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



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The Sixty-ninth World Health Assembly adopted 25 resolutions and 11 decisions, of which 17 resolutions and 6 decisions are technical.

At its 139th session on 30–31 May 2016, the Executive Board adopted 1 draft resolution and 5 decisions, of which 1 draft resolution and 2 decisions are technical.

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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Communicable diseases

Resolution WHA69.21

Addressing the burden of mycetoma

Regional implications

1. Mycetoma is not endemic and not reported in countries of the WHO European Region.
2. The WHO Regional Office for Europe has reviewed the proposed criteria for classifying a condition as a Neglected Tropical Disease (NTD) and the Strategic Technical Advisory Group-NTD proposal.

Resolution WHA69.22

Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021

Regional implications

3. Two European action plans will be submitted to the 66th session of the Regional Committee addressing HIV and viral hepatitis in the WHO European Region, respectively. Both action plans are guided by the global vision and goals of the Global health sector strategies for HIV and viral hepatitis, 2016 – 2021 and the UNAIDS Strategy 2016 – 2021 “On the Fast-track to end AIDS”, as well as the Sustainable Development Goals (SDGs) particularly SDG3 which calls for specific action to combat HIV and viral hepatitis. Both action plans are closely aligned with Health 2020, the European policy framework to improve health and well-being.
4. The Action plan for the health sector response to HIV in the WHO European Region follows on from the European Action Plan for HIV/AIDS 2012–2015. It contains a goal of ending the AIDS epidemic as a public health threat in the European Region by 2030 and is structured around three organizing frameworks: universal health coverage, the continuum of HIV care services, and the promotion of a public health approach. The Action plan advocates for an urgent and accelerated response to HIV, promoting comprehensive prevention and a “treat all” approach, and defining an essential package of HIV services which are people-centred, accessible, integrated and focused, particularly on key populations, in a manner appropriate to the local context.
5. The first ever European Action plan for the health sector response to viral hepatitis in the WHO European Region will serve to implement the global strategy on viral hepatitis at the regional level, aiming at eliminating viral hepatitis as a public health threat by 2030. It is structured around five strategic directions: information for focused action; interventions for impact; delivering for equity; financing for sustainability; and innovation for acceleration. The Action plan will guide countries on how to prioritize viral hepatitis, priority interventions and broader health investments based on the national epidemiological context and needs.

6. Both European Action plans include actions on sexually transmitted infections, such as the elimination of congenital syphilis and mother-to-child transmission of HIV, through an integrated health systems response covering HIV, viral hepatitis and sexually transmitted infections.

Noncommunicable diseases (NCDs)

Resolution WHA69.5

WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children

Regional implications

7. WHO estimates that at least one in four women in the European Region have been subjected to gender-based violence during their lifetime. The Strategy on women's health and well-being in the WHO European Region and the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind are both submitted for consideration by the 66th session of the Regional Committee – include priorities and actions for scaling up violence prevention and response capacity in Member States of the Region. A 2016 report on women's health and well-being in the European Region provides the latest evidence on the prevalence and health impact of gender-based violence against women.

8. The European Child and Adolescent Health Strategy 2015–2020 and the European Child Maltreatment Prevention Action Plan 2015–2020 emphasize the importance of preventing violence in childhood as essential to healthy child development. Furthermore, the Minsk Declaration on the Life-course Approach in the Context of Health 2020 emphasizes the importance of preventing adverse childhood experiences and the consequent health damaging effects throughout the life-course, and that investing in children would yield benefits across several different sectors.

Resolution WHA69.6

Prevention and control of noncommunicable diseases: responses to specific assignments in preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable diseases in 2018

Regional implications

9. In the follow-up to the United Nations High-level Meetings on NCDs and to the global and regional action plans on NCDs, and under the mandate of the Health 2020 framework, the European Region has been very active in the area of NCDs. A full progress report on the Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 will be submitted to the 66th session of the Regional Committee. Further, a renewed regional action plan on noncommunicable diseases will also be submitted at that session.

