



**Regional Committee for the
Eastern Mediterranean**

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Agenda item 7 (a)

Resolutions and decisions of regional interest adopted by the Sixty-third World Health Assembly

The Sixty-third World Health Assembly adopted 28 resolutions. The Regional Director presents those resolutions that are of particular interest to Member States and to the work of WHO in the Eastern Mediterranean Region. The documents and resolutions mentioned in this paper are available from the Secretariat and can also be downloaded from the Internet (<http://www.who.int/gb>).

The Regional Director wishes to draw particular attention to the following resolutions, which require action by Member States (operative paragraphs addressed to Member States are indicated in square brackets): WHA63.2 [2]; WHA63.3 [1]; WHA63.10 [2]; WHA63.12 [1]; WHA63.13 [3]; WHA63.14 [2]; WHA63.15 [1]; WHA63.17 [1]; WHA63.18 [2]; WHA63.19 [1]; WHA63.21 [2]; WHA63.23 [1]; WHA63.24 [1]; WHA63.25 [1]; WHA63.26 [1]; WHA63.27 [1]; WHA63.28[1]

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RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SIXTY-THIRD WORLD HEALTH ASSEMBLY

Decision/ Resolution No.	Title	Baseline situation	Action(s) to be taken
WHA63.2	Health conditions in the occupied Palestinian Territory, including east Jerusalem, and in the occupied Syrian Golan	<ul style="list-style-type: none"> • In its humanitarian role and as leader of the health cluster, WHO coordinates the response of the health cluster partners in identifying and meeting the needs of the health sector arising from the ongoing conflict, including support for early recovery. • WHO collects and disseminates information on the humanitarian health situation, fills gaps in the response and advocates for improved access for health. WHO also leads the health component of the interagency Consolidated Appeals Process. • The health sector led by the Syrian Ministry of Health finalized a comprehensive health system support plan for health services in Golan Heights based on field assessments and surveys highlighting the needs of essential health services for the Golan population. 	<ul style="list-style-type: none"> • The international community must continue to advocate for the right to health care of the Palestinian people. • Funding is needed from regional donors for urgent humanitarian needs such as medicines and supplies shortages as well as for medium-term health projects which would help reduce the suffering of people with chronic disease and cancer and reduce the need for referral outside the occupied Palestinian territory.
WHA63.3	Advancing food safety initiatives	<ul style="list-style-type: none"> • 15 Member States have active food safety programmes. • All Member States are now involved in the INFOSAN. 	<ul style="list-style-type: none"> • INFOSAN and INFOSAN emergency network need to be enhanced. • Food laboratories should strengthen their detection and isolation of microbes, viruses and chemical toxins.
WHA63.10	Partnerships	<ul style="list-style-type: none"> • The Health Assembly has endorsed a new policy on WHO engagement with global health partnerships and hosting arrangements. 	<ul style="list-style-type: none"> • Countries should take the policy into account when seeking engagement by WHO in partnerships, in particular with regard to hosting arrangements.
WHA63.12	Availability, safety and quality of blood products	<ul style="list-style-type: none"> • Recognizing the importance of the provision of safe blood, blood components and plasma derivatives, the Health Assembly in 2005 (WHA58.13) expressed its support for “the full implementation of well-organized, nationally coordinated and sustainable blood programmes with appropriate regulatory systems” and stressed the role of “voluntary, non-remunerated blood donors from low-risk populations”. • Numerous developments have taken place since that time, requiring updates of both technical and regulatory guidelines to be made available at the global level. The recently published WHO guidelines on viral inactivation and removal procedures 	<ul style="list-style-type: none"> • The guidelines can assist countries in the production, control and regulation of human plasma for fractionation as a source material for plasma derived medicinal products.

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		address the measures necessary to eliminate or reduce the risk from blood-borne viruses during the processing of plasma into plasma derivatives.	
WHA 63.13	Global strategy to reduce the harmful use of alcohol	<ul style="list-style-type: none"> • Although a vast majority of the population in the Region is abstinent (more than 87% of men and 98% of women in the Region abstain from using alcohol, as compared to 44% of men and 67% of women globally), there are some alarming trends being witnessed. According to the Global School-based Health Survey, 11.8% of adolescents had used alcohol in the past 30 days and more than 15% experienced social and academic problems because of alcohol and drug use. • Adverse effects of alcohol consumption could be aggravated in the Region due to certain health-related co-factors, such as nutritional deficiencies and liver diseases such as hepatitis B and C. Alcohol consumption is an important risk factor for noncommunicable diseases like hypertension and cardiovascular problems. It could also be implicated in the serious regional problem of road traffic accidents. • There are enduring sociocultural taboos attached to alcohol use and its disorders contributing to lack of awareness and community actions. There is no mechanism in place to collect data regarding the magnitude of the problem and the surveillance and monitoring systems are not in place. Health and social services systems also lack the capacity to provide preventive, treatment and rehabilitative services. • Regional Committee resolutions in 2005 and 2006 addressed the need for development of country-specific policies, strategies and plans for appropriate data, and raising public awareness about potential health problems arising from alcohol consumption. • The Regional Office has completed the Global Survey on Alcohol and Health (GSAH) and profiles of individual Member States have been developed based on the GSAH survey. 	<ul style="list-style-type: none"> • Mechanisms and resources should be put into place for implementation of the provisions of the global strategy to reduce the harmful use of alcohol. • National data collection, monitoring and surveillance systems need to be developed to assess the magnitude, patterns and trends of health problems related to alcohol and report regularly to global information systems on alcohol and health. • Capacity of the health system must be strengthened to address alcohol-related problems at all levels of care.

