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



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In May 2015, the Sixty-eighth World Health Assembly adopted 20 resolutions and 15 decisions (document A68/DIV./3).

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

Contents

	page
Category 1: communicable diseases.....	3
Resolution WHA68.2.....	3
Global technical strategy and targets for malaria 2016–2030.....	3
Resolution WHA68.6.....	3
Global vaccine action plan.....	3
Decision WHA68(10).....	5
2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola.....	5
Category 2: noncommunicable diseases.....	7
Resolution WHA68.19.....	7
Outcome of the Second International Conference on Nutrition.....	7
Resolution WHA68.20.....	8
Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications.....	8
Decision WHA68(14).....	9
Maternal, infant and young child nutrition: development of the core set of indicators.....	9
Category 3: promoting health through the life-course.....	10
Resolution WHA68.8.....	10
Health and the environment: addressing the health impact of air pollution.....	10
Category 4: health systems.....	12
Resolution WHA68.15.....	12
Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage.....	12
Resolution WHA68.18.....	13
Global strategy and plan of action on public health, innovation and intellectual property.....	13
Decision WHA68(11).....	13
WHO Global Code of Practice on the International Recruitment of Health Personnel.....	13
Decision WHA68(12).....	14
Substandard/spurious/false-labelled/falsified/counterfeit medical products.....	14
Category 5: preparedness, surveillance and response.....	14
Resolution WHA68.3.....	14
Poliomyelitis.....	14
Decision WHA68(9).....	15
Poliomyelitis.....	15
Resolution WHA68.4.....	16
Yellow fever risk mapping and recommended vaccination for travellers.....	16
Resolution WHA68.5.....	16
The recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation....	16
Resolution WHA68.7.....	17
Global action plan on antimicrobial resistance.....	17

Category 1: communicable diseases

Resolution WHA68.2

Global technical strategy and targets for malaria 2016–2030

Summary

1. The resolution adopts the global technical strategy for malaria 2016–2030, calling for multisectoral collaboration and urges Member States to update national malaria strategies and operational plans, to intensify efforts to reduce malaria morbidity and mortality in high-burden countries, and to accelerate progress towards elimination/maintaining malaria-free status. It also calls on Member States to strengthen health systems, including national malaria surveillance and response systems, human resource capacity, infrastructures and universal coverage of malaria interventions for at-risk populations and to intensify efforts to address the threats posed by rising insecticide and drug resistance.
2. The resolution calls on WHO and its partners to support Member States to mobilize sufficient and predictable funding. It requests the Director-General to provide technical support to Member States, strengthen the Secretariat's capacities, monitor the implementation of the strategy, and report on the progress achieved to the Seventieth and Seventy-second World Health Assemblies.

Regional implications

3. The WHO European Region aims to interrupt the transmission of malaria and eliminate the disease from the Region by the end of 2015. The number of reported locally acquired cases has dropped dramatically: from over 90 000 in 1995 to only two cases in Tajikistan and five introduced cases in Turkey in 2014. As of 1 June 2015, no locally acquired malaria cases have been reported in the Region. Turkmenistan attained malaria-free status in 2010, Armenia in 2011 and Kazakhstan in 2012. Kyrgyzstan has recently initiated the process of certification of malaria elimination.
4. The global strategy includes the prevention of reintroduction, which is relevant to the European Region, and will support implementation by maintaining the political commitment, resources and provision of the technical support needed by Member States. The European Regional framework for prevention of malaria reintroduction and certification of malaria elimination 2014–2020 outlines the key ways to avoid the resurgence of malaria in countries where it has been eliminated and methodological aspects of the process of certifying countries free from malaria.

Resolution WHA68.6

Global vaccine action plan

Summary

5. The resolution urges Member States to allocate adequate financial and human resources for sustaining strong immunization programmes and for the introduction of

vaccines. It calls for increased efforts to address immunization gaps, especially in low- and middle-income countries, and to strengthen immunization advocacy and training for health professionals and the public. It asks Member States to improve and sustain vaccine purchasing and delivery systems and to provide timely vaccine price data to WHO in order to increase affordability through price transparency. It calls for mechanisms that would increase affordability, including pooling vaccine procurement, increasing national and regional vaccine manufacturing capacity, and creating mechanisms that would enhance government investments in vaccine development.