10. In relation to the achievement of global targets on NCDs, progress in the European Region is being documented and the regional average is on track to reach targeted premature mortality reductions of 25% by 2025 and 30% by 2030. Countries with the highest burden in premature mortality from NCDs are seeing the greatest declines. On the other hand, declines in tobacco and alcohol use are not fast enough to meet the respective targets. The Regional Office has further estimated that, with regard to overweight and obesity, especially in children, the European Region is projected to not achieve the targets unless serious action is taken.

11. The Regional Office is stepping up action on surveillance of NCDs, in a number of countries that had previously not conducted population-level surveys on comprehensive NCD risk factors, through the introduction of the WHO STEPwise approach to surveillance (STEPS). Six new surveys are planned for completion before the end of 2016.

Resolution WHA69.8

United Nations Decade of Action on Nutrition (2016–2025)

Regional implications

12. The European Food and Nutrition Action Plan 2015–2020 aims to significantly reduce the burden of preventable diet-related noncommunicable diseases, obesity and all other forms of malnutrition that are still prevalent in the WHO European Region. It calls for action through a whole-of-government and health-in-all-policies approach. Its priority actions will contribute to improving food system governance and the overall quality of the European population's diet and nutritional status.

13. The European Action Plan is fully aligned with the Rome Declaration on Nutrition and the accompanying technical 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 and by improving surveillance systems; and through the implementation of sound intersectoral governance mechanisms.

14. Twenty-two countries in the European Region reviewed their national food and nutrition action plans in 2014–2015 with WHO's support, and with reference to the comprehensive implementation plan and the outcomes of the Second International Conference on Nutrition.

Resolution WHA69.9

Ending inappropriate promotion of foods for infants and young children

Regional implications

15. In 2015 a status overview of the practice and recommendations of health services for pregnant women and breastfeeding mothers was carried out in the European Region. Guidance on further actions for improving maternal, infant and young child nutrition will be launched in 2016, in line with the Minsk Declaration.

16. Recent activities undertaken by the Regional Office with regard to resolution WHA69.9 include the development of a nutrient profile model for the purpose of restricting food marketing to children, and discussions on price policies to promote healthy diets in 12 countries in the Region.

Resolution WHA69.7

Addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the second Global High-level Conference on Road Safety – Time for Results

Regional implications

17. If the ambitious target of the Decade of Action for Road Safety of a 50% reduction in fatalities by 2020 is to be achieved in Europe, a considerable scale up of preventive efforts will be required. Many of the countries with the highest road safety in the world are in Europe, and there is big potential to exchange good practices, such as intersectoral action including the adoption of sound legislation and its enforcement, awareness-raising through social marketing, improvements in roads and vehicles, and better post-crash responses.

18. Greater investment is needed in physically active forms of transport such as public transport and cycling, which would bring additional environmental and health benefits. Such actions are in line with European policy such as Health 2020, the Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016, the Physical activity strategy for the WHO European Region 2016–2025, and the European Environment and Health Process.

Decision on WHA69 agenda item 12.2

Report of the Commission on Ending Childhood Obesity

Regional implications

19. The European Region contributed significantly to the work of the Ending Childhood Obesity Commission, notably by organizing a Consultation with the Commissioners and Member States in Malta on 29–30 November 2015.

20. The challenging problem of childhood obesity has been highlighted both in the Vienna Declaration on Nutrition and Noncommunicable Diseases adopted by Member States of the European Region in 2013 and the newly adopted European Food and Nutrition Action Plan 2015–2020. Although the European Region is among the most affected by the problem of childhood obesity it is, at the same time, the stage for important and successful initiatives to curb the epidemic in a decisive fashion. This includes the European Food and Nutrition Action Plan 2015–2020 and the Physical activity strategy for the WHO European Region 2016–2025.

21. Important steps to tackle childhood obesity have been taken, notably by broadening the WHO European Childhood Obesity Surveillance Initiative, which collects nationally representative, nationally measured and internationally comparable data on overweight and obesity among primary school children in 36 Member States.

Furthermore, Member States of the Region have been championing action around areas considered of major importance when tackling and preventing childhood obesity: food reformulation, food marketing restrictions, and school nutrition, among others.

