. The Regional Office provides guidance, technical assistance and training and supports countries in building effective medicine regulatory systems to promote and protect public health; for example, by supporting national activities to improve regulatory systems and pharmaceutical sector reform, supporting countries in participating in the WHO Prequalification of Medicines Programme and supporting national medicines regulatory authorities in assessing and accelerating national registration of WHO prequalified pharmaceutical products. In addition, support will be provided by the Regional Office to several countries for the development of pharmacovigilance systems, with a focus on TB and HIV/AIDS medicines.

World Health Assembly resolution WHA67.22

Access to essential medicines

Summary

45. Resolution WHA67.22 urges Member States to provide adequate resources for the development and implementation of comprehensive national medicine policies, including for the selection of essential medicines critical to their priority public health needs and to coordinate responses and exchange information to improve their availability, affordability, quality and rational use. They are urged to encourage and support research on health systems for the procurement, supply and rational use of essential medicines and place greater emphasis on medicines for children. They are urged to improve the education and training of health care professionals and to strengthen their engagement with the general public and civil society, also with regard to the rational use of essential medicines. Member States are also urged to monitor the affordability and utilization of safe, effective, quality-assured essential medicines in public and private health facilities and to identify barriers to access. They are requested to consider, as appropriate, adapting their national legislation in order to make full use of the provisions contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights, including the flexibilities.

46. The resolution requests the Director-General to urge Member States to recognize the importance of effective national medicines policies and to support exchange of information and collaboration in developing processes for the selection of medicines for national essential medicines lists consistent with the evidence-based methods used for updating the WHO Model List of Essential Medicines. The Director-General is requested to support Member States in building capacity to ensure equity of access to affordable, safe, effective, quality-assured essential medicines and their rational use and in systematizing information collection and strengthening monitoring mechanisms. The Director-General is requested to provide technical support to promote access to essential medicines, in accordance with the “Global strategy and plan of action on public health, innovation and intellectual property” (resolution WHA61.21), and to report on implementation of the resolution to the Sixty-ninth World Health Assembly.

Regional implications

47. The Regional Office has developed a network of national institutions, such as national health insurance funds and medicines regulatory agencies, on pharmaceutical pricing and reimbursement information to facilitate sharing of experiences and best practices. As part of the “European strategic action plan on antibiotic resistance” (resolution EUR/RC61/R6), a network of drug utilization studies has been created to support countries in the prudent use of antimicrobial medicines. The Regional Office is reviewing a number of technical policy tools to support evidence-based introduction of new medicines, linked to developing sustainable policy solutions for access to innovative medicines in Europe and beyond. The aim is to provide evidence, including policies and principles for reviewing the financing of new (high-cost) medicines, in order to assist European countries in policy decisions. The Regional Office will support countries and facilitate use of the tools to guide medicines reimbursement lists that are aligned with national Essential Medicines Lists and clinical treatment guidelines. The Regional Office will also continue to support countries in developing their capacity for health technology assessment and using evidence in national decision-making by routine data collection for regular monitoring of the availability, affordability and use in practice of medicines. The Regional Office will also support countries in implementing existing recommendations to limit the emergence and spread of antimicrobial resistance.

World Health Assembly resolution WHA67.23

Health intervention and technology assessment in support of universal health coverage

Summary

48. The resolution urges Member States to consider establishing national systems of health intervention and technology assessment in support of universal health coverage to inform policy decisions; to strengthen the link between health technology assessment and regulation and management, as well as use process guidelines and monitoring systems for health intervention and technology assessment; to further consolidate and promote health intervention and technology assessment within national frameworks; and to consider strengthening national capacity for regional and international networking. Member States are also urged to identify gaps with regard to promoting and implementing evidence-based health policy, improving information systems and research capacity, collecting data on health intervention and technology assessment and training relevant professionals.

49. The resolution requests the Director-General to assess the status of health intervention and technology assessment in Member States in terms of methodology, human resources, institutional capacity and governance, and to raise awareness, foster knowledge and encourage the practice of health intervention and technology assessment and their use in evidence-based decision-making among national policy-makers and other stakeholders. The Director-General is requested to draw on best practices, including from research institutes and health intervention and technology assessment agencies and programmes, and to share such experiences with Member States through appropriate channels and activities, including global and regional networks and academic institutions. The Director-General is requested to provide technical support to Member States to strengthen their capacity for health intervention and technology assessment and to report on progress in implementing the resolution to the Sixty-ninth World Health Assembly.