6. The resolution requests the Director-General, in collaboration with international partners, donors and vaccine manufacturers, to explore ways to mobilize funding to support countries in accessing affordable vaccines of assured quality in adequate supply. It asks WHO to monitor vaccine prices; to facilitate the establishment of pooled procurement mechanisms where appropriate; to strengthen the WHO prequalification programme; and to define technical, procedural and legal barriers that may influence the price and availability of vaccines. It calls for continued assistance to Member States, especially in capacity-building for research and development, technology transfer and the mobilization of resources. The Secretariat is requested to report on progress to the Health Assembly in the annual report on the Global vaccine action plan.

Regional implications

7. The resolution is aligned with the vision and strategic objectives of the European Vaccine Action Plan 2015–2020, which defines priority action areas and indicators, taking into account the specific needs and challenges of the Region. The WHO Regional Office for Europe has been supporting Member States in implementation of the European Action Plan since its endorsement in resolution EUR/RC64/R5 at the 64th session of the Regional Committee in 2014.

8. National immunization programmes are generally strong and routine national vaccination coverage is high. The European Region has achieved high performance against the indicators of the Global Vaccine Action Plan 2011–2020 except on the number of new vaccines introduced since 2011. Despite the progress in ensuring high immunization coverage, the Region still faces challenges, including vaccine refusal, underserved groups, introducing new vaccines and continuing outbreaks of vaccine-preventable diseases. Variable commitment to action is impeding further progress and the extension of services to underserved, marginalized, migrant and disadvantaged children and families. The capacity to manage and respond effectively to public concern about events related to vaccine safety and to tackle anti-vaccination sentiment and vaccine hesitancy needs strengthening. The Regional Office supports countries to maximize equitable access to vaccines of assured quality, including new immunization products and technologies. Work also focuses on diseases with elimination and eradication targets, such as controlling measles and rubella outbreaks, accelerating actions towards the measles and rubella elimination target by 2015 and maintaining the Region's poliomyelitis (polio)-free status.

Decision WHA68(10)

2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola

Summary

9. Interim assessment. The decision welcomed the preliminary report and requested the Ebola Interim Assessment Panel to continue its work and to issue a final report not later than 31 July 2015.¹

10. International Health Regulations (IHR) (2005). The decision requested the Director-General to establish a Review Committee to examine the role of the IHR in the Ebola outbreak and response, with the following objectives:

- to assess the effectiveness of the IHR with regard to the prevention, preparedness and response to the Ebola outbreak;
- to assess the status of implementation of recommendations of the IHR Review Committee in 2011; and
- to recommend steps to improve the functioning, transparency, effectiveness and efficiency of the IHR, including the WHO response.

11. The IHR Review Committee is to be convened in August 2015, and to report on its progress to the Sixty-ninth World Health Assembly in May 2016.

12. The World Health Assembly agreed to support west and central African States and other at-risk States to meet the requirements of the IHR core capacities, by June 2019.

13. The decision requested WHO to propose a plan with resourcing requirements to develop the core public health capacities for all countries and to explore mechanisms and options for the objective analysis of IHR core capacities through self-assessment and, on a voluntary basis, peer-review and/or external evaluation for the requesting Member States.

14. Global health emergency workforce. The decision welcomed the initial conceptual plan for a global health emergency workforce to respond to outbreaks and emergencies with health consequences, as part of the dedicated structure and functions of the wider emergency response programme, which would unite and direct all WHO outbreak and emergency response operations within the WHO mandate, across the three levels of the Organization, and under the direct supervision of the Director-General in support of countries' own response.

15. The Health Assembly reiterated that WHO emergency response at all levels shall be exercised according to international law and in a manner consistent with the

¹ Report of the Ebola Interim Assessment Panel. Geneva: World Health Organization; 2015 <http://www.who.int/csr/resources/publications/ebola/report-by-panel.pdf?ua=1>, accessed 10 August 2015).

principles and objectives of the Emergency Response Framework, and the IHR, and be guided by an all-hazards health emergency approach.

16. The decision emphasized the importance of WHO building capacity in its areas of comparative advantage and drawing extensively on the capacities of other United Nations agencies, funds and programmes, the Global Outbreak Alert and Response Network, foreign medical teams and stand-by partners and the lead role of WHO in the Global Health Cluster.

