

Resolutions and decisions of regional interest adopted by the Sixty-seventh World Health Assembly and the Executive Board at its 134th and 135th Sessions

DECISIONS OF REGIONAL INTEREST ADOPTED BY THE SIXTY-SEVENTH WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD IN ITS 134TH AND 135TH SESSIONS			
Decision/ Resolution no.	Title	Regional implications	Action/comments
EB134(3)	WHO reform: methods of work of the governing bodies	<ul style="list-style-type: none"> The Board approved the proposal to introduce webcasting for future public sessions of the Programme, Budget and Administration Committee and of the Executive Board to all internet users through a link on the WHO website and recommended that the Health Assembly introduce the same for public meetings of its Committees A and B and plenary meetings. The decision highlights the importance of minimizing the Organization's use of paper documents. The Board emphasized the requirement that documents for sessions of the Executive Board to be dispatched by the Director-General not less than six weeks before the commencement of a regular session of the Board. 	<ul style="list-style-type: none"> The Regional Office will ensure smooth webcasting of Executive Board meetings in the regional and country offices, promote the minimization of paper documents and start applying the proposed measures.
EB135(1) EB134(4)	WHO reform: strategic resource allocation	<ul style="list-style-type: none"> While ensuring that the new strategic resource allocation methodology recognizes and responds to the health priorities and challenges in the Region, thorough assessment is needed of the way resources are allocated at the three levels of the Organization, taking into consideration that headquarters expenditure is almost twice the spending in 	<ul style="list-style-type: none"> Egypt, as the delegate from the Region, can brief other Member States about the topics for possible interventions. Potential issues for discussion include the possibility to fully develop the new strategic resource allocation methodology for the programme budget 2016–2017 as requested by the WHA in May 2013; whether

		<p>six regional offices together.</p> <ul style="list-style-type: none"> The Region is prepared to follow an accelerated schedule and move ahead with strategic resource allocation based on bottom-up planning for the biennium 2016–2017, to the extent that global solutions allow it. 	<p>there is adequate attention to bottom-up planning and resource allocation in the process; what changes are to be expected in the allocation of resources at the three level of the Organization; and what are acceptable levels for the allocation of resources for segments (II) Provision and Global and Regional Public Goods and (III) Administration and Management, as compared to segment (I) Individual Country Technical Cooperation.</p>
EB134(7)	Review of nongovernmental organizations in official relations with WHO	<ul style="list-style-type: none"> Relations with nongovernmental organizations that have been maintained will be continued and the review process of collaboration will be supported, recognizing the ones that have shown continued commitment. 	<p>WHO will:</p> <ul style="list-style-type: none"> Continue identifying regional nongovernmental organizations that have a global role and initiate a review process of the performance of those that have such a role; Develop targeted toolkits to build capacities of civil society in the region and prepare them to contribute to the regional and global health and development agenda.
WHA67(9) EB134(2)	Maternal, infant and young child nutrition	<ul style="list-style-type: none"> The decision is in line with the components of the regional nutrition strategy 2010–2019. The strategy was endorsed by the Regional Committee in resolution EM/RC57/R.4, which urged all Member States to develop national nutrition strategies and action plans as an integral part of the national health policies and in line with the regional strategy, and allocate adequate human and financial resources to ensure implementation. 	<ul style="list-style-type: none"> All countries have developed national nutrition strategies or action plans in nutrition supported by national programmes addressing under-malnutrition and over-nutrition. The global target for maternal, infant and young child nutrition was introduced at a meeting in Oman in September 2013 and all Member States agreed to develop national action plans in maternal, infant and young child nutrition. Workshops and meetings are being held throughout the Region to facilitate the development of national

