



World Health
Organization

REGIONAL OFFICE FOR
Europe

REGIONAL COMMITTEE FOR EUROPE
SIXTY-THIRD SESSION

Çeşme Izmir, Turkey, 16–19 September 2013



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Matters arising out of
the resolutions and decisions
of the 66th session of the
World Health Assembly



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REGIONAL OFFICE FOR **Europe**

Regional Committee for Europe

Sixty-third session

EUR/RC63/6

Çeşme Izmir, Turkey, 16–19 September 2013

1 August 2013

Provisional agenda item 3

131621

ORIGINAL: ENGLISH

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

At its sixty-sixth session on 20–28 May 2013, the World Health Assembly adopted 24 resolutions and two decisions.

The attached paper reviews the resolutions and decisions under the technical agenda items considered to be of particular interest to the WHO European Region.

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World Health Assembly resolution WHA66.4

Towards universal eye health: a global action plan 2014–2019

Summary

1. Resolution WHA66.4 endorses the global action plan on eye health 2014–2019, which proposes action under three objectives.
 - Objective 1 addresses the need to generate evidence on the magnitude and causes of visual impairment and on eye care services, and using it to advocate greater political and financial commitment to eye health among Member States.
 - Objective 2 encourages the development and implementation of integrated national eye health policies, plans and programmes to enhance universal eye health, with activities in line with WHO's framework for action for strengthening health systems to improve health outcomes.
 - Objective 3 addresses multisectoral engagement and effective partnerships to strengthen eye health.
2. The resolution urges Member States to strengthen prevention efforts and implement the global action plan. The resolution also requests the Director-General to provide technical support to Member States and report to the World Health Assembly in 2017 and 2020.

Regional implications

3. In Europe the main causes of avoidable blindness are chronic disease and ageing. The Regional Office does not have a specific programme in this area. There have been no requests with regard to this area of work from Member States in the European Region.

World Health Assembly resolution WHA66.7

Implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children

Summary

4. Resolution WHA66.7 urges Member States to put into practice the implementation plan on 13 life-saving commodities for women and children, including by improving the quality, supply and use, addressing financial barriers and improving regulatory efficiency.
5. It requests the Director-General to work with a broad range of partners and stakeholders to promote and assure the availability of safe, quality commodities and to support Member States in improving regulatory procedures including granting priority review to the products belonging to the life-saving commodities. It also asks WHO to provide support to the independent Expert Review Group on Information and Accountability for Women's and Children's Health and report annually until 2015 to the World Health Assembly, through the Executive Board, on progress achieved.

Regional implications

6. There is diversity in access to quality life-saving commodities across the continuum of reproductive, maternal, newborn and child health (RMNCH) care between the countries of the European Region and between different population groups within countries. WHO is assisting countries in achieving several of the Commission's 10 recommendations: demand and awareness, reaching women and children, quality strengthening, performance and accountability.

7. The WHO Regional Office for Europe collaborates with the RMNCH Trust Fund hosted by the United Nations Population Fund (UNFPA), initiated and funded mainly by Norway, and the RMNCH Strategy and Coordination Team, hosted by the United Nations Children's Fund (UNICEF), in implementing the Commission's recommendations and coordinates with other RMNCH initiatives such as the Commission on Information and Accountability for Women's and Children's Health (COIA) in five countries (Azerbaijan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan), on the prevention of complications related to premature birth, family planning 2020 (emergency contraception) and others.

World Health Assembly resolution WHA66.8

Comprehensive mental health action plan 2013–2020

Summary

8. Resolution WHA66.8 adopts the comprehensive mental health action plan 2013–2020 and urges Member States to implement the proposed actions adapted to national priorities and circumstances. The resolution further request the Director-General to implement actions for the Secretariat and submit progress reports, through the Executive Board, to the Sixty-eighth, Seventy-first and Seventy-fourth World Health Assemblies.