17. The Health Assembly requested the Director-General to report on progress on the establishment, coordination and management of the emergency response programme, including the global health emergency workforce, to the Sixty-ninth World Health Assembly through the 138th session of the Executive Board in January 2016.

18. Contingency fund. Welcoming the parameters and the guiding principles, the Health Assembly decided to create a contingency fund to rapidly scale up WHO's initial response to outbreaks and emergencies with a target capitalization of US\$ 100 million fully funded by voluntary contributions. It decided that the contingency fund would be under the authority of the Director-General, with disbursement at his or her discretion, and will provide financing for a period of up to three months. The Director-General is requested to approach donors to encourage contributions and to report on the performance of the fund at the Sixty-ninth World Health Assembly in May 2016. The scope and criteria of the contingency fund will be reviewed after two years of implementation, in a report to be presented to the Seventieth World Health Assembly in May 2017.

19. Research and development. The decision welcomed the development of a blueprint for accelerating research and development in epidemics or health emergency situations.

20. Health systems strengthening. The decision requested the Director-General to continue and enhance the work of WHO in supporting Member States to be better prepared to respond to emergencies by strengthening national health systems.

21. Way forward. Welcoming the commitment to reform the work and culture of WHO in emergencies, and to establish effective, clear command and control across the three levels of the Organization, the Health Assembly agreed to establish an expert advisory group to guide and support the emergency reform process. The Director-General will report on progress to the Sixty-ninth World Health Assembly in May 2016. The Secretariat will report to the Health Assembly annually on all Grade 3 emergencies where WHO has taken action.

Regional implications

22. To strengthen the overall preparedness of Member States, as well as to ensure their capacity to deal with Ebola virus disease (EVD) preparedness and possible events within the Region, the Regional Office established a regional Ebola team and, in support of Member States, implemented a broad range of activities in close collaboration with the European Commission, the European Centre for Disease Prevention and Control and other partners, including countries, namely:

- technical guidance and support to Member States, including the development of guidelines and tools, country assessments and capacity-building missions;
- mapping European countries' preparedness and capacity and helping to strengthen them;
- assisting with medical evacuations to European countries from affected countries; and
- engaging in advocacy and the provision of information to governments, the public and journalists through various means, including a dedicated website.

23. The Regional Office contributed to the global response by deploying its staff, alongside the hundreds of other WHO staff taking part in this effort, and supporting the implementation of the WHO Ebola Response Roadmap. The strengthening of EVD preparedness in WHO European Member States should continue and be fully scaled up within the IHR framework, focusing not only on specific EVD preparedness and response measures but also on a wider capacity for identifying, assessing and responding to all hazards and outbreaks of communicable diseases and other emergencies, as well as full implementation of the IHR (2005). Cross-border collaboration and resource sharing in the EVD response should be enhanced, including the development of human and institutional capacity for such a response, as well as through regular meetings of national focal points for emergency preparedness, the IHR, chemical safety and other appropriate networks to develop evidence, to share knowledge and best practices and to organize cross-border activities when and where appropriate.

24. The Regional Office is contributing to the work being undertaken to reform the WHO emergency response capacities in order to create a single new programme for health emergencies. This is in line with the Regional Office's multi-hazard and multisectoral approach, uniting outbreak and emergency resources across the Organization with a clear command and control structure. Strengthening the WHO capacity for preparedness and response to this and similar outbreaks and public health emergencies is required across all three levels of the Organization; namely, global, regional and national.

Category 2: noncommunicable diseases

Resolution WHA68.19

Outcome of the Second International Conference on Nutrition

Summary

25. The resolution endorses the Rome Declaration on Nutrition, as well as the Framework for Action. It calls on Member States to implement the commitments of the Rome Declaration on Nutrition through a set of voluntary policy options within the Framework for Action. It also requests the Director-General, in collaboration with the Director-General of the Food and Agriculture Organization of the United Nations, other United Nations agencies, funds and programmes, and relevant regional and international

organizations, to prepare a biennial report to the Health Assembly on the status of implementation of commitments of the Rome Declaration on Nutrition.