			action plans.
WHA67(10)	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	<ul style="list-style-type: none"> • WHO to coordinate with UNRWA on the report to the Sixty-Eighth World Health Assembly and relevant submissions, including the barrier access study. • WHO to lobby with health partners and donor agencies for resources targeting capacity-building. • WHO to maintain necessary advocacy and awareness of health care in danger and when health access is threatened. 	<ul style="list-style-type: none"> • The WHO office for West Bank and Gaza Strip will continue implementing the barrier access study. • The three levels of the Organization will coordinate inputs to the development of the report to the Health Assembly for 2014. • WHO will develop an appeal for resources for health system development. • WHO will conduct relevant ad hoc studies demonstrating impact of acute and chronic crises. • WHO will accelerate joint humanitarian appeals and assessments as needed.
WHA67(13)	Multisectoral action for a life course approach to healthy ageing	<ul style="list-style-type: none"> • The Health Assembly requested WHO to develop, in consultation with Member States and other stakeholders and in coordination with the regional offices, a comprehensive global strategy and plan of action on ageing and health, for consideration by the Executive Board and Health Assembly in 2016. 	<ul style="list-style-type: none"> • Research should be strengthened to provide adequate evidence for the importance of promoting health throughout the life course and the responsibilities of all sectors. • Greater attention needs to be paid to the health needs of women beyond those associated with reproduction. • Countries should engage in the process of developing the first Global report on ageing and health, which will be developed in 2015, as an opportunity for advocacy and capacity-building. Interested countries will be explored in coordination with headquarters.
WHA67(14)	Framework of engagement with non-State actors	<ul style="list-style-type: none"> • The Region has an opportunity to contribute in shaping the policies and operational procedures for WHO engagement with non-State actors (nongovernmental organizations, the private sector, philanthropic foundations and academic institutions). 	<ul style="list-style-type: none"> • This topic will be discussed by the Regional Committee under agenda item 6(c). • The Regional Office will conduct informal consultations and dialogue on related issues such as due diligence, conflict of interest, risk assessment, risk management and increased

		<ul style="list-style-type: none"> The main risks of working with non-State actors is the influence they can have on WHO's work; this is primarily an issue with the private sector. 	<p>transparency.</p> <ul style="list-style-type: none"> There is a need for mapping non-state stakeholders at the regional level and review of modalities of partnership.
WHA67(15) EB134(5)	Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination	<p>The decision highlighted:</p> <ul style="list-style-type: none"> the need for a sustainable financial mechanism for health research and development; the role of Member States in the governance of the coordination mechanism; the need to consider "analysis of the extent of innovative components being implemented by the projects" as a measure of success in implementing the health research and development demonstration projects in addition to the indicators of the project plan and financing components. 	<ul style="list-style-type: none"> WHO will support Member States in their efforts to implement the recommendations highlighted in the decision through exploring the feasibility of mapping health research and development initiatives, governance, financing, resources, etc.
RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SIXTY-SEVENTH WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD IN ITS 134TH SESSION			
EB134.R7	Strengthening of palliative care as a component of integrated treatment within the continuum of care	<ul style="list-style-type: none"> Given the current high rates of late presentation of cancer cases in the Region, and the associated high fatality, improvements in palliative care services and delivery are a high priority to reduce suffering and improve the quality of life of people with life-threatening noncommunicable diseases, particularly cancer, and their families. The majority of health systems in the Region do not adequately meet the needs for palliative care. Many challenges exist: underdeveloped policies and legislation; nonexistent or weak programmes; lack of awareness and/or misconceptions about palliative care among both the public and health professionals; restrictive 	<p>Important priorities in this Region are to:</p> <ul style="list-style-type: none"> Establish/further develop national policies and programmes; Mobilize human and financial resources including through partnerships; Establish the best model(s) for implementing palliative care within the national context; Build capacity for palliative care delivery; Ensure full access, including through updating legislation, to affordable inexpensive opioids for all patients in need; Raise awareness to ensure that community and home care palliative care programmes are given high priority.

