
64th World Health Assembly Closes After Passing Multiple Resolutions



The 64th World Health Assembly, with more than 2700 delegates, including Health Ministers and senior health officials from 192 World Health Organization (WHO) Member States, non-government organisations, civil society groups and other observers concluded business on Tuesday afternoon.

The World Health Assembly spent eight days working through a broad agenda developed by the previous Executive Board. In the end, 28 resolutions and three decisions were adopted to guide the upcoming work of the Organization and to address priority global health issues.

"I believe this has been an especially productive and profoundly effective Assembly," says Dr Margaret Chan, Director-General of the World Health Organization. "These World Health Assemblies are having a tremendous impact on the health of this world."

After opening speeches from Dr Chan, Sheikh Hasina, Prime Minister of Bangladesh, and Bill Gates, co-chair of the Bill & Melinda Gates Foundation, the policy work of the Health Assembly began with a presentation of outcomes from the independent Review Committee which reviewed WHO's response to the influenza pandemic and the International Health Regulations. After a year of investigation, the committee agreed that the International Health Regulations helped better prepare the world to cope with public health emergencies but that the world is currently ill prepared to respond to a severe pandemic or to any other public health emergency on a similarly global and threatening scale. In addition, the Committee declared that the pandemic (H1N1) 2009 was indeed a real pandemic and found no evidence WHO was influenced by industry in its decision making.

In another agenda item aimed to improve global preparedness for future pandemics, delegates approved a framework for pandemic influenza preparedness, the culmination of four years of negotiation between WHO's Member States. The framework will improve influenza virus sharing and access to vaccines and other benefits. Member States agreed the framework lays the groundwork for better preparedness and better access to tools and knowledge. The next phase is to ensure the implementation of the agreement.

The Organization's budget for 2012-2013 was also discussed and adopted. The program budget of US\$ 3.959 billion was recognised by the delegates as a transitional budget that will help the Organization respond to financial austerity and prepare for a series of reforms underway.

There was robust discussion at the Assembly on the proposed programme of WHO reform. Countries welcomed and supported the reforms and wanted to be kept informed and involved, especially on the reforms related to global health governance.

"The most important message for me was your clear consensus on the need for reform and your clear desire to see these reforms reinforce WHO's position as the foremost authority on international health," says Dr Chan.

Delegates and other partners engaged in a lengthy discussion on noncommunicable diseases (NCDs) such as diabetes, heart disease, stroke, cancers, and chronic respiratory diseases. NCDs pose one of the greatest challenges to health and development today and contribute to more than 60 percent of deaths worldwide. Delegates unanimously endorsed the World Health Assembly resolution on the preparations for the United Nations General Assembly high-level meeting on the prevention and control of noncommunicable diseases being held this September. Delegates urged heads of state and government to attend the meeting in New York.

systems and the Assembly recognized the importance of this area of work. The delegates approved five resolutions to strengthen health systems including strategies to strengthen nursing and midwifery, actions to improve the health workforce through effective implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, and efforts to improve national policy dialogue to build more robust health policies, strategies and plans. In addition two other resolutions encourage sustainable health financing structures and universal coverage of health care and services, and focus on strengthening national health emergency and disaster management capacities and resilience of health systems.

Health-related MDGs received support with resolutions and reports on immunization strategy, infant and young child nutrition, child injury prevention, safe management of drinking water, malaria, and the presentation of the final report of the Commission on Information and Accountability for Women's and Children's Health.

- The progress report on the global immunization vision and strategy was widely supported. Delegates highlighted their country's achievements in increasing immunization coverage, reducing vaccine-preventable deaths and implementing advocacy events such as the regional immunization weeks. But they also recognized that several challenges remain, including mobilizing more resources to strengthen national immunization programmes; ensuring a balanced approach in strengthening immunization systems; introducing new vaccines; preventing a resurgence of measles through high vaccination coverage; and facilitating vaccine technology transfer to developing countries. The work outlined in the strategy will contribute to overcoming these challenges.
- Member States commend WHO's leadership and collaboration with UNICEF, the Bill & Melinda Gates Foundation, and other partners on the Decade of Vaccines -- a vision for using the next 10 years to achieve immunization goals and reach important milestones in vaccine research, development, financing and public support.
- Member States also discussed the outline of an implementation plan for maternal, infant and young child nutrition. The plan, currently under development, tackles the double burden of undernutrition and overweight and focuses on the window of opportunity between conception and the second year of life. More than 100 million children under age five were underweight in 2010 and more than 170 million were stunted because of it, according to WHO figures. In addition, some 43 million children were estimated to be overweight and obese in 2010, putting them at risk of serious health conditions in future years.
- The World Health Assembly adopted a resolution on child injury prevention. The resolution provides a platform to support action on preventing child injuries, which are the leading cause of death for children over the age of 5. More than 830,000 children die each year from road traffic crashes, drowning, burns, falls and poisoning. Effective interventions to prevent these injuries exist, and include enforcement of speed limits around schools, placing children in child-restraints in the back seat of a vehicle, removing or covering water hazards, installing smoke alarms, and setting up poison control centres.
- The Health Assembly adopted a resolution on malaria calling on Member States to keep malaria high on the political and development agendas in order to sustain the tremendous gains made during the past decade, and calling on international partners to ensure adequate and predictable funding so that global malaria targets for 2015 can be met. The resolution highlighted the need for continued universal coverage with malaria vector control for at-risk persons, expanded access to diagnostic testing for suspected malaria and treatment for confirmed cases, and strengthened malaria surveillance systems. The need to implement the WHO *Global Plan for Artemisinin Resistance Containment*, and to develop a global plan for insecticide resistance management in malaria vectors, were also emphasized.
- In an effort to support the UN's Global Strategy for Women's and Children's Health, the delegations welcomed the final report of the Commission on Information and Accountability for Women's and Children's Health. They agreed that the ten recommendations in the report will increase the likelihood that pledges are honoured and will help ensure that resources are spent in the most effective way to save lives. The delegates urged Member States to implement the recommendations, requested the Executive Board hold a discussion in January 2012 on the implementation of the recommendations and also requested a progress report for the next Health Assembly.