Regional implications

26. In the WHO European Region, the European Food and Nutrition Action Plan 2015–2020, adopted in resolution EUR/RC64/R5 by the 64th session of the Regional Committee in September 2014, in anticipation of the Second International Conference on Nutrition, builds on the commitments of the Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020 and establishes five priority areas for action. The Action Plan is fully aligned with the Rome Declaration on Nutrition and the Framework for Action; notably in the areas of food systems and healthy food environments, the importance of special attention to vulnerable groups, the need to foster health systems to respond to nutrition-related diseases, in particular at the primary health care level, by calling for the improvement of surveillance systems, notably of the nutritional status and dietary habits of the population, as well as the implementation of sound intersectoral governance mechanisms. Some of the most notable recent developments undertaken by the Regional Office in connection with and that are influenced and supported by the Rome Declaration are the publication of a new report entitled *WHO Regional Office for Europe nutrient profile model*, the elimination of *trans* fat in the Region and the broadening of the WHO European Childhood Obesity Surveillance Initiative.

27. In follow-up to the Second International Conference on Nutrition, the Regional Office will focus on the following actions:

- providing technical assistance to Member States;
- facilitating and enhancing the coordination of activities, particularly with United Nations agencies and other partners; ensuring multi-stakeholder engagement and action across sectors beyond health;
- facilitating resource mobilization initiatives for implementation of nutrition policies and programmes;
- contributing to the development of an accountability framework; and
- providing European input for reporting on progress on implementation of the outcome of the Second International Conference on Nutrition.

Resolution WHA68.20

Global burden of epilepsy and need for coordinated action at the country level to address its health, social and public knowledge implications

Summary

28. The resolution urges Member States to strengthen leadership and governance for policies relevant to the specific needs of people with epilepsy, and to make financial, human and other resources available to implement national plans and actions for the management of epilepsy. It calls for Member States to integrate epilepsy management, including health and social care, within the context of universal health coverage, into primary health care; strengthened health information and surveillance systems;

improved accessibility and affordability of antiepileptic medicines. It requests actions to raise public awareness and to prevent the causes of epilepsy within and beyond the health sector and urges Member States to improve investment in epilepsy research.

29. The resolution requests the Director-General to review and evaluate actions relevant to epilepsy to identify best practices, to develop technical recommendations and to support Member States in the development and implementation of epilepsy programmes and services. The Director-General is requested to report on progress in the implementation of this resolution to the Seventy-first World Health Assembly.

Regional implications

30. The health systems in countries of the European Region provide better coverage, with better access to epilepsy medication, and the treatment gap is smaller than in other regions, although the data has limitations. The Regional Office for Europe has been supporting activities of the International League Against Epilepsy and the International Bureau for Epilepsy, notably in Georgia. These connections will be strengthened in partnership with the Special Epilepsy Centre in the Netherlands. Of particular importance for the Regional Office is the comorbidity between epilepsy and intellectual disabilities, and the lack of adequate health-care provisions for this group in some European countries. For children and young people, this was addressed in the WHO European Declaration and Action Plan on the Health of Children and Young People with Intellectual Disabilities and their Families, endorsed in resolution EUR/RC61/R5 by the 61st session of the Regional Committee in September 2011. The Regional Office will now pay greater attention to adults with intellectual disabilities, a neglected group, particularly those living in institutions, by surveying their needs and providing recommendations for health needs, with epilepsy as one of the leading challenges.

Decision WHA68(14)

Maternal, infant and young child nutrition: development of the core set of indicators

Summary

31. The decision approves additional core indicators for the global monitoring framework on maternal, infant and young child nutrition and recommends that Member States report on the entire core set starting in 2016, with the exception of some process indicators that will be reported on starting from 2018.

32. It requests the Director-General to review the indicators for the extended set and provide details of the definitions, the availability of data and the criteria for their applicability to different country contexts.

33. The decision recommends a review of the global nutrition monitoring framework in 2020.

Regional implications

34. The core set of indicators on maternal, infant and young child nutrition will contribute to strengthening national maternal and child health monitoring and supportive supervision systems, leading to quality child health and nutrition outcomes. It will also foster improvements in the surveillance and monitoring systems. The indicators are in line with strategic priorities and documents of the Regional Office, such as:

- Investing in children: the European child and adolescent health strategy 2015–2020. The indicators are aligned with its priority of making children’s lives visible and will contribute to developing better monitoring and accountability for child and adolescent health.
- European Food and Nutrition Action Plan 2015–2020. The indicators are in line with those adopted in the Action Plan and will facilitate reporting, monitoring and evaluation on Action Plan indicators.