		<p>legislation limiting access to opioids; insufficient capacity of health professionals; and absence of a multidisciplinary approach to palliation.</p> <ul style="list-style-type: none"> • The Regional Framework for Action to implement the Political Declaration of the United Nations General Assembly on noncommunicable diseases, endorsed by all Member States during the Regional Committee meeting in October 2012, includes palliative care among the core set of strategic interventions in the area of health care. 	
EB134.R20	Relations with nongovernmental organizations	<ul style="list-style-type: none"> • Official relations with the following entities is ended: The Collegium Internationale Neuro-Psychopharmacologicum, the Industry Council for Development, International Special Dietary Foods Industries, the Global Forum for Health Research, the International Medical Parliamentarians Organization and the International Conference of Deans of French-Language Faculties of Medicine. 	<ul style="list-style-type: none"> • WHO will circulate the updated list of nongovernmental organizations to all regional and country offices. • The Regional Office will review and update the list identifying if there is any current work with the entities no longer in official relations with WHO.
WHA67.1 EB134.R4	Global strategy and targets for tuberculosis prevention, care and control after 2015	<ul style="list-style-type: none"> • The regional tuberculosis strategic plan 2015–2020 is already revised according to the global strategy and revision/update of national strategic plans of Member States is ongoing. 	<ul style="list-style-type: none"> • Technical support is being provided to national tuberculosis control programmes to update their national strategic plans based on the global strategy. • In 2015, the Regional Office will organize a meeting to discuss, review and finalize the plans.
WHA67.2	Improved decision-making by the governing bodies	<ul style="list-style-type: none"> • The Health Assembly called for webcasting future public meetings of its committees A and B, as well as of its plenary meetings, to all internet users through a link on the WHO website. 	<ul style="list-style-type: none"> • The Regional Office will ensure smooth webcasting of public meetings of the Executive Board and World Health Assembly in the regional and country offices.

		<ul style="list-style-type: none"> • Formal proposals relating to items of the agenda may be introduced until the first day of a regular session of the Health Assembly and no later than two days before the opening of a special session. 	
WHA67.5	Status of collection of assessed contributions, including member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution	<ul style="list-style-type: none"> • In accordance with previous resolutions of the World Health Assembly, the voting privileges of only one Member State, Somalia, continue to be suspended. 	
WHA67.6 EB134.R18	Hepatitis	<ul style="list-style-type: none"> • The Region has 4.3 million hepatitis B and 800 000 hepatitis C infections annually. The countries most affected by hepatitis B are Afghanistan, Pakistan, Yemen, Sudan and Somalia. Those most affected by hepatitis C are Egypt, Pakistan, Libya, Sudan and Yemen. • National strategies and plans for the control of viral hepatitis are not established in the majority of countries • There is significant hepatitis B and C transmission in the Region through unsafe practices in health care settings (including blood transfusions). • Vaccination coverage for hepatitis B is below global/regional targets. • Access to treatment is very limited in the Region, and the cost of treatment is high. • The resolution requests WHO to provide technical guidance and support for strategic planning and programme implementation, to estimate economic burden and impact and to monitor and report on progress. • WHO staff and budget for support to hepatitis prevention and control are lacking at regional and country levels. 	<p>WHO support for implementation of the resolution should include:</p> <ul style="list-style-type: none"> • Establishment of a multidisciplinary team at regional level to support strategic planning and implementation in countries; • Establishment/maintenance of a viral hepatitis surveillance, prevention and control regional experts resource group to provide guidance and technical support to countries; • Development of a regional action plan beyond 2015 with focus on priority countries; • Dissemination of global policy/technical guidance and capacity-building for its operationalization; • Allocation of dedicated staff for coordination of Regional Office support, a budget for regional activities and dedicated country staff and activity budgets in priority countries (Pakistan and Egypt both chose hepatitis as a priority programme for 2016–2017).