22. Member States could benefit from the analysis and report of the Commission in order to streamline and scale-up actions on the prevention of childhood overweight and obesity. A recommended comprehensive set of actions could support reduction of the problem, which is estimated to affect from 20% to 50% of school children in many European Region countries.

Decision on WHA69 agenda item 12.5

Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control

Regional implications

23. In 2015 the 65th session of the Regional Committee for Europe adopted the Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025: making tobacco a thing of the past. This Roadmap is expected to support countries in the Region and parties to the WHO Framework Convention on Tobacco Control, to reach the global voluntary target in tobacco use by 2025 through the full implementation of the global treaty.

24. It further recognizes that the time and exact routes that countries take may differ, reflecting the diversity of the Region and the particular circumstances of Member States, but encourages all leaders to begin the journey, make progress at an appropriate rate, close the gap between countries and reach the common destination.

Decision on WHA69 agenda item 12.6

Public health dimension of the world drug problem including in the context of the special session of the United Nations General Assembly on the world drug problem, held in April 2016

Regional implications

25. The United Nations General Assembly adopted a resolution and an outcome document entitled “Our joint commitment to effectively addressing and countering the world drug problem” in which Member States reaffirmed that global drug policies are moving towards a more balanced and comprehensive approach that highlights public health and development outcomes. WHO is explicitly mentioned in operational recommendations of the outcome document on multiple occasions indicating increased expectations from WHO as the United Nations agency specialized on public health.

26. Member States of the European Region have mainly requested WHO guidance on opioid substitution therapy, on harm reduction approaches and evaluation missions. Drugs have been a key topic in the work of the prison health programme.

27. The Regional Office has not yet adopted any resolutions on the drug problem in the European Region.

Draft resolution on agenda item EB139/5

Development of a new Health Assembly resolution and action plan for prevention of deafness and hearing loss

Regional implications

28. Globally, 360 million people live with disabling hearing loss, of whom 32 million are children. High-quality, national and local epidemiological data on hearing loss, however, are generally lacking and this contributes to low awareness of the problem.

29. The European Strategy and Action Plan for Healthy Ageing in Europe, 2012–2020 acknowledges the fact that healthy ageing requires interventions on a broad range of NCDs and their most common risk factors and determinants, including a special focus on providing guidance on hearing and eyesight, though most of the technical work in these areas is led directly by WHO headquarters, even in European countries.

Decision on EB139 agenda item 6.1

Dementia

Regional implications

30. The number of people living with dementia worldwide is currently estimated at 35.6 million. This number will double by 2030 and more than triple by 2050. There is a lack of awareness and understanding of dementia in many countries, resulting in stigmatization, barriers to diagnosis and care, and impacting caregivers, families and societies physically, psychologically and economically.

31. The European Strategy and Action Plan for Healthy Ageing in Europe, 2012–2020 recognizes dementia as a public health priority. The specific needs of older persons with dementia, and the needs of their carers, are a cross-cutting concern that is supported by a range of actions and priority interventions throughout the Strategy and Action Plan.

32. The Regional Office has not yet adopted any resolutions on dementia, although the forthcoming NCD action plan recognizes many mutual links between NCD risk factors and the preventable fraction of dementia.

Promoting health through the life-course

Resolution WHA69.1

Strengthening essential public health functions in support of the achievement of universal health coverage

Regional implications

33. Strengthening essential public health functions in support of the achievement of universal health coverage is fully in line with Health 2020: the European policy for health and well-being.

34. The European Action Plan for Strengthening Public Health Services and Capacity, adopted by the 62nd session of the Regional Committee for Europe presents ten essential public health operations (EPHOs) that countries can adapt and work on together, with WHO technical leadership and support, to assess and plan for stronger public health services and capacity. In particular, emphasis on enabler functions, such as governance, public health financing, legislation, workforce, and organizational structures is key to strengthening core public health services.

35. A mid-term progress report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services will be submitted to the 66th session of the Regional Committee.