35. Some of the most notable recent developments at the Regional Office in connection with the monitoring framework are:

- a new analysis on exclusive breastfeeding in the Region;
- a compilation of available data on the nutritional status of children under 5 years old; and
- broadening the WHO European Childhood Obesity Surveillance Initiative.

36. In the European Region, the core set of indicators will help cover the surveillance gap in the following areas and age groups: the nutritional status of pregnant women, children under 5 years old, and young adolescents. Even though some indicators related to undernutrition are not relevant to all European Member States, data on micronutrient deficiency are important and will help improve data quality in the Region.

Category 3: promoting health through the life-course

Resolution WHA68.8

Health and the environment: addressing the health impact of air pollution

Summary

37. The resolution urges Member States to redouble their efforts related to the health impacts of air pollution in partnership with regional and international organizations; and through multisectoral action at all levels, engaging with communities. It calls on the health sector to take a leading role in raising awareness, to interact with relevant sectors, and to integrate health concerns into policies and processes at all levels. It asks Member States to facilitate relevant research, to improve the morbidity and mortality surveillance – optimizing linkages with the monitoring of air pollutants, to promote measures for reducing indoor air pollution, in particular, and to take effective steps to minimize air pollution specifically in health-care settings. It also requests the strengthening of

international cooperation, and the meeting of the commitments and obligations made at a high political level.

38. The resolution requests the Director-General to significantly strengthen WHO's capacities, including in regional and country offices, in order to assist the health and other sectors at all levels of government and to provide: technical support and guidance to Member States, including for implementation of Article 8 of the WHO Framework Convention on Tobacco Control, and collaboration with relevant stakeholders at all levels; development of guidelines, tools and monitoring systems; dissemination of evidence-based best practices and policies; and enhanced ability to convene, guide and influence research strategies. The resolution also requests the Director-General to exercise global health leadership and forge links with existing global health initiatives, maximizing synergies; to work with other United Nations agencies, in particular with reference to resolution 1/7 on strengthening the role of the United Nations Environment Programme (UNEP) in promoting air quality adopted at the first session of the United Nations Environment Assembly in 2014; and to continue to enhance the leading role of WHO in the UNEP's Strategic Approach to International Chemicals Management.

39. The resolution requests the Director-General to set aside adequate resources for the work of the Secretariat, to report to the Sixty-ninth World Health Assembly, and to propose a roadmap for an enhanced global response to the Sixty-ninth World Health Assembly.

Regional implications

40. In the WHO European Region, almost 600 000 premature deaths were attributed to air pollution in 2012. Most of this burden is due to outdoor air pollution, linked largely with fuel combustion (commercial and institutional, as well as in households), industry and transport. While deaths as a result of outdoor air pollution occur in all European countries regardless of their national income, the number of those caused by household air pollution is more than five times higher in low- and middle-income countries.

41. The adoption of the resolution by the Health Assembly strengthens the political commitment, facilitating its implementation in the European Region within a robust policy and technical regional framework with the following main elements:

- the commitment, made in the 2010 Parma Declaration on Environment and Health, to prevent disease by improving indoor and outdoor air quality. This continues to be widely supported, particularly through the discussions within the European Environment and Health Process, whose Ministerial Board and Task Force designated air quality as one of the leading political priorities in the period until the Sixth Ministerial Conference on Environment and Health, to be held in 2017.
- the existence of a regional multilateral environmental agreement, the United Nations Economic Commission for Europe (UNECE) Convention on Long-range Transboundary Air Pollution, which is pivotal to achieve emission reductions and to foster collaboration with other sectors. Ms Heroux of the WHO European Centre for Environment and Health, located in Bonn, Germany, is currently chairing the Joint Task Force on the Health Aspects of Air Pollution under the

Convention; the Centre continues to use the most recent scientific results on the health effects of air pollution to strengthen support to Member States. In addition, the joint work of WHO and UNECE in the Transport Health and Environment Pan-European Programme promotes intersectoral approaches in addressing air quality-related health issues with the environment and transport sectors.

- The Regional Office recently reviewed the scientific evidence on health impacts as an input to policies in the Region, which also assisted in the proposed revision of air quality policies in the European Union (EU). Such data will be used for the revision of the global WHO air quality guidelines, which will contribute to future policy developments and the setting of new targets.
- The development of partnerships and collaboration between the European Environment and Health Process and relevant policy platforms in other sectors, such as the UNECE Environment for Europe process, whose eighth Ministerial Conference will take place in Batumi, Georgia, in June 2016, and will address air pollution as one of its leading themes.