		<ul style="list-style-type: none"> • In the face of many competing public health priorities, strong advocacy is needed towards national decision-makers and regional partners for investment in hepatitis prevention and control. 	
WHA67.7	Disability	<ul style="list-style-type: none"> • Adoption of the WHO Global disability action plan 2014–2021: better health for persons with disabilities is an important commitment to strengthening health sector response to disability in a structured manner, while taking into consideration the multisectoral nature of the issue. • The resolution comes at a critical time for the Region, when there is urgent need for a structured response to the growing needs around disability resulting from causes including noncommunicable diseases, road traffic injuries and conflict. • The resolution and plan guide sustainable action to improve health outcomes of all persons with disabilities through improving equitable access to mainstream health services health, strengthening rehabilitation services and supporting data and multidisciplinary research on disability. 	<ul style="list-style-type: none"> • The Regional Office and Member States have been actively engaged in the development of the global plan from its outset. • Member States should embark on the development/review of their own disability health plans based on the global plan. This is part of fulfilling their obligations stipulated in the Convention on the Rights of Persons with Disabilities. • WHO should provide technical support as necessary for country efforts to develop/ review national disability health action plans.
WHA67.8	Autism	<ul style="list-style-type: none"> • Resolution EM/RC57/R.3 Maternal, child and adolescent mental health: challenges and strategic directions 2010–2015 (2010) identifies broadly similar priority action areas to the ones mentioned in this resolution. • There is limited epidemiological and intervention research on autism spectrum disorders, with significant treatment gaps. 	<p>There is a need to:</p> <ul style="list-style-type: none"> • Strengthen research to fill the knowledge and treatment gaps; • Encourage development of community based models of care based on local contexts; • Facilitate and encourage the nascent civil society and consumer groups to engage in planning and implementation of policies and programmes; • Set up regional networks of

		<ul style="list-style-type: none"> • Services for autism spectrum disorders are available in a few countries of the Region including Egypt, Kuwait, Lebanon, Morocco, Pakistan, Qatar and United Arab Emirates with limited coverage. • In a few high-income and middle-income countries community awareness-raising activities have been initiated by consumer/family associations such as the Egyptian Autism Society. 	<p>professional and consumer organizations for providing opportunities of advocacy, development of services and collaborative research;</p> <ul style="list-style-type: none"> • Ratify the Convention on the Rights of People with Disabilities by all Member States of the Region; • Mainstream mental health in all service delivery platforms including primary health care and maternal and child health for provision of integrated services for persons with mental disorders including autism and developmental disorders; • Enhance the financial and human resource allocation for implementation of the provisions of the global action plan for mental health 2013–2020 which will be reflected in improved attention to autism spectrum disorders.
WHA67.9	Psoriasis	<ul style="list-style-type: none"> • Psoriasis is a skin disease affecting 2% of the population worldwide with 10% of these developing systemic manifestations such as arthritis. It can impact the quality of life of affected individuals. • The regional burden and trends of psoriasis are not well understood. • The services for and management of psoriasis in the Region are not well characterized. 	<ul style="list-style-type: none"> • The approach to psoriasis need to be considered on a country-by-country basis • Strengthening primary care, including through capacity-building and investment, is a natural entry point for addressing a wide range of conditions seen in primary care, including psoriasis and other skin conditions with potential systemic manifestations. • Because of possible stigma associated with skin disorders such as psoriasis and risk of avoidable suffering, Member States can consider including the assessment of services for psoriasis and similar skin disorders as part of broader primary care assessment and strengthening. • Member States can engage