9. The objective of the comprehensive mental health action plan is to promote mental well-being, prevent mental disorders, and reduce mortality and disability rates among persons with mental disorders. The plan addresses the health, social and economic burdens of mental disorders by adopting a comprehensive and multisectoral approach, involving coordinated services from the health and social sectors, with an emphasis on promotion, prevention, treatment, care and recovery. The action plan defines six cross-cutting principles: universal access and equity, human rights, evidence-based practice, life-course approach, multisectoral approach and empowerment of persons with mental disorders. The action plan offers four objectives, sets out global targets per objective and proposes options for implementation.

Regional implications

10. In Europe, the mental health consequences of the financial crisis are beginning to emerge. Although the picture is diverse, an increase in suicide has been reported in some Member States, coinciding with cuts in and reduced access to services. The WHO European Mental Health Action Plan, submitted to the Regional Committee for approval at its sixty-third session and complementary to the comprehensive mental health action plan 2013–2020 proposes actions to promote well-being and prevent mental health problems.

11. Furthermore, conditions of care in Europe do not always meet human right standards. Many Member States have, or are progressing towards, community-based mental health services. The new European Action Plan proposes actions to deliver respectful, safe and

effective services. Targets, compatible with those in the comprehensive action plan, will be developed in partnership with Member States.

World Health Assembly resolution WHA66.9

Disability

Summary

12. Resolution WHA66.9 endorses the recommendations of the World report on disability and urges Member States to implement the United Nations Convention on the Rights of Persons with Disabilities, and, as appropriate, develop plans of action in close consultation with persons with disabilities. It also asks Member States to improve data collection and gather appropriate sex- and age-disaggregated data on disability, to work to ensure that all mainstream health systems are inclusive of people with disabilities, to promote and strengthen habilitation and rehabilitation across the life-course and to promote community-based programmes.

13. WHO is requested to support Member States in implementing the recommendations of the World report on disability and intensify collaboration with a broad range of stakeholders, to ensure that the health needs of children and adults with disabilities are included in areas of technical work and ensure that WHO itself is inclusive of people with disabilities. WHO is also requested to support and participate in the High-level meeting of the United Nations General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities (High-level meeting of the United Nations General Assembly on disability and development) and to prepare a comprehensive WHO action plan with measurable outcomes to be considered, through the Executive Board, at the Sixty-seventh World Health Assembly.

Regional implications

14. For the WHO European Region, disability is relevant as its prevalence in Member States ranges from 4% to 21% where, for every 100 people, 6–10 person years are lived with disability. This number is set to increase in the Region owing to the ageing population and the rising prevalence of noncommunicable conditions, including injuries. This is an important area for the Regional Office given the focus on equity, social justice, health systems strengthening, governance and the whole-of-society approach, principles which are all underpinned by Health 2020. Aspects of mental health and disability are covered in the proposed European Mental Health Action Plan and the Strategy and action plan for healthy ageing in Europe 2012–2020 proposes measures for the social integration of older people with disabilities.

15. Although many Member States in the WHO European Region have signed the United Nations Convention on the Rights of Persons with Disabilities, 10 are yet to ratify it. The Regional Office has facilitated the distribution of the World report on disability and has responded to country requests for technical assistance. A European consultation in preparation for the High-level meeting was hosted by the Directorate-General for Justice of the European Commission (DG JUSTICE), in collaboration with the Council of Europe and WHO on 25 April 2013; output from the consultation will be used to contribute to the High-level meeting of the General Assembly on disability and development in New York on 23 September 2013.

16. A draft WHO plan of action on disability is being prepared at WHO headquarters and will be available in the near future. Regions are required to hold consultations with Member States on this issue, albeit at short notice, by 30 September 2013. Since there are no funds available to support these consultations, Member States in the European Region will be invited to take part

in a written consultation in mid-August. The Regional Director is requested to inform Member States, during the Regional Committee's session, about the ongoing written consultation process and ask delegates whether they wish to be engaged in any further consultations or whether they deem this written one sufficient.

World Health Assembly resolution WHA66.10

Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

Summary

17. Resolution WHA66.10 endorses the WHO global action plan for the prevention and control of noncommunicable diseases (NCDs) 2013–2020 and adopts the comprehensive global monitoring framework for the prevention and control of NCDs, including the set of 25 indicators to monitor trends and assess progress made in the implementation of national strategies and plans on NCDs. It also adopts nine voluntary global targets for achievement by 2025.

