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

In May 2017, the Seventieth World Health Assembly adopted 16 resolutions and 24 decisions, of which 8 resolutions and 10 decisions are technical.

At its 141st session in June 2017, the Executive Board adopted 2 resolutions and 8 decisions, of which 1 resolution is technical.

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

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Communicable diseases

Resolution WHA70.14

Strengthening immunization to achieve the goals of the global vaccine action plan

Regional implications

1. The WHO Regional Office for Europe is committed to contributing to the achievement of Global Vaccine Action Plan (GVAP) goals by 2020. The European Vaccine Action Plan 2015–2020 (EVAP), endorsed by the 64th session of the Regional Committee for Europe in resolution EUR/RC64/R5 in September 2014, was developed to complement, regionally interpret and adapt GVAP to Health 2020 and other key regional health strategies and policies.
2. Progress on measles and rubella elimination has been steady, with fewer cases reported in 2016 than in any previous year on record. Forty-two Member States in the European Region have interrupted endemic transmission of one or both diseases. Countries in the Region have successfully and consistently introduced new and under-utilized vaccines over the past three years, with more countries establishing a National Immunization Technical Advisory Group (NITAG) and achieving financial sustainability for immunization programmes.
3. Regional progress against the EVAP indicators has been steady; however, accelerated actions should be taken in order to achieve the EVAP and GVAP goals. The Regional Office has significantly scaled up its support to Member States in tackling challenges, for example, through prominent price transparency projects, vaccine safety management and communications capacity-building, resource mobilization tool development, dissemination of information on and training in securing domestic financing of immunization programmes, delivery of capacity-building on specific elements of vaccine demand and building awareness and advocating for measurement of vaccine hesitancy – with proposed solutions.
4. While EVAP highlights these challenges and proposes solutions and priority activities to overcome, the Regional Office is dedicated to moving forward with the development of a more cohesive strategy that addresses the challenges faced by Middle Income Countries (MICs) in particular. The Secretariat, in consultation with Member States, is canvassing the interest in developing a strategy and action plan for MICs in the European Region, with the possibility of replication and adaptation by other WHO regions.

Resolution WHA70.16

Global vector control response: an integrated approach for the control of vector-borne diseases

Regional implications

5. The Regional Framework for Surveillance and Control of Invasive Mosquito Vectors and Re-emerging Vector-borne Diseases in the WHO European Region 2014–2020 was adopted in resolution EUR/RC63/R6 by the 63rd session of the Regional Committee in September 2013 in response to the introduction, establishment and spread of *Aedes* mosquito

species (*Aedes albopictus* and *Aedes aegypti*) and the increasing number of dengue and chikungunya outbreaks reported in the Region.

6. The European Region is the first WHO region in the world to have achieved interruption of indigenous malaria transmission. Vector control is a key component of the strategy and the experience gained has been used to adapt and strengthen the systems that have been put in place in order to prevent and/or contain other vector-borne diseases as early in an outbreak as possible.

7. In 2014, the Regional Office published the *Strategic Framework for Leishmaniasis Control in the WHO European Region, 2014–2020*, outlining the regional goal and objectives by 2020, and the recommended strategic approaches, as well as priority interventions to help countries in their efforts to control the disease. Integrated vector control is one of the proposed priority interventions.

8. To support Member States in their efforts to prevent reintroduction of malaria, the Regional Office published the *Regional framework for prevention of malaria reintroduction and certification of malaria elimination 2014–2020* in 2014. The framework outlines key approaches and measures to prevent malaria reintroduction. Vector surveillance and control is one of the key interventions.

9. In the context of malaria elimination, particular emphasis has been given to situations in which there is a risk of the spread of malaria between countries and regions. In order to tackle cross-border transmission, the Regional Office has initiated and supported cross-border collaboration within the European Region and with countries in the Eastern Mediterranean Region. Joint agreements on cross-border collaboration have been signed between several countries.

10. To address the threat of vector-borne diseases, the Regional Office has been providing technical guidance to Member States, such as during the Regional Technical Consultation on Zika in Portugal in June 2016, where vector control was explicitly discussed. Several promising potential new vector control tools have been reviewed by WHO in the context of the Zika response. While some tools are supported by strong evidence of entomological effect, there is a lack of comprehensive data on the epidemiological impact of the tools for *Aedes*-borne viruses.