			<p>professional associations, as appropriate to the national context, to improve service provision.</p> <ul style="list-style-type: none"> • Consideration should be given to setting up a regional network and support group to provide opportunities for advocacy, development of services and collaborative research.
WHA67.10	Newborn health: action plan	<ul style="list-style-type: none"> • This resolution is in line with the regional initiative on Saving the lives of mothers and children, launched by WHO, UNFPA and UNICEF to support the acceleration of reductions in maternal, neonatal and child mortality. • In 2013 the 60th Regional Committee endorsed the Dubai Declaration on Saving the lives of mothers and children, which calls on Member States to express their commitment to developing and implementing maternal, neonatal child health acceleration plans. 	<p>WHO to:</p> <ul style="list-style-type: none"> • Provide technical support to Member States to implement national maternal and child health acceleration plans; • Support Member States in their efforts to mobilize additional resources for maternal and child health; • Call on donors and development agencies to assume their role in contributing to and supporting this initiative.
WHA67.11 EB134.R5	Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention	<ul style="list-style-type: none"> • Mercury is used in small-scale gold mining, industrial products such as batteries, electronic switches, certain lighting fixtures as well as in certain cosmetics and pesticides. In addition, mercury is used in measuring devices (such as barometers and thermometers) and in dental amalgams. Disposal of such products and devices releases mercury into the environment. • Some countries have taken action to reduce exposure to mercury, but several countries lack the capacity to deal effectively with the issue. There is a need for a regional support mechanism to facilitate and coordinate obligations under the Convention, including capacity building 	<p>WHO and countries to:</p> <ul style="list-style-type: none"> • Support ratification and implementation of the Minamata Convention on Mercury. Establish national level mechanisms for health and environment sectors to collaborate in implementing the Convention. • Establish a plan for implementing and monitoring the Convention at regional level in cooperation with relevant regional stakeholders, such as the United Nations Environment Programme. • Develop tools, guidance, methods, regulations and substitutions required for the phasing-out of mercury-containing measuring devices, antiseptics and

		<p>and technical assistance.</p> <ul style="list-style-type: none"> • Implementation of the Minamata Convention on Mercury will require multisectoral action, with the health sector as a crucial partner. Health ministries will lead the phasing-out of mercury containing measuring devices, antiseptics and skin-lightening cosmetics by 2020. • Involvement of health ministries is also required to reduce adverse health impacts of mercury use in small-scale mining as well as in risk assessment of contaminated sites. 	cosmetics by 2020.
WHA67.12 EB134.R8	Contributing to social and economic development: sustainable action across sectors to improve health and health equity	<ul style="list-style-type: none"> • A Health in All Policies Framework for Country Action is being prepared in consultation with Member States for adaptation to different contexts. • Greater opportunity for countries to show the linkages between the regional situation and how it influences collective efforts at the global level. This would help in advocating for global support for Health in All Policies initiatives in the Region including filling the gap in required resources and capacities. • Implementation of the Urban Health Equity Assessment and Response Tool needs to be expanded to generate national and local evidence on equity. • A multisectoral body needs to be established to adapt the Health in All Policies Framework for Country Action and mainstream health in public policies. 	<ul style="list-style-type: none"> • There is a need to consider cooperation (including financial contributions) at the regional and global levels to support and facilitate development and adaptation of the Health in All Policies Framework. • WHO to provide technical support for expanding the implementation of the Urban Health Equity Assessment and Response Tool to generate national and local evidence on equity. • Capacity-building support will be needed for the non-health sector to facilitate the adaptation of the Framework for Country Action; • Instruments need to be made available to hold non-health sectors accountable for non-action and to measure levels of involvement of non-health ministries. • Targeted action for protection of the most vulnerable groups needs to be pursued particularly in emergency and conflict situations, and a comprehensive response to emerging issues in such situations to be ensured.