Category 4: health systems

Resolution WHA68.15

Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage

Summary

42. The resolution urges Member States to identify a core set of emergency and essential surgery and anaesthesia services accessible to all and to integrate them in primary health-care facilities and first-referral hospitals as a component of universal health coverage. It calls on Member States to promote access to essential medicines, including controlled medicines; to strengthen infection prevention and control; to revise legislation as required; and to improve national capacity and structures, including regular monitoring and evaluation of the capacities of health-care facilities.

43. It requests the Director-General to foster partnerships and networks, establish mechanisms for data collection and reporting, and ensure measures for access to and safety of emergency and essential surgery and anaesthesia. It also calls for support to Member States in the development and implementation of policies and regulations with regard to the misuse, diversion and trafficking of controlled substances and requests the Director-General to work with the International Narcotics Control Board, the United Nations Office on Drugs and Crime, health ministries and other relevant authorities in order to promote the availability, access and balanced use of controlled medicines. Furthermore, it calls for support to Member States to devise policies and strategies that enhance the skills of the appropriate health workforce for emergency and essential surgical care and anaesthesia, especially at the primary health care and first-referral hospital levels.

44. The resolution requests the Director-General to set aside adequate resources for the Secretariat's work and to report on progress to the Seventieth World Health Assembly in 2017.

Resolution WHA68.18

Global strategy and plan of action on public health, innovation and intellectual property

Summary

45. The Health Assembly decides to extend the time frame of the plan of action on public health, innovation and intellectual property from 2015 until 2022; to extend the deadline of the overall programme review of the global strategy and plan of action to 2018; and to undertake the comprehensive evaluation and overall programme review separately in a staggered manner, in consultation with Member States.

46. The resolution requests the Director-General to initiate the comprehensive evaluation of the implementation of the global strategy and plan of action on public health, innovation and intellectual property in June 2015; to present the inception report and comments of the evaluation management group to the Executive Board in January 2016; and to submit the final comprehensive evaluation report to the Seventieth World Health Assembly in 2017.

47. The Director-General is requested to convene an ad hoc evaluation management group to assist the comprehensive evaluation composed of six independent experts to be identified from a pool of experts proposed by Member States and two evaluation experts from the United Nations Evaluation Group. The Director-General is requested to establish a panel of experts to conduct the overall programme review and Member States are invited to nominate experts for the panel, following consultations with the regional committees. The resolution requests the Director-General to present the terms of reference and the composition of the overall programme review panel to the Executive Board in January 2017. The Secretariat is expected to present a progress report in 2017 and the final report of the overall programme review, giving details of achievements, challenges and recommendations on the way forward will be presented to the Seventy-first World Health Assembly in 2018.

Decision WHA68(11)

WHO Global Code of Practice on the International Recruitment of Health Personnel

Summary

48. The decision recognizes the relevance of the WHO Global Code of Practice on the International Recruitment of Health Personnel in the context of growing regional and interregional labour mobility and urges Member States and other stakeholders to expand awareness and implementation of the WHO Global Code, in particular by strengthening of institutional capacity and resources to complete the second round of national reporting by 31 July 2015.

49. The decision requests the Secretariat to expand its capacity at all three levels to raise awareness, provide technical support and promote effective implementation and reporting of the WHO Global Code. It decides that the further assessment of the relevance and effectiveness of the Code should be considered in line with the third round of national reporting in 2018 and the scheduled progress report to the Seventy-second World Health Assembly in 2019.

Regional implications

50. The Regional Office provides ongoing technical support to Member States in their efforts to implement the WHO Global Code. It also facilitates the exchange of country experiences with regard to tackling challenges in the area of human resources for health and of developing a fit-for-purpose health workforce. There is a growing understanding in countries of the inherent complexities with respect to human resources for health, providing opportunities to identify points for policy interventions.

51. The Regional Office works closely with the EU Joint Action on Health Workforce Planning and Forecasting, which provides a platform for collaboration and exchange among EU member states to support them to adopt effective and sustainable measures in planning and developing the future health workforce. One of the specific objectives is the ethical international recruitment of health personnel.

Decision WHA68(12)

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

Summary

52. The decision considered the report on substandard/spurious/falsely-labelled/falsified/counterfeit medical products and decided to postpone the review of the Member State mechanism by one year, to 2017.