Resolution WHA69.2

Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health

Regional implications

36. The European Child and Adolescent Health Strategy 2015–2020 gives guidance on priority actions for improving the health and well-being of children and adolescents in Europe. In addition, the Strategy for women's health and well-being in the WHO European Region and an Action plan for sexual and reproductive health: towards achieving the 2030 Agenda on Sustainable Development in Europe – leaving no one behind will be submitted for consideration at the 66th session of the Regional Committee. All three strategies are fully aligned with the Global Strategy, but focus on challenges specific to the European Region.

Resolution WHA69.3

The global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life

Regional implications

37. Healthy ageing is a cross-cutting work programme in the Regional Office guided by the Strategy and action plan for healthy ageing in Europe, 2012–2020 and closely

aligned with the Health 2020 framework. The Regional Office currently supports Member States with actions on healthy ageing under four strategic priority areas:

- (a) healthy ageing over the life-course;
- (b) supportive environments;
- (c) people-centred health and long-term care systems fit for ageing populations; and
- (d) strengthening the evidence base and research.

38. The actions proposed in the European Strategy and action plan are in line with the global strategy and action plan. With reference to the global strategy and action plan, more work on monitoring the progress on policy implementation in the Region and more research on disability trends might be needed in the future.

39. The strong focus on long-term care systems for all countries is one of the innovations of the global strategy and plan for action. This will create valuable international synergies in a policy field that has received increasing attention in Europe, including in lower and middle-income countries, and which is one focus of work on ageing by Member States of the European Region.

Resolution WHA69.4

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

Regional implications

40. The Regional Office is developing activities which will contribute to further strengthening the role of the health sector in sound management of chemicals. The efforts of the Regional Office are in line with the priorities identified by Member States during the region-wide consultation in 2015:

- (a) policy development and strengthening legislation;
- (b) monitoring, surveillance, risk assessment and evidence collection;
- (c) capacity-building, including the creation of relevant infrastructure; and
- (d) the need for additional scientific research on specific topics.

41. The primary focus is the impact of chemicals on human health throughout the life-cycle, from a sustainability perspective, with the view of identifying core elements of policies and programmes to effectively protect human health, including vulnerable populations and life stages, taking into consideration the evidence to support policies, methods and tools, as well as raising awareness, and targeted communication.

42. In the coming months, the Member States of the European Region will be involved in the consultation on the development of a roadmap for the health sector, at the national, regional and international levels, towards achieving the 2020 goal and contributing to relevant targets of the 2030 Agenda for Sustainable Development, as requested in the resolution.

Resolution WHA69.11

Health in the 2030 Agenda for Sustainable Development

Regional implications

43. Health in the 2030 Agenda and its relation to Health 2020 is on the agenda of the 66th session of the Regional Committee and includes a proposed way forward for the Region. The Regional Office will develop a core package of resources and services to achieve health related SDGs, adding to the Health 2020 implementation package already available. This includes addressing all determinants of health: social; environmental; economic and cultural; and the use of intersectoral mechanisms. The Regional Office will work with Member States, United Nations organizations, agencies, funds and other stakeholders to move this agenda forward.

44. Following the launch of the 2030 Agenda, countries have started to engage in the localization of the agenda at the country level, including its integration in national development planning and the adaptation of national targets. This represents a unique opportunity to renew national commitments to health and seek intersectoral synergies to advance the SDGs and implement the priorities in tandem with the European Health policy framework Health 2020.

Decision on WHA69 agenda item 13.5

Health and the environment: draft roadmap for an enhanced global response to the adverse health effects of air pollution

Regional implications

45. The Regional Office has been conducting and developing several activities, which are ongoing and contribute significantly to the global road map. These include the following.

46. To expand the knowledge base, the Regional Office is working jointly with WHO headquarters, on synthesizing the evidence on health impact from air pollution and on effective interventions, including through: the development of WHO air quality guidelines; developing tools to support assessment and quantification of the health impacts of air pollution (such as of the WHO AirQ+ tool); building capacity for the use of these tools; and initiating dedicated studies in countries to address knowledge base and evidence gaps.