WHA67.13 EB134.R10	Implementation of the International Health Regulations (2005)	<ul style="list-style-type: none"> • The resolution updates Annex 7 of the IHR on requirements concerning vaccination or prophylaxis for specific diseases, specifically on requirements for vaccination against yellow fever. • Vaccination with an approved yellow fever vaccine is sufficient to confer sustained immunity and lifelong protection against yellow fever disease and a booster dose of yellow fever vaccine is not needed. This requirement replaces the previous requirement of that vaccination with an approved yellow fever vaccine provides protection against infection for 10 years, and that the certificate of vaccination or revaccination is accordingly valid for 10 years. • Proof of vaccination against yellow fever may be required for travellers as a condition of entry of any traveller leaving an area where the Organization has determined that a risk of yellow fever transmission is present to a State Party. Sudan is the only country in the Region with risk of yellow fever transmission. All countries in the Region including Sudan require yellow fever vaccination for travellers arriving from countries with risk of yellow fever transmission. • The decision was based on the conclusion of the Strategic Advisory Group of Experts on immunization. 	<ul style="list-style-type: none"> • The resolution was distributed to all countries in the Region through the national IHR focal points to be shared with the concerned officials. • Measures should be put in place in countries of the Region to prevent false vaccination certificates.
WHA67.14	Health in the post-2015 development agenda	<ul style="list-style-type: none"> • The resolution advocates and mobilizes action positioning health central to the post-2015 development agenda. • Promotes full realization of the right to the enjoyment of the highest attainable standard of physical and mental health and 	Countries to: <ul style="list-style-type: none"> • Promote universal health coverage; • Strengthen health systems, including the six building blocks of a health system; • Strengthen health governance to promote accountability,

		<p>to consider that this right is fundamental to equitable and inclusive sustainable development.</p> <ul style="list-style-type: none"> • Advocates that progressive realization of universal health coverage implies that all people have access without discrimination to nationally determined sets of the needed health services and essential quality medicines, while ensuring that the use of these services does not expose the users to financial hardship with a special emphasis on the poor, vulnerable and marginalized segments of the population. • Emphasizes the role of policies and actions in sectors other than health and the need to identify synergies between policy objectives in the health and other sectors through a whole-of-government, whole-of-society and Health in All Policies. • Promotes monitoring of health outcomes and performance of respective health system and public health sector response. 	<p>transparency and participation in line with international commitments and treaties;</p> <ul style="list-style-type: none"> • Ensure policy coherence, review policies on the integration of gender, health equity and human rights values and principles; • Review health relevant legislation and public health mechanisms and structures in line with national commitments; • Generate evidence through review of current status of health equity and the right to health, and analysis of existing vulnerabilities and risks; • Strengthen civil registration and vital statistics and health information systems with disaggregated data to monitor health equity; • Monitor health related indicators for measuring progress in sustainable development; • Emphasize multisectoral actions to address social, environmental and economic determinants of health; • Build/strengthen institutional capacity in assessing health impacts of policy initiatives in all sectors; • Develop strategies and actions for engaging civil society in the development, implementation and monitoring of policies across sectors including health. <p>WHO to:</p> <ul style="list-style-type: none"> • Provide relevant technical support and tools to Member States; • Document good practices and facilitate exchange of experiences among countries; • Continue providing leadership among UN
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			agencies and development partners and encourage them to take health considerations into account in strategic initiatives and their monitoring, including the post-2015 development agenda.
WHA67.15	Strengthening health systems response and role in addressing violence, in particular against women and girls and against children	<ul style="list-style-type: none"> • EB134(6) and WHA67.15 recognize that health systems do not adequately address violence as a health-related issue and thus do not contribute adequately to the required comprehensive multisectoral response. • Most countries of the Region have yet to develop concrete well-defined health sector protocols and operational procedures to systematically provide the care needed to survivors of violence. • This joint commitment to address violence as a public health problem could stimulate national action to develop effective health sector responses taking into consideration specific regional and country contexts. • In view of the cultural and social sensitivities around violence, health can be an appropriate entry point for prevention and control. The health sector is often the first point of contact with survivors. • In addition to the specific issues around violence against women and girls, child abuse and neglect is an issue for both sexes. • The additional vulnerability posed by emergency and conflict situations occurring in many countries particularly for women and girls should not be overlooked. Health systems 	<ul style="list-style-type: none"> • Governments need to step up their health sector responses to violence through the developing or strengthening systematic protocols and standard operating procedures for appropriate care, with technical support from WHO as needed. • The health sector should increase awareness across its system and develop the capacity of the health workforce. • Coordination is key for better response: between concerned WHO programmes and between WHO and concerned UN agencies at the global, regional and country levels. • WHO should ensure that inputs from the Region and its Member States are adequately taken into account and reflected in the development of the global action plan to strengthen health system role to address interpersonal violence, in particular against women and girls and against children. • WHO should also strengthen its capacities to ensure collaboration and coherence in fulfilling its role in violence and injury prevention, and document and facilitate exchange of best practices and experiences among countries. • WHO and the International Islamic Centre for Population Studies and Research, Al-