Category 5: preparedness, surveillance and response

Resolution WHA68.3

Poliomyelitis

Summary

53. The resolution urges Member States to stop all wild poliovirus transmission by implementing the Polio Eradication and Endgame Strategic Plan 2013–2018 and national emergency action plans; to implement the temporary recommendations under the IHR in order to reduce the risk of international spread of wild poliovirus; and to intensify cross-border collaboration.

54. The resolution urges Member States that currently use oral poliovirus vaccine (OPV) to prepare for the global withdrawal of the type 2 component of the OPV by

April 2016; to complete the introduction of inactivated poliovirus vaccine (IPV) before the withdrawal of OPV in April 2016; and to implement containment of type 2 wild polioviruses within three months of the global withdrawal. It also urges Member States to achieve/maintain certification-standard surveillance; to have national public health emergency measures in place to respond to a new polio outbreak; to support the global expansion of environmental surveillance; and to monitor for potential gaps in population immunity and implement measures to fill such gaps.

55. It calls on Member States to make available urgently the financial resources required for the full implementation of the Polio Eradication and Endgame Strategic Plan 2013–2018 and to establish procedures to authorize the importing and use of monovalent OPV type 2 from the global stockpile after its release has been authorized by the Director-General in the event of an emergency.

56. The resolution requests the Director-General, in collaboration with all relevant partners, to support national efforts for polio eradication; to ensure a globally coordinated phased removal of OPVs by ensuring a sufficient global supply of IPV; and to support the introduction of bivalent oral poliovirus vaccine. It asks the Director-General to establish a mechanism for the release of a global stockpile of monovalent OPV type 2. The Secretariat is asked to report annually to the Health Assembly on progress, including details of any budgetary constraints that could adversely affect full implementation.

Decision WHA68(9)

Poliomyelitis

Summary

57. In connection with the public health emergency of international concern arising from the international spread of wild poliovirus, the Health Assembly endorsed the continuation of the management of the public health emergency of international concern through the temporary recommendations issued; and requested the Director-General to report on progress towards reduction in the risk of international spread of wild poliovirus to the Sixty-ninth World Health Assembly.

Regional implications

58. The resolution endorsing the polio endgame strategy and requesting the Director-General to report back on the global withdrawal of the type 2 component of the OPV is very timely, given the huge amount of work and the milestones set during the coming year until April 2016, which require commitment and financial resources.

59. In the Region, the work on the withdrawal of the type 2 component of OPV (20 Member States); the introduction of IPV in countries using only OPV (10 Member States); and verification of the eradication of wild poliovirus type 2 and implementation of containment of type 2 wild polioviruses in the Region (with more than 90 essential facilities in the Region) is on track. The Regional Office has been providing substantial support to Member States in all areas, including vaccine registration for bivalent OPV. Support to Member States also focused on mitigating the risks of possible polio

outbreaks following an importation based on risk assessments and testing national preparedness plans using a polio outbreak simulation exercise model.

60. Member States are requested to submit to the European Regional Certification Commission for Poliomyelitis Eradication by mid-2015 the formal documentation that type 2 wild poliovirus transmission has been interrupted; that Phase I containment activities will be or have been completed by the end of 2015; and that appropriate plans are in place to contain type 2 wild polioviruses. The global shortage of IPV supply may hamper meeting the deadline of the end of 2015.

Resolution WHA68.4

Yellow fever risk mapping and recommended vaccination for travellers

Summary

61. The resolution urges Member States to inform WHO if they voluntarily accept to extend the validity of a certificate of vaccination against yellow fever for the life of the person vaccinated during the interim period until June 2016; and to comply with the WHO recommendation for the definition of areas at risk of yellow fever and of the yellow fever vaccination recommendations for travellers.

62. The resolution requests the Director-General to publish, and update in real time, an online list of countries accepting a certificate of vaccination against yellow fever for the life of the person vaccinated, and to establish a formal scientific and technical advisory group on geographical yellow fever risk mapping, with the participation of countries with areas at risk of yellow fever.

Resolution WHA68.5

The recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation

Summary

63. The resolution urges Member States to support the implementation of the recommendations contained in the report of the Review Committee. It requests the Director-General to present an update to the Sixty-ninth World Health Assembly in 2016 on progress made in taking forward the recommendations of the Review Committee, and to provide technical support to Member States in implementing the recommendations of the Review Committee.