The Health Assembly adopted a new, comprehensive strategy to combat HIV, *The Global Health Sector Strategy on HIV/AIDS, 2011-2015*, which will guide actions by WHO and countries around the world during this critical time for the future of the HIV response. At least 4.2 million new HIV infections would be averted and 2 million lives could be saved, if WHO's existing HIV treatment recommendations were fully implemented in 2011-2015. Under the new Strategy, WHO aims to promote greater innovation in HIV prevention, diagnosis, treatment, and care services so that countries can achieve the goal of universal access to HIV services.

The WHA adopted a resolution on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The need for universal coverage of health services was reaffirmed while recognizing that the acute shortage of financial and medical resources is jeopardizing access of the population to curative and preventive services. The Assembly requested the WHO Director-General continue to meet the health needs of Palestinian people and the Syrian population in the occupied Syrian Golan.

The Health Assembly strongly reaffirmed the decision of previous Assemblies that the remaining stock of smallpox (variola) virus should be destroyed when crucial research based on the virus has been completed. The state of variola virus research will be reviewed at the 67th World Health Assembly in 2014 and in light of that, determining a date for destruction of the remaining virus stocks will be discussed.

The delegates adopted a resolution paving the way for an annual report on the eradication of dracunculiasis (more commonly known as guinea-worm disease) to be presented every year beginning with the next Health Assembly. Dracunculiasis is the second disease which is approaching eradication (the first being smallpox) and it occurs only after people drink contaminated water. Previously it was responsible for millions of infections across Africa and Asia. The disease mainly occurs in remote poverty-stricken areas, with limited or no access to safe drinking water.

The global health community sent a sign of strong commitment to polio eradication with discussion focusing on the 'significant advances' since the launch of a new strategic plan and new, bivalent oral poliovirus vaccine in 2010. In India and Nigeria -- the source of all importations of wild poliovirus into previously polio-free countries in recent years -- polio cases declined by 95% between 2009 and 2010; during the same period polio cases due to the type 3 virus declined by 92% globally. Delegates called for strong national and subnational leadership by political authorities for the implementation of polio eradication strategies and highlighted the need for countries to significantly strengthen routine immunization. Delegates expressed particular concern over the funding gap of US\$ 665 million to fully carry out polio eradication activities in 2011 and 2012. Delegates requested WHO to provide additional technical support to countries with ongoing, re-established polio transmission (Angola, Chad, Democratic Republic of the Congo), to continue to pursue research for post-eradication risk management and to help countries maintain high-quality surveillance and population immunity until eradication is complete globally.

The WHA also discussed the report from the working group of Member States on Substandard/Spurious/Falsely-Labelled/Falsified/Counterfeit Medical Products on improving access to quality and affordable medical products. They also approved the decision to extend the working group to resume its work and report to the next World Health Assembly.

Member States welcomed the priority that WHO has placed on protecting health from climate change, and reinforced their own commitment, citing new initiatives from Regional Ministerial meetings to new implementation projects.

Delegates agreed that cholera remains public health threat for many countries and the incidence is on the rise. They expressed the urgent need for effective public health interventions, such as solid surveillance systems, improved environmental management, access to clean water and proper sanitation, and the adequate use of cholera vaccines as a complementary measure. Cholera was recognized as an indicator of how well the environment is managed. Member States underscored the need to revitalize the Global Task Force on Cholera Control and emphasized the need to scale up advocacy measures.

The WHA adopted a resolution to reinvigorate efforts in clean drinking water, sanitation and health. Waterborne diseases continue to kill more than two million people per year. Member states called for WHO to strengthen its major normative functions on water and health, and expand its monitoring role of progress toward access to safe water and sanitation. The resolution also underscores the need for continued capacity development by strengthening health policy at all levels.

Delegations acknowledged the need to better handle chemicals and waste management to protect public health. They agreed that special attention should be given to the management of pesticides and other chemicals to prevent stockpiles of unwanted chemicals accumulating and to prevent human exposure through contaminated air and water. As a follow-up to the phasing out of mercury from health care facilities, Member States requested WHO through the Libreville Declaration on Health and Environment and other global initiatives to maintain health care waste management as a priority issue on its public health agenda, to protect the environment and ensure safety of staff, waste workers and communities.

The World Health Assembly is held annually in Geneva, Switzerland and is the decision-making body of the WHO. It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General in election years, supervise financial policies, and review and approve the proposed programme budget.

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