



**World Health  
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REGIONAL OFFICE FOR **Europe**

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

In May 2019, the Seventy-second World Health Assembly adopted 16 resolutions and 24 decisions, of which nine resolutions and six decisions are technical.

At its 145th session in May 2019, the Executive Board adopted one resolution and seven decisions, none of which are technical.

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

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## **Resolution WHA72.5**

### ***Antimicrobial resistance***

#### **Regional implications**

1. The WHO Regional Office for Europe will continue to coordinate activities with the regional offices of the Food and Agriculture Organization of the United Nations, the Office International des Epizooties and UN Environment to support Member States in the development and implementation of national action plans and to provide campaign materials and messages for a One Health approach.
2. In 2020, the European Centre for Disease Prevention and Control (ECDC) and the Regional Office will publish a joint report on surveillance of antimicrobial resistance in the WHO European Region. Currently, surveillance data are gathered from 47 of the 53 European Member States of WHO on consumption of antimicrobial medicines and from 41 Member States on antimicrobial resistance through the combined surveillance networks of ECDC (European Surveillance of Antimicrobial Consumption Network (ESAC-Net) and European Antimicrobial Resistance Surveillance Network (EARS-Net)) and the Regional Office (Antimicrobial Medicines Consumption Network (WHO AMC) and Central Asian and Eastern European Surveillance of Antimicrobial Resistance Network (CAESAR)). The Regional Office and ECDC will work closely with the Global Antimicrobial Resistance Surveillance System (GLASS), hosted at WHO headquarters, to share experience, expertise and data; the two agencies have put procedures in place to avoid the additional burden of double reporting for Member States of the Region that are part of regional surveillance networks and also wish to enrol in GLASS.
3. Good progress is being made at country level in the Region on the implementation of each of the objectives of the European and global action plans on antimicrobial resistance, as shown by the results of the third self-assessment survey for 2018–2019 under the Global Action Plan on Antimicrobial Resistance. Fifty Member States from the Region responded to the survey.
4. Despite steady progress, much work still needs to be done throughout the Region. Country responses to the self-assessment survey indicated that, as at May 2019, 11 countries in the Region did not have, or were still developing, a multisectoral action plan on antimicrobial resistance. Collaboration across sectors remains a challenge, and many countries indicated that they have no formal or functional multisectoral governance or coordination mechanism.
5. The Regional Office and partners stand ready to support the implementation of national action plans. In addition to strengthening national surveillance capacities, support activities will focus on the implementation of infection prevention and control programmes in health care facilities, the introduction of the Access, Watch and Reserve classification and promotion of antimicrobial stewardship to improve prescription habits, development and dissemination of educational and awareness materials, and promotion of behaviour change through targeted campaigns.

## **Resolution WHA72.15**

### ***Eleventh revision of the International Classification of Diseases***

#### **Regional implications**

6. The International Statistical Classification of Disease and Related Health Problems (International Classification of Diseases or ICD) is the global standard classification for mortality and morbidity statistics. It is one of the key classifications that enable the systematic use and analysis of important health information. All modernization efforts in the European Region focus on better use of the tenth revision of ICD (ICD-10) to speed up the integration of health information. Fifty-one countries of the Region report to the global WHO Mortality Database in ICD-10, and two Member States still submit data to WHO coded in ICD-9.
7. The transition from ICD-10 to ICD-11 will require careful preparation in each Member State. The Regional Office, with a number of WHO collaborating centres, will support Member States in this process. This work will include the preparation of a regional implementation plan for European countries.

## **Decision WHA72(11)**

### ***Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases***

#### **Regional implications**

8. The Region is on track to achieve SDG target 3.4 before 2030 and will most probably exceed it. Furthermore, implementation of progress monitoring indicators has improved significantly in the Region over the last two years. Between 2015 and 2017, full implementation of indicators in countries increased on average from 34% to 42%.
9. As part of the follow-up to the high-level meeting and as a review of progress since the adoption in 2013 of the Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020, the Regional Office held a high-level technical meeting on noncommunicable diseases in Turkmenistan in April 2019, focusing on further strengthening of work in this area and the sharing of experiences and best practices among Member States.
10. The Regional Office has been implementing a number of actions guided by regional action plans, which have brought significant gains across the Region. These action plans include the European Food and Nutrition Action Plan 2015–2020, the European Mental Health Action Plan 2013–2020 and the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020. Document EUR/RC69/Inf.Doc./1 provides further information on the continued implementation of the regional action plans, challenges and way forward.

## **Resolution WHA72.2**

### ***Primary health care***

#### **Regional implications**

11. Document EUR/RC69/13 on accelerating primary health care in the WHO European Region: organizational and technological innovation in the context of the Declaration of Astana takes into account World Health Assembly resolution WHA72.2 on primary health care. The Regional Office will support Member States in the implementation of the primary health care approach in strengthening health systems to achieve universal health coverage, focusing on 10 evidence-based high-impact actions.

## **Resolution WHA72.3**

### ***Community health workers delivering primary health care: opportunities and challenges***

#### **Regional implications**

12. The Regional Office has continued its activities in this area, which began with the Ljubljana Charter on Reforming Health Care in Europe of 1996, followed by the Tallinn Charter: Health Systems for Health and Wealth; Regional Committee resolution EUR/RC59/R4 on health workforce policies in the WHO European Region; Health 2020, the European policy for health and well-being; Priorities for health system strengthening in the WHO European Region 2015–2020 (document EUR/RC65/13); and the outcome statement of the high-level regional meeting on Health Systems for Prosperity and Solidarity: Leaving No One Behind (Tallinn, Estonia, 13–14 June 2018).