Regional implications

64. As of 2014, 10 Member States in the European Region requested an additional extension until 2016 to develop and further strengthen capacities. The information from the annual self-assessment questionnaire submitted by the European Member States indicates rather high scores for all capacities.

65. Implementation of the IHR (2005) and building/strengthening core capacities is a priority area for the Regional Office, which has been playing a crucial role in providing support to Member States in meeting the core capacities, as well as in preventing, detecting, reporting and responding to public health events that may pose a threat. Challenges in the Region include issues not related to capacity, such as lack of awareness, training gaps in specific areas and using the IHR as an operational tool, which will be included among the priorities.

66. The Review Committee's recommendations and report mark an important phase of implementation, also relevant for the European Region: while focusing on the IHR core capacity development framework, it can also be used as a tool to inform epidemic intelligence on a day-to-day basis in an operational way. This is in line with decision WHA68(10) on Ebola, which highlights the importance of developing the core public health capacities and of exploring mechanisms and options for peer review and/or external evaluation on a voluntary basis, which will be discussed with European Member States at the 65th session of the Regional Committee.

Resolution WHA68.7

Global action plan on antimicrobial resistance

Summary

67. The resolution adopts the global action plan on antimicrobial resistance and urges Member States to have in place, by the Seventieth World Health Assembly, national action plans on antimicrobial resistance that are aligned with the global action plan and with standards and guidelines established by relevant intergovernmental bodies.

68. The resolution invites international, regional and national partners to implement the necessary actions in order to contribute to the accomplishment of the five objectives of the global action plan.

69. The resolution requests the Director-General to implement the global action plan, ensuring engagement and coordination across the Organization; to strengthen the tripartite collaboration between the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health and WHO in the spirit of the "One Health" approach; to develop a framework for monitoring and evaluation; to develop and implement an integrated global programme for surveillance of antimicrobial resistance across all sectors; and to establish a network of WHO collaborating centres to support surveillance. The resolution requests WHO to provide support and technical assistance to countries, with a specific focus on low- and middle-income countries, and to develop, in consultation with Member States and relevant partners, options for establishing a global development and stewardship framework and to report to the Sixty-ninth World Health Assembly.

70. The resolution requests the Director-General, in consultation with the United Nations Secretary-General, to elaborate options for the conduct of a high-level meeting in 2016, on the margins of the United Nations General Assembly, and to report to the Sixty-ninth World Health Assembly. WHO is expected to set aside adequate resources for the Secretariat for implementing the global action plan, to present an interim report

to the Sixty-ninth World Health Assembly, and then to submit biennial reports to the Seventieth, Seventy-second and Seventy-fourth World Health Assemblies.

Regional implications

71. The global action plan, which is aligned with the European strategic action plan on antibiotic resistance, adopted in resolution EUR/RC61/R6 by the 61st session of the Regional Committee in 2011, will help to accelerate ongoing implementation in the Region through increased political commitment and, it is hoped, financial resources.

72. Much of the Regional Office's effort has focused on supporting countries to develop, implement and monitor national action plans and to establish and/or strengthen multisectoral collaboration mechanisms at the national level, as well as to review and/or revise national legislative frameworks. The Regional Office, in collaboration with partners and Member States, has been engaged in various actions to increase public awareness and political commitment since 2012.

73. Some of the main accomplishments in the European Region include setting up the Central Asian and Eastern European Surveillance of Antimicrobial Resistance network to complement the surveillance performed in the European Union and the European Economic Area countries by the European Centre for Disease Prevention and Control, and collecting, analysing and publishing antimicrobial usage data from non-EU Member States through the Antimicrobial Medicines Consumption network.

74. Global standards for antimicrobial resistance surveillance are currently being developed and, although largely inspired by the ongoing work in the European Region and the Region of the Americas, existing surveillance networks (for example, the European Antimicrobial Resistance Surveillance Network and the Central Asian and Eastern European Surveillance of Antimicrobial Resistance network) may need to adapt or expand in order to adhere to these standards as implementation of the global action plan proceeds. The first meeting in support of the global antimicrobial resistance surveillance system will be hosted by the WHO Regional Office for Europe in Copenhagen, Denmark, on 22–23 October 2015.

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