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

The Sixty-second World Health Assembly adopted 16 resolutions; at its 125th session, the Executive Board adopted one resolution.

This paper reviews those resolutions (of both a technical and an administrative nature) that are of particular interest to the work of WHO in the European Region.

The documents and resolutions mentioned in this paper are available from the Secretariat and can also be downloaded from the Internet (<http://www.who.int/gb>).

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Resolutions adopted by the Sixty-second World Health Assembly of particular interest to the European Region of WHO

Policy and technical matters

Resolution	Title/Subject	Regional implications	Action/Comments
WHA62.1	Prevention of avoidable blindness and visual impairment	<ul style="list-style-type: none"> • Sense organ disorders are responsible for 5% of the total number of disability-adjusted life years (DALYs) caused by noncommunicable diseases (NCD)¹. • Since blinding conditions are chronic and mostly due to NCD (such as diabetes), blindness and visual impairment should be addressed in the context of comprehensive plans for NCD. • As with NCD, primary health care and community-based interventions are essential for prevention. • European Member States have not raised this issue except in the context of NCD prevention and control. 	<ul style="list-style-type: none"> • Action in the WHO European Region will be addressed in the context of NCD control. • The WHO Regional Office for Europe will alert Member States to the importance of promoting eye health and of addressing avoidable blindness through comprehensive NCD approaches.
WHA62.2	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	<p>In resolution WHA62.2 the World Health Assembly recalls previous resolutions on health conditions in the occupied territory, particularly resolution EB124.R4, which expressed deep concern over the serious deterioration of health conditions in the occupied Gaza Strip, notably for civilians, during the Gaza crisis.</p> <p>The Health Assembly takes note of the Director-General's report on the health conditions in the occupied Palestinian</p>	<p>Several Member States in the WHO European Region supported the immediate health response through the mobilization of resources to reduce the human suffering of communities affected during the Gaza crisis and continue supporting the ongoing efforts for recovery and reconstruction of the health sector in Gaza.</p> <p>Through high-level advocacy with the Israeli authorities the Regional Office facilitated the delivery of medical</p>

¹ *The European health report 2005*. Copenhagen, WHO Regional Office for Europe, 2005

Resolution	Title/Subject	Regional implications	Action/Comments
		<p>territory and notes with concern the findings of the report of the Director-General on the specialized health mission to the Gaza Strip.</p> <p>It expresses concern at the deterioration of economic and health conditions and the humanitarian crisis, rising levels of food insecurity and the implications of the wall (in the occupied Palestinian territory) on the accessibility of medical services.</p> <p>It urges Member States, intergovernmental and nongovernmental organizations to help overcome the health crisis.</p> <p>It requests the Director-General to support the establishment of medical facilities, to provide technical assistance to meet urgent health needs, to support health system development and to report on implementation of this resolution to the Sixty-Third World Health Assembly.</p>	<p>and humanitarian aid to the Gaza Strip, working closely with the WHO Regional Office for the Eastern Mediterranean and the WHO office for the West Bank and Gaza.</p> <p>The Regional Office for Europe expressed concern about the health consequences for the affected populations and offered technical and operational support to the relief operation. It will continue advocating with donors, particularly the European Commission, and with Member States to mobilize resources and to support efforts towards recovery of the health system in the affected areas.</p>
WHA62.10	Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits	The resolution is an important step forwards: WHO is tasked with finalizing the work without the need for further intergovernmental meetings. This solution was very much supported by the European Union (EU) Member States, as well as non-EU countries. WHO's European Member States are ready to implement what has been agreed while playing an active role in the resolution of remaining issues.	<p>Where appropriate and feasible, the Regional Office will seek involvement in the work of the secretariat at WHO headquarters on the remaining issues.</p> <p>The Regional Office should continue to facilitate and monitor timely sharing of viruses by European Member States.</p>