13. The Regional Office is committed to supporting Member States in their efforts to achieve sustainable health workforces, in line with the regional framework for action adopted by the Regional Committee at its 67th session in 2017. This includes promoting the WHO guideline on health policy and system support to optimize community health worker programmes, where appropriate in national contexts.

## **Resolution WHA72.6**

### ***Global action on patient safety***

#### **Regional implications**

14. The Regional Office is committed to enhancing the quality of health care and patient safety and will intensify its work with WHO collaborating centres, international professional associations, patient organizations and international experts active in the area of patient safety, and with national governments, to support the development and dissemination of technical resources and implementation of patient safety interventions at country level.

15. The Regional Office will work closely with national governments to support the critical role of the latter in making patient safety a policy priority within broader policies and plans for universal health coverage. It will support national efforts to ensure that patient safety initiatives become the foundation for the strengthening of health systems, starting at the primary health care level. It will also continue cooperating with countries and partners with regard to global and regional action on patient safety by investing and mobilizing resources, sharing knowledge, coordinating efforts and fostering intersectoral action, providing technical expertise and establishing systems and practices for patient safety, to ensure sustainable progress towards universal health coverage.

## **Resolution WHA72.7**

### ***Water, sanitation and hygiene in health care facilities***

#### **Regional implications**

16. This resolution addresses environment and health in the context of health systems management. The Region will continue to improve and maintain access to safely managed water, sanitation and hygiene (WASH) services in health care facilities, especially in rural areas. WASH services are essential for high-quality health care and thus remain a priority until all health care facilities can provide them.

17. The Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes, for which the Regional Office and the United Nations Economic Commission for Europe (UNECE) act as the joint secretariat, is the key regional policy instrument on water, sanitation and health for operationalizing the achievement of the WASH-related aspirations of the 2017 Ostrava Declaration on environment and health, and the SDGs, in national contexts. The improvement of WASH services in institutional settings, including health care facilities, is a key priority area for action under the Protocol, which will be confirmed at the 5th session of its Meeting of the Parties (Belgrade, Serbia, 19–21 November 2019).

18. The regional priorities and actions, as defined by the Declaration of the Sixth Ministerial Conference on Environment and Health (Ostrava, Czechia, 13–15 June 2017) and the Protocol on Water and Health, are fully aligned with resolution WHA72.7 and will be instrumental in strengthening its regional, national and subnational implementation in the Region.

## **Resolution WHA72.8**

### ***Improving the transparency of markets for medicines, vaccines and other health products***

#### **Regional implications**

19. The prices of medicines and health products significantly influence whether patients have access to them in all Member States. The price negotiation process is a matter for Member States and is subject to national and regional frameworks. As well as providing

specific technical assistance when requested to do so, WHO will be working with Member States to understand those frameworks more clearly and to encourage collaboration through regional networks, such as the WHO-supported Pharmaceutical Pricing and Reimbursement Information network. The Regional Office will also support work being undertaken at WHO headquarters, including the Fair Pricing Forum.

## **Decision WHA72(14)**

### ***Promoting the health of refugees and migrants***

#### **Regional implications**

20. The Region has led the way in addressing the challenges of refugee and migrant health. The Regional Committee adopted the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region (in resolution EUR/RC66/R6) in 2016. The Regional Office will continue to support Member States in the implementation of the resolution through the migration and refugee health programme and, among other activities, by conducting health system assessments, ensuring the collection and dissemination of evidence and the provision of on-site technical assistance, disseminating good practices, standard operating procedures and policy advice, and continuing to organize the summer schools on refugee and migrant health.

## **Resolution WHA72.16**

### ***Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured***

#### **Regional implications**

21. The Regional Office will provide support for Member States, primarily lower-middle income countries, in implementing the resolution, working across divisions and with the support of WHO collaborating centres and professional associations.

22. In the Region, the Emergency Medical Team clinical standards are integrated into standard-setting for emergency care in public health services and primary, secondary and specialized care, aiming for the highest standards of professionalism across all functions and specializations, including for emergency care systems. Learning and on-the-job training, focusing on health care workers, is based on the best available evidence and technical expertise. To strengthen community resilience, the Regional Office is working with community workers, including social workers, anthropologists and psychologists.

23. Many Member States of the Region have emergency care systems, but access is limited or costly, which sometimes prevents the provision of time-sensitive care for those in need of urgent care. The Regional Office is supporting Member States to strengthen the continuum of care.

## Decision WHA72(9)

### ***WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments***

#### **Regional implications**

24. There is full alignment and consistency between the objectives, scope and monitoring framework of the global strategy and the commitments undertaken by European Member States at the Sixth Ministerial Conference on Environment and Health (Ostrava, Czechia, 13–15 June 2017). This will ensure that, by implementing the Ostrava commitments, Member States will at the same time contribute to the achievement of the global strategy. In turn, this will maximize outcomes and efficiency in the use of resources.

25. In the Region, the European Environment and Health Process, along with multilateral environmental agreements and platforms such as the Protocol on Water and Health and the Transport, Health and Environment Pan-European Programme, as well as the Task Force on the Health Aspects of Long-range Transboundary Air Pollution under the UNECE Convention on Long-Range Transboundary Air Pollution, provide effective frameworks for addressing the environmental determinants of health by working across sectors.

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