18. The resolution urges Member States to continue to implement the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and the global action plan, and to take the necessary steps to meet the objectives therein, including by accelerating implementation of the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health and the global strategy to reduce the harmful use of alcohol. Member states are urged to strengthen monitoring and surveillance, in line with the 25 indicators, and to strengthen partnerships for the prevention and control of NCDs.

19. WHO is requested to provide technical support to Member States to support the implementation of the WHO global action plan, to establish or strengthen national surveillance systems and to engage with non-State actors at national level. WHO is also requested to submit information on the resources needed to implement the WHO global action plan and to develop terms of reference, through a formal Member States' meeting, for a global coordination mechanism to facilitate partner engagement.

Regional implications

20. The European Region has adopted the Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016. This is directly in line with the WHO global action plan and Health 2020, despite the fact that both of these were approved after the Action Plan was adopted. The global action plan reinforces the work already being done in Europe and adds a heightened technical focus on developing and implementing national NCD strategies, action plans and policies, strengthening surveillance systems in line with the global monitoring framework and monitoring the implementation of these actions.

21. The key focus of the forthcoming WHO Ministerial Conference in Ashgabat, Turkmenistan on 3 and 4 December 2013 will be to critically assess the progress achieved in the Region since 2011 and reach an agreement on how to respond to NCDs in the context of new mandates under the WHO global action plan, the global monitoring framework and Health 2020.

World Health Assembly resolution WHA66.11

Health in the post-2015 United Nations development agenda

Summary

22. Resolution WHA66.11 acknowledges the many consultations on health in the post-2015 United Nations development agenda and urges Member States to actively engage in further discussions and ensure that health remains central in this process. It also urges Member States to honour their commitments and strengthen country ownership of processes to expedite the achievement of the health-related Millennium Development Goals (MDGs).

23. The resolution requests that WHO continue to actively engage, in an inclusive way, with the ongoing discussions on the post-2015 United Nations development agenda and advocate for intensified mobilization of resources to support Member States in accelerating their attainment of the health-related MDGs. WHO is requested to include this on the agendas of the 2013 sessions of its regional committees and report on those discussions, through the Executive Board at its 134th session, to the Sixty-seventh World Health Assembly.

Regional implications

24. Health in the post-2015 United Nations development agenda is a priority for the Regional Office and the Regional Director. The Regional Office is fully engaged in processes for setting the agenda at the national, regional and global levels, working in close collaboration with other United Nations entities. The countries and areas involved in consultations with the Regional Office at the individual level are Albania, Armenia, Azerbaijan, Kazakhstan, Montenegro, Republic of Moldova, Serbia, Tajikistan, Turkey, Ukraine and Kosovo.¹

25. At Regional level, intensive consultations are held under the aegis of the Regional Coordination Mechanism (RCM) and the Regional United Nations Development Group (UNDG) Team for Europe and Central Asia. An advocacy document and a series of related issue briefs setting out the main achievements and challenges faced in respect of attaining the MDGs and describing an overall vision for the Region of the United Nations development agenda beyond 2015, have been prepared and submitted to the members of the High-level Panel of eminent persons (HLP) in good time to contribute to the Secretary-General's Report for the special event on follow up efforts made towards achieving the Millennium Development Goals on 25 September 2013, during the sixty-eighth session of the United Nations General Assembly.

26. A Regional consultation will take place on 4–6 September 2013 in Istanbul, jointly organized by the United Nations Economic Commission for Europe (UNECE) and the United Nations Development Programme (UNDP) in their capacity as chairs of the RCM and the UNDG respectively. The consultation will complement formal Regional intergovernmental processes and will be one means of giving a Regional voice to discussions on the post-2015 United Nations development agenda. It will provide a forum for Member States and civil society to discuss and agree on their top priorities and present these as a contribution to the process of defining the post-2015 United Nations development agenda, including setting sustainable development goals.

¹ For the purposes of this document, all references to “Kosovo” should be understood/read as “Kosovo (in accordance with UN Security Council Resolution 1244 (1999))”.