Resolution	Title/Subject	Regional implications	Action/Comments
WHA62.11	Medium-term strategic plan 2008–2013, including Proposed programme budget 2010–2011	<p>The programme budget 2010–2011 was initially proposed at US\$ 5383 million, including US\$ 3888 million for the WHO base programme segment. In the light of growing recognition that the Organization needs to consolidate its growth and strengthen implementation capacity, having analysed the overall Organization-wide implementation for the first year of this 2008-09 biennium and taking into account the comments and guidance of the Executive Board at its 124th session, the Director-General decided to reduce the programme budget 2010–2011.</p> <p>In response to the Executive Board’s comments, increased emphasis was placed on certain strategic objectives (SOs), and five technical SOs were accordingly reduced by less than the average 10%:</p> <ul style="list-style-type: none"> • SOs 3 and 6, to respond to the endorsement by the Sixty-first World Health Assembly of the action plan for the global strategy for the prevention and control of noncommunicable diseases; • SOs 4 and 9, to accelerate efforts to meet the Millennium Development Goals for child and maternal health, and • SO 7, in response to the recommendations of the Commission on Social Determinants of Health. <p>The remaining six technical SOs were reduced by more than the average; however, in the majority of cases the budget envelopes for 2010–2011 are increased compared with current levels of operation. Particular emphasis within SOs is placed on:</p> <ul style="list-style-type: none"> • SO 8, for increased attention to health and climate change; • SO 10, notably - efforts to revitalize primary health care (the focus of the World Health Report 2008): and • SO 11, for the prequalification and quality control of medicines, and work on public health, innovation and intellectual property. <p>The resulting budget proposal for WHO base programmes for 2010–2011 is based on the approved programme budget 2008–2009 (i.e. the WHO base programme segment of US \$3742 million, less 10%). For the European Region, this translates into a reduction of US\$ 29 million between the version of the proposed programme budget presented to the Regional Committee at its fifty-eighth session in September 2008 and the version approved by the Health Assembly in May this year. While the resulting budget distribution across SOs poses challenges for the Regional Office in terms of regional priorities, it will make every effort to deliver quality services to its Member States within the approved programme budget.</p>	

Resolution	Title/Subject	Regional implications	Action/Comments
WHA62.12	Primary health care, including health system strengthening	<p>The resolution draws on a number of previous Health Assembly resolutions, as well as the Declaration of Alma-Ata in 1978. It advocates renewed commitment by Member States to promoting primary health care (PHC) and strengthening health systems, as reaffirmed at recent summit meetings and conferences, including the WHO European Ministerial Conference on Health Systems, held in Tallinn, Estonia in June 2008 and the thirtieth anniversary of the Alma-Ata declaration, celebrated at a conference in Almaty, Kazakhstan in October 2008. The resolution builds on the four recommendations contained in the <i>World health report 2008</i> (WHR2008), as well as on the final report of the Commission on the Social Determinants of Health. It calls for increased and sustained commitment to financing PHC, especially with a view to heightened aid effectiveness, notably in the context of the current international financial and food crises and climate change.</p> <p>More specifically, the resolution urges Member States to take action in all the four broad policy directions for strengthening PHC as outlined in the WHR2008. Some are more general, e.g. promoting active participation by all people in developing and improving health and health care, while others are highly specific (training adequate numbers of health workers, including PHC nurses, midwives, allied health professionals and family physicians). Overall, the resolution represents a broad commitment by Member States to continue their health system reforms based on the values and principles underlying the Declaration of Alma-Ata such as equity, solidarity, social justice, universal access to services, multisectoral action, community participation, integration of services, leadership and evidence-based policies.</p>	<p>The Regional Committee has endorsed the Tallinn Charter, which promulgates basically the same message as resolution WHA62.12 with emphasis on the need to strengthen PHC-based health systems.</p> <p>On a political level, especially in the context of the global financial crisis, the Charter calls for a firm political commitment by Member States in the Region to keep social objectives as high on the political agenda as economic and financial ones.</p> <p>The Regional Office will continue to:</p> <ul style="list-style-type: none"> • support Member States in monitoring and evaluating health system performance, of which the primary care level is an important component; • share lessons learned and examples of good practice; • foster alignment and coordination of global interventions towards strengthening of health systems; • strengthen the Office's capacities and funding to support Member States in their efforts to deliver results in the four broad policy directions for renewal of PHC as identified in the WHR2008, including the development of implementation plans; and • work with the cluster for Health systems and services at WHO headquarters on preparing an implementation plan and identifying the financial and human resource needs to give effect to the resolution.