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		<ul style="list-style-type: none"> The Regional Office has also facilitated translation of the alcohol, smoking, substance involvement screening test (ASSIST) and brief intervention into local languages for use in general health care settings. 	
WHA63.14	Marketing of food and non-alcoholic beverages to children	<ul style="list-style-type: none"> Noncommunicable diseases and injuries represent more than half of the total disease burden of the Region. There is an increasing trend of overweight and obesity among adults and young people. Commercial media has proliferated in recent years, with heavy promotion of television entertainment programmes targeted at young people and heavily sponsored by the food and beverage industry. In the absence of clear regulations and appropriate legislation and enforcement, urgent preventive measures are needed to protect and promote the health of children and young people. 	<ul style="list-style-type: none"> Policies need to be developed with the aim of reducing the impact of marketing for foods high in saturated fats, trans-fatty acids, free sugars or salt on children. All forms of marketing to children should be eliminated for foods high in saturated fats, trans-fatty acids, free sugars or salt. National policy frameworks should be developed with key and standard policy specifications related to marketing of foods high in saturated fats, trans-fatty acids, free sugars or salt. Action should be taken to keep schools free of all forms of marketing for foods high in saturated fats, trans-fatty acids, free sugars or salt.
WHA63.15	Monitoring of the achievement of the health-related MDGs	<ul style="list-style-type: none"> Inadequate political commitment, complex emergencies, severe poverty, weak health systems, insufficient human and financial resources, inadequate coordination between major stakeholders, lack of reliable and consistent data, poor monitoring and supervision are among the main challenges to achieving the health-related MDGS in low-income countries. The implementation of cost-effective interventions like integrated management of child health, has had a significant impact on reducing under-5 mortality in the Region. Afghanistan, Sudan and Pakistan account for 80% of maternal mortality in the Region. 50% of women and newborn babies are still delivered away from health care facilities in the Region, and 40% of them are left unattended by skilled health personnel. Only 31.1% of married couples are using modern contraceptive methods, with a total fertility rate as high as 4.2 children per woman. More than three quarters of the estimated burden of HIV infections is concentrated in Sudan, Pakistan and the Islamic Republic of Iran. Antiretroviral treatment has become available 	<ul style="list-style-type: none"> Commitment must be strengthened to enhance national capacity and leadership with focus on poor and most vulnerable groups of the community. Civil society organizations must be involved and supported to reach out to those most affected, vulnerable and difficult to reach with public health services. Efforts to strengthen health systems should be intensified, with emphasis on laboratory and health information in line with the Qatar Declaration on Primary Health Care (2009). District health systems should be strengthened with streamlined health information system, good quality data, regular health surveys and essential health system research and regular MDGs monitoring and reporting mechanisms. Community-based health systems should be developed or strengthened to reach universal coverage of disease control and prevention

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		<p>in all countries of the Region, however most people living with HIV in the Region do not know that they are HIV infected and therefore do not access treatment services. HIV prevention services are still not designed to and do not reach those at highest risk of infection.</p> <ul style="list-style-type: none"> • Tuberculosis remains an important public health challenge in Afghanistan, Djibouti, Pakistan, Somalia and Sudan, which shoulder more than 80% of the tuberculosis burden in the Region. • Malaria still remains an important public health problem in Afghanistan, Djibouti Pakistan, Somalia, Sudan and Yemen, which shoulders about 98% of the estimated malaria burden in the Region. • WHO contributed in the development of the UN Joint Report on the attainment of MDGs in the Arab Region 2010, coordinated by ESCWA. 	<p>interventions.</p>
WHA63.17	Birth defects	<ul style="list-style-type: none"> • 94% of all birth defects occur in low-income and middle-income countries. • Birth defects account for 9% of neonatal mortality in the Region. • Simple, cost-effective approaches could cut these deaths and disabilities by up to 70%. 	<p>Basic components of a national programme for the prevention and care of birth defects include:</p> <ul style="list-style-type: none"> • Commitment of policy-makers and provision of adequate managerial support • A core network of appropriate specialist clinical and laboratory services • Integration of approaches to the prevention and care of birth defects into primary health care, with an emphasis on maternal and child health • Education and training for health care providers • Organization of health education programmes • Establishment of effective mechanisms to foster development of patient–parent support organizations • Definition of the ethical, legal, religious and cultural issues relevant to formulating services appropriate for the local population; • Initiation and monitoring of population screening programmes • Appropriate surveillance systems.