47. In relation to monitoring and reporting, work to enhance the regional framework to support monitoring and reporting on health impacts of air pollution (through the WHO/ECEH Task Force on Health Aspects of Air Pollution) and the capacity of national and subnational institutions for the use of harmonized tools for collection and/or analysis of data on air quality and health is ongoing. The European Environment and Health Process has a strong leadership and coordination role that includes integrating action to address air quality and facilitating cooperation with regional agencies engaged in air quality work and strengthening institutional capacity.

Decision on EB139 agenda item 13.6

Health and climate change

Regional implications

48. In 2010, Protecting health in an environment challenged by climate change: European Regional Framework for Action¹ defined the aims to protect health, promote health equity and security; and provide healthy environments in a time of changing climate. Its strategic objectives include the strengthening of health, social and environmental systems and services to improve their capacity to prevent, prepare for, and cope with climate change; and increasing the health and environment sectors' contributions to reducing greenhouse gas emissions.

49. In 2015, the Regional Office published a status report entitled “Implementing the European Regional Framework for Action to protect health from climate change,” which provides an overview of the implementation status of measures to protect health from climate change in the European Region.

50. In collaboration with the European Environment and Health Task Force, and its Working group on climate change and its impact on health, 32 countries have examined their vulnerability to climate change-related health threats, and 24 have prepared adaptation plans including health. While most countries in the European Region have taken action to reduce greenhouse gas emissions, more needs to be done to capitalize on the health co-benefits of energy, transport, building and agriculture

51. The Paris Agreement reached at the twenty-first session of the Conference of the Parties (COP21) of the United Nations Framework Convention on Climate Change in December 2015 reflects a changing landscape in international climate policy with renewed emphasis on reducing greenhouse gas emissions (mitigation) and preparing for and managing current and projected consequences of a changing climate (adaptation). These changes present opportunities and challenges for health systems in Member States of the Region to support national and international activities under the Paris Agreement, including new policy vehicles, and to further the mainstreaming policies and measures to manage the health risks of climate variability and change into activities in the preparation of the outcomes of the next Ministerial Conference on Environment and Health, under the overall European strategic framework of Health 2020.

¹ Fifth Ministerial Conference on Environment and Health, a paper submitted at the Fifth Ministerial Conference on Environment and Health, Parma, Italy, 10–12 March 2010. Document EUR/55934/6 Rev.1.

Health systems

Resolution WHA69.19

Global strategy on human resources for health: workforce 2030

Regional implications

52. The Regional Office has played a major role in supporting recent action which has guided the development of some of the main objectives set out in the Global Strategy on Human Resources for Health: Workforce 2030, and will support their attainment. These actions include the development of new human resources for health (HRH) datasets, jointly implemented by the Regional Office, the Organisation for Economic Cooperation and Development, and Eurostat; and collaboration on supporting Member States to improve their capacity on health workforce planning and policy.

53. The Regional Office is providing ongoing technical support to Member States in their efforts to implement effective approaches to HRH policy and planning, as well as facilitating the exchange of country experiences in tackling HRH challenges and developing a fit-for-purpose health workforce, within the context of universal health coverage. There is a growing understanding in countries of the inherent complexities in the HRH field, and its importance to achieving health systems targets, and contributing to the overall health and wealth of countries providing fresh opportunities to identify points for policy intervention at the systems level.

54. It is important to sustain HRH at the forefront of the discourse on universal health coverage. A coherent, coordinated government approach is needed, together with collaboration with other stakeholders for a coordinated response to HRH challenges at the national level. This approach is emphasized in Health 2020, and highlighted in the Global Strategy on Human Resources for Health: Workforce 2030, which could provide further general momentum.

55. The Regional Office is planning to develop an action plan for a sustainable health workforce that is aligned with the Global Strategy on HRH and in the context of Health 2020. The first meeting of the expert group on the development of this action plan was held at the Health Services Training Management Center at Semmelweis University in Budapest, Hungary, on 20–21 June 2016. The draft action plan will be further developed in consultation with Member States and all relevant partners, and will be submitted for consideration by the 67th session of the Regional Committee in 2017. Activities on HRH in the European Region are closely coordinated with the EU Joint Action on Health Workforce Planning and Forecasting.