Resolution	Title/Subject	Regional implications	Action/Comments
WHA62.13	Traditional medicine	<p>In many developing countries, traditional medicine (TM) is the first and only entry point for patients into the health system and an important element in PHC. TM comes in many forms (herbal medicine, acupuncture, Ayurvedic medicine, homeopathy, chiropractic, etc.) and is also widespread in many countries in the European Region; several ministries of health have departments dealing specifically with TM.</p> <p>In November 2008, China hosted a WHO-sponsored conference on TM, resulting in the Beijing Declaration that stresses the relevance of TM and the importance of incorporating it into countries' health systems. This resolution urges Member States to consider adopting this declaration and asks the Director-General to support this, at the request of Member States.</p> <p>In most countries in the European Region, TM products and practitioners are subject to forms of regulation, especially with an eye to safety, and in several countries some forms of TM are reimbursed under the health insurance system. There is obviously a tension between evidence based medicine approaches and the payment of some forms of TM.</p> <p>The resolution also stresses the importance of research and development work on traditional medicine, within the framework of the global strategy on public health, innovation and intellectual property.</p>	<p>WHO collaborates with many countries in south-eastern Europe and the newly independent states on strengthening their regulatory systems, which also includes regulation of herbal medicines. WHO also coordinates its work with the EU on normative and regulatory aspects and collaborates with the Council of Europe in this area.</p> <p>WHO is preparing a global survey on the situation with regard to TM in Member States, and this will yield an overview (also in European countries) of if and how TM is incorporated in health systems and being paid for.</p> <p>Several EU countries are supporting WHO's traditional medicines programme, and there are a number of WHO collaborating centres in the European Region.</p> <p>Research and development programmes in Europe also address the effectiveness and safety of TM, and this could be further expanded within the global strategy on public health, innovation and intellectual property.</p>

Resolution	Title/Subject	Regional implications	Action/Comments
WHA62.14	Reducing health inequities through action on the social determinants of health	<p>The need to reduce socially caused health inequities is also a European issue. Health inequities are evident in all Member States.</p> <p>Several Member States in the European Region already have this issue on their health agenda. Examples are strategies to address socially caused health inequities in Finland, Norway, Spain, Slovenia and the United Kingdom. In addition, several Member States have identified the need to address the health of vulnerable populations as a policy priority (for example, the health of the Roma population in countries such as Croatia, Romania and Serbia).</p> <p>Health inequities and their social determinants are also coming to the fore within the EU. For example, Spain intends to select this issue during its EU presidency in 2010.</p> <p>The need to strengthen the capacity of health systems to address the wider determinants of health and reduce health inequities is explicitly mentioned in the Tallinn Charter and was covered in resolutions adopted by the Regional Committee at its fifty-eighth session (e.g. on stewardship and behavioural change).</p>	<p>European Member States had the opportunity to discuss the preliminary findings of the Commission on Social Determinants of Health during the Tallinn Conference in June 2008, while the recommendations of the Commission on the Social Determinants of Health were considered during a technical discussion at the Regional Committee's fifty-eighth session in Tbilisi in September 2008.</p> <p>The Regional Office has a geographically dispersed office in Venice working solely on the social determinants of health.</p> <p>During countries' current negotiations with the Regional Office for technical assistance (either through biennial collaborative agreements (BCAs) or other types of support), there has been a significant increase in requests related to this domain and other aspects covered by resolution WHA62.14 (for example, strengthening the capacity of ministries of health to advocate for health equity in all policies, improving health information systems and enhancing intersectoral action). SO7 is clearly one area where Member States are requesting increased technical assistance.</p> <p>In order to increase the capacity and skills of Regional Office staff in this area, a decision has been taken to make the social determinants of health one of the staff development priorities for the biennium 2010–2011 and the Venice Office has submitted a specific (Office-wide) proposal to management.</p>