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WHA63.18	Viral hepatitis	<ul style="list-style-type: none"> • Member States at the Fifty-sixth Session of the Regional Committee for the Eastern Mediterranean endorsed resolution EM/RC56/R.5 The growing threats of hepatitis B and C. • Several countries have established hepatitis B control programmes. • Hepatitis B vaccine has been introduced as part of childhood immunization programmes throughout the Region except in Somalia and southern Sudan. • 13 countries have introduced hepatitis B vaccine at birth. • Some countries provide vaccination for health workers. • A few countries have established infection control programmes in health care services. 	<ul style="list-style-type: none"> • National strategies and plans of action should be developed which address the following: <ul style="list-style-type: none"> – Implementation of hepatitis B vaccine birth dose (Afghanistan, Djibouti, Egypt, Jordan, Pakistan, Sudan and Yemen). – Ensuring administration of hepatitis B vaccine birth dose within 24 hours of birth. – Providing hepatitis B vaccination to all health workers and health-related students. – Establishing infection control programmes in all health services and ensuring safe injection practices and preventing parenteral transmission of blood-borne pathogens. – Ensuring safe blood transfusion in all health services. – Allocating necessary funds from government budget to implement it.
WHA63.19	WHO HIV/AIDS strategy for 2011–2015	<ul style="list-style-type: none"> • No global WHO HIV/AIDS strategy is available. A draft strategy is being developed by WHO headquarters through a consultative process with all regions. • A regional strategy for health sector response to HIV/AIDS will be presented to the 57th Session of the Regional Committee for the Eastern Mediterranean in October 2010. • A short presentation of draft global HIV/AIDS strategy will be made following presentation of the regional strategy for the health sector response to HIV/AIDS during Regional Committee. 	<ul style="list-style-type: none"> • A consultative meeting on the draft global strategy will be conducted with selected national AIDS programme managers as one-day side meeting during the Regional Committee.
WHA63.21	WHO's role and responsibilities in health research	<ul style="list-style-type: none"> • The majority of national health systems in the Region are overburdened, under-funded and lack the use of research evidence for development 	<ul style="list-style-type: none"> • National health research strategies need to be developed that are participatory, transparent and inclusive. • Greater national investment is needed in health research. • Interventions to improve the use of research evidence in decision-making should be tested.

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WHA63.23	Infant and young child nutrition	<ul style="list-style-type: none"> • It is estimated that 30% of deaths in children under 5 years of age in the Region are attributable to mild to moderate malnutrition. • The overall proportion of underweight in children under 5 years of age has increased in the Region from 14% in 1990 to 17% in 2004. • Recent estimates are that: 6 countries of the Region are on track to meet the targets of the MDGs related to reducing the proportion of underweight children under five years of age; 12 countries have contained underweight prevalence rates at or below 10%; and 6 countries are not on track to meet the MDG-related targets (Afghanistan, Iraq, Pakistan, Somalia, Sudan and Yemen). • A regional strategy and plan of action on nutrition was developed in consultation with Member States and will be presented for endorsement to the Fifty-seventh Session of the WHO Regional Committee for the Eastern Mediterranean. 	<ul style="list-style-type: none"> • The WHO infant and young child feeding strategy should be introduced in all countries as the backbone of national infant and child nutrition programmes. • The tool developed by WHO for monitoring and evaluating infant and young child feeding activities should be implemented through national surveillance systems. • Nutrition surveillance systems should be established in order to trace all types of malnutrition and measure the impact of nutrition and health interventions. • More health workers need to be trained in management of moderately and severely malnutrition. • The new WHO growth standards should be adopted and implemented by all countries. • Implementation of the regional package on infant and young child feeding counselling should be expanded. • The initiative of caring for children in the community by community health workers should be expanded, including counselling on feeding and screening for malnutrition • WHO standard growth charts should be introduced into the IMCI guidelines.
WHA 63.24	Accelerating progress towards achievement of MDG 4 to reduce child mortality: prevention and treatment of pneumonia	<ul style="list-style-type: none"> • Management of pneumonia is a main component of the integrated management of child health (IMCI) strategy. • 17 countries in the Region are at different stages of implementation of this strategy. • One country has gone beyond the target for MDG4 (Egypt) by reducing under-5 mortality by 75%. • Egypt is close to achieving universal coverage of IMCI. • There is a clear progress in reduction of under-5 mortality and in the pace of implementation of IMCI in Yemen 	<ul style="list-style-type: none"> • IMCI implementation needs to be scaled up to expand quality management of pneumonia. • The second IMCI component, which is concerned with health system-related issues, particularly drug availability, supervision and health information systems, should be emphasized. • IMCI teaching – including management of pneumonia at primary health care facilities and community levels – should be strengthened within