Resolution WHA69.20

Promoting innovation and access to quality, safe, efficacious and affordable medicines for children

Regional implications

56. The Regional Office provides support to countries for strengthening their data collection, monitoring and use of medicines as part of health systems strengthening

efforts. It will continue to provide support for the analysis of accessibility of children's medication, along with access to essential medicines, and a particular focus will be on monitoring disease areas where children have had limited access to treatment. It will further raise regional level awareness and support improving regulation and licensing procedures for children's medicines.

Resolution WHA69.23

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

Regional implications

57. At the second session of the Twenty-third Standing Committee of the Regional Committee in November 2015, the Standing Committee has requested the Secretariat to draft a regional action plan to strengthen the use of evidence, information and research for policy-making. This action plan proposes to strengthen national health research systems, in line with and in support of the actions described in resolution WHA69.23.

58. As of 6 April 2016, France and Switzerland have contributed financially to the establishment of the Global Observatory on Health Research and Development. For demonstration projects, US\$ 1.02 million was contributed by Norway and Switzerland as matching grants for contributions from developing countries on the basis of half a dollar for each dollar contributed, and an additional US\$ 1.56 million matching funds were pledged, pending contributions from developing countries. During the open-ended meeting of Member States in May 2016, Germany also pledged funding for the Observatory; however, there remains a considerable shortage of funds to date.

Resolution WHA69.24

Strengthening integrated, people-centred health services

Regional implications

59. By approving the Priorities for health systems strengthening in the European Region 2015–2020: walking the talk on people centredness, the 65th session of the Regional Committee made transforming health services delivery one of two priority areas of work and requested the Regional Office to develop a European framework on integrated health services. Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery will be submitted for consideration by the 66th session of the Regional Committee. The European framework for action was developed in parallel and is closely aligned with the Global framework on integrated, people-centred health services. On 2–4 May 2016, the Regional Office for Europe convened the final consultation of the European framework for action on integrated health services delivery in Copenhagen, Denmark, with representatives of all Member States, patient organizations, provider associations and partners.

60. The European framework for action develops the five interdependent strategies for health services to become more integrated and people-centred into areas for actions to support reforms in countries through an implementation package. The

implementation package will include: background documents on evidence, advocacy materials, training courses, tools and technical assistance.

Resolution WHA69.25

Addressing the global shortage of medicines and vaccines

Regional implications

61. A series of regional meetings in Europe have been conducted in 2015 to review and share effective governance practices and strategies for improving access to medicines and to address the implementation of the resolution. In addition, studies on availability of medicines was carried out in Estonia, the Republic of Moldova and Tajikistan along with several surveys linked to assessing access to and use of NCD medicines. Furthermore, pharmaceutical policy dialogues to increase access to medicines including medicines for children were carried out in the Baltic countries, the Republic of Moldova, the Russian Federation, Turkmenistan and Ukraine. This results in a better understanding of the nature of the shortages and options for managing such shortages through collaboration with other countries.

62. The Regional Office is conducting a survey of Member States in order to prepare an overview of national procurement practices. This survey will gather information on how public procurement of medicines is organized in countries throughout the region. The information will contribute to a better picture of the European landscape in preparation for a two-day consultation on strategic procurement to be organized in Copenhagen, Denmark, on 22–23 September 2016. This consultation will review options for addressing the strategic procurement of medicines and vaccines.

Preparedness, surveillance and response

Decision on WHA69 agenda item 14.9

Reform of WHO's work in health emergency management: WHO Health Emergencies Programme

Regional implications

63. The Regional Office and country office staff in the European Region have been fully engaged in the WHO emergency reform process from the very beginning by providing input on scope, functions and structure of the new WHO Health Emergencies Programme, and has taken necessary actions to align its work on emergencies with the new global framework on WHO Health Emergencies. The Regional Office is fully committed to implement the new Health Emergencies Programme and strengthen its operational capacities in order to effectively support Member States in the preparedness for and response to the increasing number and complexity of health threats in the Region.