Regional implications

50. National capacity development for health technology assessment is receiving increased focus and the Regional Office is mapping health technology assessment capacity at the national level in collaboration with regional partners, with available funding, supporting Member States in building their capacity in order to strengthen systems for evidence-based decision-making. Ongoing work includes a review and guidance report that will be an overview of the European country situation on policies for the introduction, control and demand of new high-priced medicines and other health technologies to optimize prescribing and use. The report will detail the type of outcomes considered by health authorities and suggest options for strengthening systems for evidence-based decision-making linked to high-priced health technologies. WHO will assist European countries in instigating proactive measures to optimize the introduction and use of new medical products and capacity-building in using health technology assessment in decision-making and promoting progress towards universal health coverage.

World Health Assembly resolution WHA67.24

Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage

Summary

51. Resolution WHA67.24 urges Member States to implement the commitments made in *The Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage*.

52. The resolution requests the Director-General to take into consideration the Recife Declaration in the future work of WHO and to develop and submit a new global strategy for human resources for health for consideration by the Sixty-ninth World Health Assembly.

Regional implications

53. The Member States of the European Region will be involved in the development of the new global strategy, including through the Regional Committee. The work of the Regional Office for Europe on human resources for health in relation to the “WHO Global Code of Practice on the International Recruitment of Health Personnel”, *Transforming and scaling up health professionals’ education and training: World Health Organization guidelines 2013* and the “Strategic directions on nursing and midwifery within Health 2020” will feed into the development of the global strategy.

World Health Assembly resolution WHA67.25

Antimicrobial resistance

Summary

54. Resolution WHA67.25 urges Member States to increase awareness, engagement and leadership in order to develop or strengthen national plans and international collaboration for the containment of antimicrobial resistance and to accelerate efforts to secure access to effective antimicrobials, their rationale use, as well as urgent action to strengthen infection prevention and control. It calls for mobilizing human and financial resources to implement plans and strategies to strengthen the containment of antimicrobial resistance and overall pharmaceutical

management systems, including regulatory systems and supply chain mechanisms. The resolution urges Member States to monitor the extent of antimicrobial resistance and to develop antimicrobial resistance surveillance systems including surveillance of the use of antibiotics in all relevant sectors, including animal and non-human use. It also urges Member States to encourage research and development to combat antimicrobial resistance, promote responsible use of antimicrobial medicines and approaches for extending the lifespan of antimicrobial medicines and encourage the development of novel diagnostics and antimicrobial medicines.

55. The Director-General is requested to ensure that all parts of the Organization are actively engaged and coordinated and work closely with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health in combating antimicrobial resistance in the spirit of the “One Health” approach and to explore with the United Nations Secretary-General the options for a high-level initiative. The Director-General is requested to develop a draft global action plan to combat antimicrobial resistance, including antibiotic resistance, taking into account existing action plans, all the available evidence and best practice, as well as the recommendations of WHO’s Strategic Technical Advisory Group on Antimicrobial Resistance and the WHO policy package to combat antimicrobial resistance. The Director-General is requested to secure adequate resources for the work and to submit a draft global action plan, through the Executive Board at its 136th session, to the Sixty-eighth World Health Assembly.

Regional implications

56. Antimicrobial resistance and implementation of the “European strategic action plan on antibiotic resistance” (resolution EUR/RC61/R6) are high priorities in the Region. The Regional Office supports Member States in strengthening multisectoral action and collaboration by appointing national antimicrobial resistance focal points and establishing national coordinating committees for the containment of antibiotic resistance. The support includes national implementation, with identification of key areas for action and updating national strategic action plans on antimicrobial resistance and specific support to regulation, including quality assurance measures and development of national medicines registers as part of health systems strengthening. WHO and partners have established the Central Asian and Eastern European Surveillance on Antimicrobial Resistance (CAESAR) network for Member States in the Region that are not part of the European Antimicrobial Resistance Surveillance Network (EARS-Net) coordinated by the European Centre for Disease Prevention and Control. WHO, in collaboration with partners, is also setting up a network for the surveillance of antimicrobial consumption in Member States in the European Region that are not members of the European Union, compatible with the European Surveillance of Antimicrobial Consumption Network (ESAC-Net) hosted by the European Centre for Disease Prevention and Control. The Regional Office also contributes to global activities by participating in the WHO antimicrobial resistance task force and provides input to global antimicrobial resistance products such as the WHO global framework for action on antimicrobial resistance, the rapid assessment tool and the *Antimicrobial resistance: global report on surveillance 2014*. In the European Region, activities related to antimicrobial resistance, spread across programmes and divisions, are coordinated through an antimicrobial resistance working group.

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