		<p>have a central role to address its consequences.</p>	<p>Azhar University have partnered to strengthen and scale up religious approaches to address practices harmful to the health of women and children with focus on child marriage, female genital mutilation and gender-based violence. In 2014, capacity-building and advocacy tools were produced to guide countries in addressing these practices. The plan is to pilot the tools in Sudan and Egypt prior to their dissemination regionally.</p>
WHA67.18	Traditional medicine	<ul style="list-style-type: none"> • Member States are urged to implement the main objectives of the WHO traditional medicine strategy 2014–2023. • There is need to strengthen the knowledge base for national policies and strengthen quality assurance, safety, proper use and effectiveness of traditional and complementary medicine through regulation. 	<p>WHO's role will be to:</p> <ul style="list-style-type: none"> • Provide guidance in the formulation of traditional medicine policies and regulations; • Build capacities of national regulatory systems for traditional and complementary medicine products; • Provide specific guidance on regulation of traditional and complementary medicine practices and practitioners.
WHA67.19	Strengthening of palliative care as a component of comprehensive care throughout the life course	<ul style="list-style-type: none"> • Member States are urged to update their policies to ensure better access to palliative care at all levels including primary health care and home care. • There is need to accelerate country actions and decisions on integration of palliative care in cancer management that would improve quality of life for cancer patients. • Decision-makers need to be stimulated to build capacities among clinicians related to palliative care. • Enhanced implementation is needed of interventions that will result in improving access to opioid analgesics for relief of pain and updating essential list of medicine. • The resolution will be used as 	<p>Necessary action will include:</p> <ul style="list-style-type: none"> • Technical support to Member States for integration of palliative care services into national health systems, and ensuring continuity of palliative care at all levels including primary care and home care; • Support to countries to plan for building capacities of health care professionals, ensuring adequate responses to palliative care needs; • Reporting on implementation and monitoring of palliative care actions included in the global action plan for the prevention and control of noncommunicable diseases 2013–2020; • Providing evidence on

		<p>a global commitment in strengthening collaboration between WHO and the International Narcotics Control Board (INCB) for estimation of annual requirements of controlled medicines.</p>	<p>availability of opioid analgesics for relief of pain in the essential list of medicines of all countries;</p> <ul style="list-style-type: none"> • Building coordination with academia and researchers to promote research studies and assessing the needs for palliative care and identifying standards and models of service, particularly in limited resource settings.
WHA67.20 EB134.R17	Regulatory system strengthening for medical products	<ul style="list-style-type: none"> • In collaboration with national regulators and systems, Member States should strengthen the role of national regulatory authorities in regulating all types of medical products. • Steps should include establishment of necessary regulatory norms and standards, building capacities of nationals on regulatory enforcement and control and enhancing collaboration among regulators, and strengthening safety monitoring programmes. 	<ul style="list-style-type: none"> • Through its prequalification programme, WHO is requested to continue to ensure the quality, safety and efficacy of selected priority essential medicines, diagnostics, devices and vaccines. • The Regional Office will be involved in providing technical assistance on core regulatory functions and guidance on regulatory convergence and harmonization and on regulation of biological products, including similar biotherapeutic products and blood products, in vitro diagnostics and new medicines for human use based on gene therapy, somatic-cell therapy, and tissue engineering.
WHA67.21 EB134.R19	Access to biotherapeutic products including similar biotherapeutic products and ensuring their quality, safety and efficacy	<ul style="list-style-type: none"> • The resolution encourages Member States to strengthen the health regulation of biotherapeutic products. • It advocates for the development of national regulatory frameworks that promote access to quality, safe, efficacious and affordable biotherapeutic products, including similar biotherapeutic products. • Networking and sharing of information among Member States needs to be promoted in 	<ul style="list-style-type: none"> • Countries to strengthen national regulatory assessment and authorization frameworks, to meet the public health needs for biotherapeutic products, including similar biotherapeutic products. • Countries to ensure that the introduction of new national regulations does not constitute a barrier to access to quality, safe, efficacious and affordable biotherapeutic products, including similar