64. The new Health Emergencies Programme complements WHO's traditional normative and technical roles with new operational capacities and capabilities for its

work in outbreaks and humanitarian emergencies. The programme uses an all-hazards approach across the whole risk management cycle, and is aligned with the principles of:

- (a) a single programme,
- (b) one clear line of authority,
- (c) one workforce,
- (d) one budget,
- (e) one set of rules and processes, and
- (f) one set of standard performance metrics.

65. In 2010, the Regional Office for Europe brought together all relevant programmes (Alert and Response Operations, Country Emergency Preparedness and IHR Coordination) under one division in an integrated, all-hazards multisectoral approach to detect and respond to health threats. During the design phase of the emergency reform process, the Regional Office further aligned its internal structure to reflect the overall global structure of the WHO Health Emergencies Programme.

66. The new emergency management and administrative processes were tested during the Zika outbreak by activation of the WHO headquarters Zika Incident Management System (IMS) and the establishment of the Regional Office's Zika IMS, bringing together all relevant technical expertise of the Organization. While the real-time exercise demonstrated efficiency of the new emergency management system it also emphasized the value of improving coordination and communication at all levels of the Organization.

67. Having completed the design of the new Health Emergencies Programme, a transition phase was initiated, with the goal of establishing the new structure across all seven major offices and the first set of priority countries. The WHO Health Emergencies Programme implementation phase started on 1 July 2016, with the appointment of key senior-level staff in all major offices.

68. The target for completing the transition of existing staff into the new structure is 1 October 2016. The new structure, coupled with increased capacity, is expected to improve the implementation of priorities in the European Region as defined within the new Programme.

69. Implementing the new Health Emergencies Programme requires an additional US\$ 160 million in core financing for the Programme during the 2016–2017 biennium as approved by the Member States at the Sixty-ninth World Health Assembly in May 2016. Many Member States of the European Region are among the key partners; and with their full support, including financial contributions both for the base programme and the already-established WHO Contingency Fund for Health Emergencies, it is expected that the WHO Health Emergencies Programme will be fully implemented.

Decision on WHA69 agenda item 14.1

Implementation of the International Health Regulations (2005)

Regional implications

70. Implementation of the International Health Regulations (IHR) (2005) will continue as a high priority for the Regional Office. As requested by the decision on implementation of IHR (2005), following the strong endorsement by Member States, the Regional Office will take the lead on implementation of the recommendations of the Review Committee on the Role of the IHR (2005) in the Ebola Outbreak and Response for the European Region. IHR (2005) is included on the provisional agenda of the 66th session of the Regional Committee.

71. The Regional Office is fully engaged to implement all four components of the IHR Monitoring and Evaluation Framework and to support Member States to develop national plans. The proposed way forward for implementation of the IHR Monitoring and Evaluation Framework and strengthening IHR core capacities will be discussed at an informal meeting with Member States in Copenhagen, Denmark on 11 September 2016. In the meantime, the Regional Office is leading the work on voluntary Joint External Evaluations. The first evaluation took place in Turkmenistan from 6–10 June 2016. Evaluations in Armenia and Slovenia are currently in preparation.

72. Since IHR and emergency preparedness will continue to be a priority, it is envisaged that the Regional Office will strengthen its capacity to support Member States in this area. With the support and advice of the Standing Committee subgroup on IHR (2005) implementation to the Standing Committee to accelerate the use of the IHR (2005), the Regional Office continues to work daily with Member States and National IHR Focal Points on strengthening national core capacities required to detect, assess, notify and report events, and respond to public health risks and emergencies of national and international concern, based on an all-hazards, whole-of-government approach.

73. The Regional Office will continue to support countries in various national activities to strengthen capacities with the aim to improve overall IHR functionality and to increase the institutional capacity of National IHR Focal Points, and strengthen multisectoral collaboration for IHR implementation. Exercises on surveillance, early warning and response for multisectoral stakeholders have proven to be an effective approach for achieving these objectives. Expert exchanges and subregional peer meetings help facilitate the sharing of best practices. The Regional Office will focus on points of entry, a topic in high demand by Member States.