Noncommunicable diseases (NCDs)

Resolution WHA70.11

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

Regional implications

11. Several resolutions and decisions adopted by the Regional Committee for Europe address the various risk factors of NCDs – such as nutrition and physical activity, tobacco and alcohol use – and policy frameworks – such as the Action Plan for the Prevention and Control of NCDs in the WHO European Region, the Global Action Plan for the Prevention and

Control of NCDs 2013–2020 and its monitoring framework, Health 2020 and the 2030 Agenda for Sustainable Development.¹

12. The Health 2020 policy and monitoring framework includes elements that contribute as catalysers for enhancing the NCD action plan and policy implementation, as well as the monitoring of its progress.

13. The European Region is one of the WHO regions where the monitoring of and information on NCDs has been at the forefront and it is critical that Member States in the Region maintain the high level of reporting (>90%) achieved in previous years.

Resolution WHA70.12

Cancer prevention and control in the context of an integrated approach

Regional implications

14. Cancer is a high priority for Member States in the European Region as it is a leading cause of mortality in the Region. It is estimated that each year 3.7 million new cancer cases are diagnosed in the Region.² Between 2005 and 2015, cancer mortality decreased in the European Region from 166 to 155 deaths per year per 100 000; however, in one fourth of the Member States in the Region, mortality rates have remained stable or have increased.³ The commitment to tackling inequalities in cancer risk factor exposure and in access to early diagnosis and treatment is in line with the Health 2020 framework. Early diagnosis and timely treatment of symptomatic cancer is highly relevant to many European countries, requiring investment in effective screening programmes. The need for palliative care in the European Region is high, with 25% (562 per 100 000) attributable to cancer.⁴

Resolution WHA70.13

Prevention of deafness and hearing loss

Regional implications

15. Prevalence of disabling hearing loss varies across countries in the European Region. In high income countries, such as in western Europe, prevalence is about 4.4%. For countries in central and eastern Europe and central Asia, prevalence is about double that level and, according to one study, estimated prevalence of hearing loss in 2012 was 9% for all ages and 11% for persons over 65 years in central and eastern Europe and central Asia.⁵

¹ Regional Committee resolutions and decisions addressing NCDs include: EUR/RC61/R4, EUR/RC62(1), EUR/RC62/R4, EUR/RC63/R4, EUR/RC64/R7, EUR/RC65/R3, EUR/RC65/R4, EUR/RC66/R11, EUR/RC66/R4 and EUR/RC66/R5.

² GLOBOCAN 2012: Estimated Cancer Incidence, Mortality and Prevalence Worldwide in 2012 [website]. Lyon: International Agency for Research on Cancer; 2012 (<http://globocan.iarc.fr>; accessed 30 July 2017)

³ European health for all database [online database]. Copenhagen: WHO Regional Office for Europe; 2017 (<https://gateway.euro.who.int/en/hfa-explorer/>; accessed 30 July 2017).

⁴ Global atlas of palliative care at the end of life. Geneva: World Palliative Care Alliance and World Health Organization; 2014 (<http://www.who.int/cancer/publications/palliative-care-atlas/en/>; accessed 30 July 2017).

⁵ Prevention of blindness and deafness/Estimates [website]. Geneva: World Health Organization; 2017 (<http://www.who.int/pbd/deafness/estimates/en/>; accessed 30 July 2017).

16. Emerging challenges for the European Region are increasing exposure to noise in occupational and recreational settings and the changing demographic profile with increases in the elderly populations.

17. Hearing loss can be addressed through a public health approach, encompassing prevention and treatment and population- and individual-level interventions. The wide range of causes and potential interventions for prevention and mitigation of hearing loss mean that the actions are likely to be shared among several programmes and sectors.