Resolution	Title/Subject	Regional implications	Action/Comments
WHA62.15	Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis	<p>Multidrug-resistant and extensively drug-resistant tuberculosis (M/XDR-TB) is one of the greatest challenges for TB control in the WHO European Region. According to recent WHO estimates, there were 43 600 MDR-TB cases among newly detected TB cases (10.35%) in 2007. Of the 27 high MDR-TB burden countries globally, 15 are in the European Region (Armenia, Azerbaijan, Belarus, Bulgaria, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, Russian Federation, Tajikistan, Ukraine and Uzbekistan). Among 50 countries in the world with confirmed XDR-TB cases, almost half are in the European Region (and they have the highest rates). To better combat TB and reach the targets set in the context of the Millennium Development Goals, the Region needs “one voice, as one region and as one Europe” as highlighted during the WHO European Ministerial Forum “All Against Tuberculosis” in October 2007. Challenges such as human resource development and the workforce crisis, laboratory initiatives, TB/HIV co-infection, rational use of medicines, infection control and operational research all need to be addressed.</p>	<p>The Regional Office will provide support to Member States in preparing drug resistance surveillance protocols, in collaboration with WHO headquarters. Data will be validated and results confirmed during monitoring and evaluation field missions by WHO teams and local experts.</p> <p>The Regional Office will also provide policy guidance and technical support on the management of M/XDR-TB. Emphasis needs to be placed both on strengthening basic control, to prevent the emergence of drug resistance, and on diagnosing and treating cases of M/XDR-TB effectively, in order to prevent transmission. All challenges, including high rates of drug resistance, TB/HIV co-infection, human resource development and fundraising, will be addressed through implementation of the Stop TB Strategy, the Plan to Stop TB in 18 High-priority Countries in the WHO European Region 2007–2015, the Framework Action Plan to Fight TB in the European Union, and the national Stop TB plans adopted as a follow-up to the Berlin Declaration.</p> <p>The Regional Office will provide technical support through reviews of national tuberculosis programmes and other missions to countries. The Office will also provide technical support with preparing/updating national plans for TB control, including a component on MDR-TB.</p>

Resolution	Title/Subject	Regional implications	Action/Comments
WHA62.16	Global strategy and plan of action on public health, innovation and intellectual property	<p>Through this resolution, Member States have adopted the action plan on public health, innovation and intellectual property after three years of complex and politically delicate discussions and have agreed on stakeholders, indicators and timeframes.</p> <p>The resolution requests the Director-General to increase support in this area and to prioritize actions, and it notes the estimated funding needs (which would include both national investments in this area as well as the cost of the WHO secretariat and the inputs of other international organizations and foundations).</p> <p>The EU and all European Member States can and should play an important role in implementation of the action plan, not only through support to the WHO secretariat but also directly, through actions at country level and in-kind support from their own human resources and national research and development programmes.</p>	<p>The text of the global strategy and plan of action is as proposed in the documents submitted to the World Health Assembly and was agreed upon after informal consultations among Member States and the EU.</p> <p>In the plan of action, WHO is not specifically listed as a stakeholder in discussions on the medical research and development treaty.</p> <p>WHO headquarters and the regional offices will need to work out a specific business plan on the funding and implementation of the actions foreseen for the WHO secretariat.</p>