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		<ul style="list-style-type: none"> • Afghanistan, Pakistan, Somalia and Sudan contribute to 80% of under-five mortality in the Region. The pace of implementation of cost-effective interventions is slow in those countries. • The slow pace of IMCI implementation in some countries is mainly due to lack of access to quality care, weak health systems and lack of financial and human resources. 	<p>the teaching curriculum of teaching institutions (IMCI pre-service education).</p> <ul style="list-style-type: none"> • Alternative approaches should be sought to increase the access of children to quality care and to complement implementation at primary health care facilities, e.g. care for sick children in the community by community health workers, including management of pneumonia at community level. • Planning should be undertaken for improvement of the quality of care at referral level. • Resources should be mobilized for the scaling up of IMCI interventions.
WHA63.25	Improvement of health through safe and environmentally sound waste management	<ul style="list-style-type: none"> • Only a few countries in the Eastern Mediterranean Region (supported by the Centre for Environmental Health Activities) have attempted to improve their hospital waste management. 	<ul style="list-style-type: none"> • At national level there should be a plan for waste management including hospital waste management. • Advocacy and awareness programmes should be promoted that link waste management to health and a healthy environment. • High level policy is needed to control waste shipment and to prevent illegal movement of hazardous wastes.
WHA63.26	Improvement of health through sound management of obsolete pesticides and other obsolete chemicals	<ul style="list-style-type: none"> • Vector-borne diseases account for about 11% of the estimated regional burden of communicable diseases. Pesticides still constitute the most important element in an integrated approach to vector control. • Use of pesticides in public health for vector-borne disease control, nuisance pest control and for personal protection has significantly increased in recent years. • Globally there is a depleting arsenal of less hazardous and cost-effective pesticides, mainly due to development of resistance, and there is a need to extend the useful life of the existing products. New products in the pipeline are few. • Many countries of the Region do not have adequate national regulatory frameworks and human and financial capacity to regulate availability, sale and use of public health pesticides. Capacity for safe disposal of pesticide waste is practically nonexistent in the majority of countries. 	<ul style="list-style-type: none"> • National policies and legislation should be strengthened for sound management of public health pesticides. • Support should be increased for training and capacity-building for routine monitoring and evaluation of vector control interventions and for regulation and sound management of public health pesticides. • Coordination and collaboration with all relevant stakeholders should be ensured, especially with agriculture and environment sectors, for sound management of public health pesticides.

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		<ul style="list-style-type: none"> • Sub-standard, illegal and counterfeit pesticides available in the market are of great concern and undermine expected efficacy and performance and present substantial risk to human health and to the environment. • A significant amount of obsolete pesticides are available in countries, posing serious risk to human health and the environment. Substandard products, inadequate stores and poor stock management, donations or purchases in excess of requirements, and inadequate coordination among and within aid agencies have been contributing factors for accumulation of such stocks. 	
WHA 63.27	Strengthening the capacity of governments to constructively engage the private sector in providing essential health care services	<ul style="list-style-type: none"> • A framework for assessing health sector governance was developed and senior health officials trained in all countries. • 8 countries conducted assessment of the private sector in 2007. • 5 more countries have launched assessment of the role of private sector: Bahrain, Libyan Arab Jamahiriya, Palestine, Saudi Arabia and Yemen. 	<ul style="list-style-type: none"> • The framework should be adopted and used to examine health sector governance in general and to identify the role of the public sector in health care delivery. • Understanding of the role and the contribution of the private sector should be improved. • Standardized tools should be used for regulating the private sector. • The private sector should be involved in formulating the national health sector strategic plan, in order to strengthen its role in health system development.
WHA63.28	Establishment of a consultative expert working group on research and development: financing and coordination	<ul style="list-style-type: none"> • A Note Verbale from the Director-General was shared with Member States. • Response was received from 7 Member States. • 15 experts have been nominated to the roster (list attached). 	<ul style="list-style-type: none"> • The Regional Committee is expected to endorse the list.