18. No specific action plan is currently envisaged for the European Region.

Decision WHA70(17)

Global action plan on the public health response to dementia

Regional implications

19. It is estimated that between 5–7% of people over 60 years of age in Member Countries in the European Region suffer from dementia. Probable risk factors of dementia are shared with risk factors of other NCDs and mental ill health such as high blood pressure, alcohol use, smoking, lack of exercise and poor nutrition. Science is progressing rapidly in this field and new evidence is emerging. The ability for early diagnosis is improving, but developments of new treatments are slow.

20. The burden of dementia on health and social care systems is high and increasing, and new models of care, evidence of preventive measures and effective treatments are under development. Countries in the Region are very active in addressing this issue in partnership with several intergovernmental agencies, such as WHO, the European Commission and the Organisation for Economic Co-operation and Development. Funding invested in research, treatment and care continues to increase.

21. The European Strategy and Action Plan on Healthy Ageing in Europe, 2012–2020, adopted in resolution EUR/RC62/R6 by the 62nd session of the Regional Committee in September 2012, recognizes dementia as a public health priority. The specific needs of older persons with dementia and the needs of their carers are a cross-cutting concern that is supported by a range of actions and priority interventions in the Strategy and Action Plan.

Decision WHA70(19)

Report of the Commission on Ending Childhood Obesity: implementation plan

Regional implications

22. The development of the implementation plan on ending childhood obesity is based on important guiding principles, notably the child's right to health, government commitment and leadership, whole-of-government and whole-of-society approaches, equity, accountability, a life-course approach, universal health coverage and treatment of obesity. These same principles are already taken up by Member States through implementation of the Health 2020 framework, adopted by EUR/RC62/R4 by the 62nd session of the Regional Committee in September 2012, and through the European Food and Nutrition Action Plan 2015–2020,

adopted in EUR/RC64/R7 by the 64th session of the Regional Committee in September 2014, and the Physical Activity Strategy for the WHO European Region 2016–2025, adopted in EUR/RC65/R3 by the 65th session of the Regional Committee in September 2015. Childhood obesity is decreasing or levelling off in some Member States in the European Region and those countries can serve as models for other countries and regions.

23. The recommended comprehensive set of actions of the implementation plan incorporate many success stories and good practices from the European Region. The adoption of the initiatives suggested in the implementation plan will help Member States in the Region to halt the rise of childhood obesity. Member States could benefit from the proposals of the implementation plan to streamline and scale up actions for the prevention of childhood overweight and obesity.

Promoting health through the life-course

Decision WHA70(22)

Progress in the implementation of the 2030 Agenda for Sustainable Development

Regional implications

24. Through resolution EUR/RC66/R4, the 66th session of the Regional Committee endorsed the development of a regional roadmap in September 2016 to support Member States in the implementation of the SDGs, building on Health 2020. The roadmap builds on World Health Assembly decisions taken by Member States in relation to SDG implementation and acknowledges regional and national diversity and specificities. The progress report is a useful first step in highlighting cross-cutting supporting actions that could be relevant to all WHO regions.

Decision WHA70(23)

The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond

Regional implications

25. Priorities in the area of chemical safety, involving all relevant sectors, were discussed in the context of the Sixth Ministerial Conference on Environment and Health in Ostrava, Czech Republic, in June 2017. High priority actions for chemical safety include: developing and implementing policies and strategies to protect vulnerable population groups; creating mechanisms and means to raise awareness of the health impacts of chemicals; strengthening partnerships between State and non-State stakeholders; fulfilling the role of the health sector in sound chemicals management; and advancing implementation of relevant multilateral environment agreements to promote sound management of chemicals in the European Region.

Health systems

Resolution WHA70.6

Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth

Regional implications

26. A framework for action towards a sustainable health workforce in the WHO European Region, supported by a toolkit drawn from a wide range of relevant sources, is presented for consideration by the 67th session of the Regional Committee in September 2017. The framework aligns with and enables Member States to give informed consideration of the Global Strategy on Human Resources for Health and the five-year Action Plan, which supports the High-Level Commission's recommendations.