Administrative, financial and budgetary matters

Resolution	Title/Subject	Regional implications	Action/Comments
WHA62.3	Unaudited interim financial report on the accounts of WHO for 2008	The presentation of the financial report differs from previous years owing to the implementation of a number of International Public Sector Accounting Standards (IPSAS) during 2008.	The new format begins with a consolidated statement of performance and gives a clearer picture of expenditures by category. As this is the interim, unaudited financial report for the first year of the biennium, region-specific details are not given: these will only be available at the end of the biennium.
WHA62.4	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution	The voting rights of Tajikistan are suspended because payments of its contributions are in arrears by US\$ 35 459. Suspension will continue until the arrears have been reduced to a level deemed sufficient by a future Health Assembly.	The Regional Office should obtain a firm commitment from Tajikistan to clear its arrears in an accelerated manner.
WHA62.5	Scale of assessments 2010–2011	Considering that the latest United Nations scale continues to be the same as that for the financial period 2008–2009, the same WHO scale of assessment is adopted for the biennium 2010–2011.	The proportional scale of Member States' assessments will remain unchanged from this biennium.

Resolution	Title/Subject	Regional implications	Action/Comments
WHA62.6	Amendments to the Financial Regulations and Financial Rules	The World Health Assembly adopted the changes to the Financial Regulations and Financial Rules (including introduction of IPSAS) to be effective from 1 January 2010.	The introduction of IPSAS will improve the quality, transparency and timeliness of the Organization's financial reporting
WHA62.7	Amendments to Staff Regulations	The amendments to the Staff Regulations will lift the suspension on lateral transfers, making it possible to transfer or reassign fixed -term staff without promotion if and when required, subject to clear justification. Regional directors will have delegated authority to make moves up to and including P.6/D.1. This will increase options for more cost-effective deployment of staff throughout the Region and will make for better use of existing assets.	
WHA62.8	Salaries of staff in ungraded posts and of the Director-General	The resolution makes provision for adjustment to the salary scale of senior WHO officers: the Director-General, the Deputy Director-General, and assistant directors-general and regional directors.	
WHA62.9	Appropriation resolution for the financial period 2010-2011	<p>The World Health Assembly noted a total effective budget, from all sources of funds, of US\$ 4 539 914 000 for the financial period 2010–2011.</p> <p>The Health Assembly resolved to appropriate an amount of US\$ 1 023 840 000 for the period 2010–2011. This amount is financed by:</p> <ul style="list-style-type: none"> • net assessments from Member States of US\$ 928 840 000 • estimated miscellaneous income of US\$ 15 000 000 • a transfer to the tax equalization fund of US\$ 80 000 000. <p>The Health Assembly further noted that the voluntary contributions required to meet the portion of the effective working budget not financed through net assessments on Member States amount to US\$ 3 596 074 000.</p>	

Resolution adopted by the 125th session of the Executive Board

Resolution	Title/Subject	Regional implications	Action/Comments
EB125.R1	Independent Expert Oversight Advisory Committee	This resolution confirmed the establishment of an independent expert oversight advisory committee reporting to the Programme, Budget and Administration Committee of the Executive Board and approved its terms of reference. The Director-General will propose candidates for membership of and appointment to this Committee by the Executive Board at its 126th session.	

Annex 1

**List of resolutions adopted by the Sixty-second World Health Assembly
(Geneva, 18–22 May 2009)**

- WHA62.1 Prevention of avoidable blindness and visual impairment
- WHA62.2 Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
- WHA62.3 Unaudited interim financial report on the accounts of WHO for 2008
- WHA62.4 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution
- WHA62.5 Scale of assessments 2010–2011
- WHA62.6 Amendments to the Financial Regulations and Financial Rules
- WHA62.7 Amendments to Staff Regulations
- WHA62.8 Salaries of staff in ungraded posts and of the Director-General
- WHA62.9 Appropriation resolution for the financial period 2010–2011
- WHA62.10 Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
- WHA62.11 Medium-term strategic plan 2008–2013, including Proposed programme budget 2010–2011
- WHA62.12 Primary health care, including health system strengthening
- WHA62.13 Traditional medicine
- WHA62.14 Reducing health inequities through action on the social determinants of health
- WHA62.15 Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis
- WHA62.16 Global strategy and plan of action on public health, innovation and intellectual property

Annex 2

**Resolution adopted by the Executive Board at its 125th session
(Geneva, 23 May 2009)**

EB125.R1 Independent Expert Oversight Advisory Committee