World Health Assembly resolution WHA66.12

Neglected tropical diseases

Summary

27. Resolution WHA66.12 on neglected tropical diseases calls for national ownership of programmes for neglected tropical disease prevention and requests that Member States further strengthen disease surveillance and implement interventions against neglected tropical diseases in order to reach the targets agreed in the Global Plan to Combat Neglected Tropical Diseases 2008–2015, as set out in WHO's roadmap for accelerating work to overcome the global impact of neglected tropical diseases and noting the London Declaration on Neglected Tropical Diseases. It also urges Member States to advocate predictable, long-term, international financing, enhance national financial commitments and devise plans for achieving universal access to and coverage with interventions against neglected tropical diseases.

28. It calls upon WHO's partners, civil society and the private sector to assist by ensuring sufficient and predictable funding, and promoting universal access to preventive chemotherapy, diagnostics, case management and vector control. It also calls on them to encourage initiatives for the research and development of, *inter alia*, new diagnostics, medicines and vaccines.

29. The resolution asks WHO to develop evidence-based norms, standards, policies, guidelines and strategies for neglected tropical diseases, provide support to Member States and monitor progress towards achieving related targets. It asks for a progress report to be submitted, through the Executive Board, to the Sixty-eighth World Health Assembly.

Regional implications

30. The number of vector-borne diseases and their incidence in the WHO European Region is increasing and their distribution is spreading: The recent reintroduction and transmission of dengue virus, with autochthonous cases reported in France and Croatia in 2010 and Madeira, Portugal in 2012, has shown that dengue transmission is possible in different areas of continental Europe where *Aedes albopictus* and *Aedes aegypti* are present. Outbreaks of chikungunya fever in Italy and France in 2007 and 2010 respectively have proven that Europe remains vulnerable to the transmission of other tropical arboviruses and confirmed that *Aedes albopictus* is capable of supporting endemic level transmission. The introduction, establishment and spread of exotic invasive mosquito species in the WHO European Region are cause for concern.

31. The draft Regional Framework for surveillance and control of invasive mosquitoes and re-emerging vector-borne diseases is presented to the WHO Regional Committee for Europe at its sixty-third session, for adoption.

World Health Assembly resolution WHA66.22 and decision WHA66(12)

Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination

Summary

32. The resolution on follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination endorses the development of a

strategic workplan. The resolution reflects the need to optimize the use of existing mechanisms before creating new structures or modes of governance. It urges Member States to strengthen health research and development capacities, increase investment in health research and development, promote capacity-building and technology transfer and promote coordination of health research and development. Member States are also urged to contribute to coordinated and sustainable financing mechanisms for health research and development on a voluntary basis, in particular for monitoring, including a global health research and development observatory.

33. The resolution further calls to continue consultation at national and regional levels, through WHO governing bodies, on specific aspects related to coordination, priority setting and financing of health research and development. It also asks WHO to facilitate regional consultations with broad engagement of relevant stakeholders to implement a few health research and development demonstration projects.

34. Stakeholders are called on to share information and contribute to a global health research and development observatory, including to the financing mechanisms. The resolution requests that WHO develop and strengthen norms and standards for health research and development, support Member States and review existing structures and mechanisms for coordination. A global health research and development observatory should be established within WHO's Secretariat and a few health research and development demonstration projects should be implemented. Another open-ended Member State meeting will be convened before the Sixty-ninth World Health Assembly (May 2016) in order to assess progress. A report on the review of existing coordination mechanisms will be submitted, through the Executive Board, to the Sixty-seventh World Health Assembly, and a report on the implementation of the health research and development demonstration projects will be submitted, through the Executive Board, to the Sixty-eighth World Health Assembly.

35. In addition to resolution WHA66.22, decision WHA66(12) was adopted, requesting that WHO convene a technical consultative meeting (2–3 days) open to all Member States and invited experts, to assist in the identification of demonstration projects and consult with regional directors to ensure regional representation and diversity of expertise and experience. The meeting will be held by the end of 2013 and will report to the Executive Board at its 134th session.