Resolution WHA70.15

Promoting the health of refugees and migrants

Regional implications

27. The first Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region was adopted in resolution EUR/RC66/R6 by the 66th session of the Regional Committee in September 2016. The Strategy and Action Plan were developed on the basis of the outcome document, *Stepping up action on refugee and migrant health*, agreed at the High-level Meeting on Refugee and Migrant Health in November 2015, with participants from 50 Member States of the European, Eastern Mediterranean and African regions.

28. The nine priority areas defined in the Strategy and Action Plan on migration and health in the European Region are to establish a framework for collaborative action; to advocate for the right to health of refugees, asylum seekers and migrants; to address the social determinants of health; to achieve public health preparedness and ensure an effective response; to strengthen health systems and their resilience; to prevent communicable diseases; to prevent and reduce the risks posed by noncommunicable diseases; to ensure ethical and effective health screening and assessment; and to improve health information and communication.

29. The evidence available on migration and health in the 53 Member States of the European Region is being synthesized for policy-makers in order to promote evidence-informed migration health policies. There is now a greater understanding of the public health aspects of migration, particularly in relation to the areas of equity, gender, rights and the determinants of health. Technical and policy briefs and guidance notes on several issues of urgency, such as immunization and mental health, have been developed by WHO, jointly with other partners, such as the United Nations High Commission for Refugees and the International Organization for Migration, and are publicly available.

30. In November 2016, the Regional Office launched the first Knowledge Hub on Health and Migration, financed by the regional health authorities of Sicily, Italy, in order to bring science and practice together to strengthen the collection and analysis of evidence on

migration and health, to develop training opportunities in this area and to organize policy dialogues and high-level events to promote intercountry collaboration.

31. The global strategy on refugee and migrant health to be prepared by 2019 will embrace the progress made at the regional level while promoting interregional collaboration.

Preparedness, surveillance and response

Resolution WHA70.7

Improving the prevention, diagnosis and clinical management of sepsis

Regional implications

32. There are strong links between prevention, diagnosis and treatment of sepsis with other technical areas such as infection prevention and control, antimicrobial resistance, immunization, laboratory network, quality and effectiveness of treatment. Thus, the work of the Regional Office related to sepsis is undertaken as part of an integrated approach, in line with several strategic documents endorsed by the governing bodies.

Decision WHA70(9)

Poliomyelitis: polio transition planning

Regional implications

33. The European Region was certified polio-free in 2002, after the last case of indigenous wild poliovirus had been detected in 1998. Since polio-free certification, the Region has transitioned its polio-specific assets to support routine immunization and other vaccine-preventable diseases. Due to its polio-free status, the Region receives minimal financial support from global partners for polio eradication. Current funding is directed at maintaining polio surveillance and risk mitigation activities in anticipation of global eradication.

Decision WHA70(11)

Implementation of the International Health Regulations (2005)

Regional implications

34. The WHO Health Emergencies Programme aims at strengthening the capacities of all Member States – with specific emphasis on countries with high vulnerability and low capacities – for preparedness, early detection and comprehensive management of all national and global health hazards.

35. The Regional Office continues to give high priority to International Health Regulations (IHR) (2005) implementation and supports Member States in accelerating the operational use of the IHR (2005) based on country needs. National mechanisms for coordination and information sharing as well as national systems for emergency response are increasingly

addressed. Efforts are targeted at improving the awareness of IHR (2005) as a whole-of-government obligation and advocating for collaboration with other sectors.

36. To provide guidance to the strategic work of the Regional Office in the area of IHR, a subgroup of the Standing Committee of the Regional Committee on accelerating the implementation of IHR (2005) has been established to enable the Standing Committee to effectively guide and inform the Regional Committee and to contribute to global discussions on accelerating the use of IHR (2005) and on the process for evaluating and monitoring IHR capacities in the European Region.

37. The Regional Office will submit a document for consideration by the 67th session of the Regional Committee in September 2017 identifying priority areas for International Health Regulations (2005) application, implementation and compliance and for laboratory capacity strengthening in the WHO European Region based on current needs and existing gaps. The document operationalizes the draft global implementation plan and applies it to the regional context. It supports the development of a regional action plan, aligned with the five-year global strategic plan, which will be discussed with Member States at regional committee sessions in 2017, for consideration by the Seventy-first World Health Assembly in May 2018.

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