Regional implications

36. The WHO Regional Office for Europe will report on the preliminary results of a web-based consultation on demonstration projects of Member States during the Regional Committee's sixty-third session. These results will feed into the report to be prepared by WHO headquarters for the technical consultative meeting to be held at the end of 2013.

World Health Assembly resolution WHA66.23

Transforming health workforce education in support of universal coverage

Summary

37. The resolution urges Member States to consider conducting assessments of the current situation and strengthen policies, strategies and plans to ensure health workforce education and training to achieve universal health coverage and to share best practices and experiences.

38. WHO is requested to develop a standard protocol and tool for assessment, adaptable to country context, and use it to support Member States in assessments and in developing policies and strategies. At regional level, results of country assessments should be reviewed and reported, with clear conclusions and recommendations, through the Executive Board to the Sixty-ninth World Health Assembly. Based on that report, WHO is requested to develop approaches, including strategies for transforming health workforce education, for consideration by the Seventieth World Health Assembly.

Regional implications

39. Since 2011, the WHO Regional Office for Europe has been working with WHO headquarters to develop global guidelines on transforming and scaling-up health professional education and training. The guidelines are currently awaiting the approval of the WHO Guidelines Review Committee. At the European Regional level, the Regional Office convened an expert group meeting in Copenhagen on 16 and 17 July 2013 to adapt the WHO global guidelines to the regional context and propose a strategy and action plan for transforming health professionals' education and training in support of universal health coverage and Health 2020 implementation.

40. The expert group's recommendations will be shared and discussed with the network of national focal points on health professionals' education in December 2013 to develop the European specification of policy guidelines and an agreed action plan for 2014–2015. Dissemination of WHO policy guidelines, technical advice and consultancy to Member States has been included as one of outputs in the Regional Office's portfolio for 2014–2015 planning.

World Health Assembly resolution WHA66.24

eHealth standardization and interoperability

Summary

41. The resolution urges Member States to consider options for collaborating with relevant stakeholders in drawing up a roadmap for implementation of eHealth and health data standards and to consider developing appropriate policies and legislative mechanisms linked to an overall national eHealth strategy. The resolution also urges Member States to work with their national representatives on the ICANN² Governmental Advisory Committee to coordinate national positions with regard to health-related global top-level domain names, including “.health”, in the interest of public health.

42. WHO is requested, within existing resources, to support Member States to integrate the application of eHealth and health data standards and interoperability in the development of national eHealth strategies, to promote utilization of the network of WHO collaborating centres for health and medical informatics and eHealth in support of related research, development and innovation in these fields and to promote harmonization of eHealth standards. WHO is asked to continue its work with ICANN towards protection of the names and acronyms of intergovernmental organisations in the Internet domain system. A framework for assessing progress of this resolution will be developed and submitted, through the Executive Board, to the World Health Assembly.

² Internet Corporation for Assigned Names and Numbers

Regional implications

43. The WHO Regional Office for Europe will provide assistance to Member States in the development of national eHealth strategies, ensuring that they address, *inter alia*, the promotion and use of appropriate standards for data exchange and interoperability. It will furthermore work closely with WHO headquarters, the European Commission and other intergovernmental organizations to develop a common set of recommendations and guidelines for standards adoption within national eHealth settings.

44. The WHO Regional Office for Europe will work with WHO headquarters and the broader international community to guide Member States in their approaches to addressing the protection of health-related domain names, including the names and acronyms of international organizations, through the ICANN Governmental Advisory Committee.

World Health Assembly decision WHA66(10)

Substandard/spurious/falsely-labelled/falsified/counterfeit medical products

Summary

45. This decision recommends that the chairmanship of the Steering Committee of the Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products operate on a basis of rotation.

Regional implications

46. The Regional Office for Europe has established, jointly with WHO headquarters, a pilot communication mechanism on exchange of information on substandard/spurious/falsely-labelled/falsified/counterfeit medical products among Member States. Advocacy on involvement in this mechanism is ongoing among Member States. The pilot study on quality of medicines for maternal and child health will be conducted worldwide with the involvement of the Member States in the WHO European Region.