		<p>relation to biotherapeutic products;</p> <ul style="list-style-type: none"> • Regional scientific expertise needs to be developed for regulatory frameworks that promote access to products that are affordable, safe, efficacious and of quality, taking note of the relevant WHO guidelines that may be adapted to the national context and capacity. 	<p>biotherapeutic products.</p> <ul style="list-style-type: none"> • WHO to update the 2009 guidelines, taking into account technological advances and considering national regulatory needs and capacities and to report on the update to the Executive Board.
WHA67.22 EB134.R16	Access to essential medicines	<ul style="list-style-type: none"> • The resolution renews the regional mandate to continue to support Member States in improving access to essential medicines not only for moving towards universal health coverage, but also in connection with the MDGs and the global action plan on noncommunicable diseases. • Evidence-based selection and prioritization of medicines can be achieved using several techniques such as health technology assessment. 	<p>WHO will:</p> <ul style="list-style-type: none"> • Provide technical support to assess medicines prices, availability and affordability; • Provide specific guidance on the newly published guideline on pharmaceutical pricing policies; • Provide technical assistance to ensure access to new essential medicines; • Engage with the pharmaceutical companies to collaborate in efforts to address shortages of essential medicines and the need for medicines for children.
WHA67.23 EB134.R14	Health intervention and technology assessment in support of universal health coverage	<ul style="list-style-type: none"> • Using WHO technical support, training and capacity-building programmes should be developed for health technology assessment-related staff. • WHO should support Member States to prioritize their health technology needs through development of tools and guidelines. • Networking and information exchange among Member States should be strengthened. 	<p>WHO will:</p> <ul style="list-style-type: none"> • Provide technical support to the establishment of national health technology assessment units or agencies within existing health system structures; • Map existing resources towards development of a regional health technology assessment network for knowledge sharing; • Facilitate capacity-building of health technology assessment-related staff for the purpose of improving knowledge, skills and experience needed to perform their activities; • Collaborate with concerned stakeholders, entities and organizations to promote health technology assessment.
WHA 67.24	Follow-up of the Recife	<ul style="list-style-type: none"> • There will be need for 	The Regional Office will:

EB134.R15	Political Declaration on Human Resources for Health: renewed commitments towards universal coverage	monitoring the implementation of the human resources for health commitments made by countries during the Third Global Forum in Recife, Brazil and of the implementation of the WHO Global Code of Practice on International Recruitment of Health Personnel.	<ul style="list-style-type: none"> • Contribute to the development of the new global strategy for human resources for health requested in the resolution to be considered by the Sixty-ninth World Health Assembly. • Advocate for and promote the uptake and implementation of the Global Code including promotion of bilateral agreements between source and destination countries in the Region. • Build the capacity of nationals in the different components of the process of human resources development.
WHA67.25 EB134.R13	Antimicrobial resistance	<ul style="list-style-type: none"> • Advocacy and high-level awareness-raising are needed to ensure the highest political commitment for curbing the threats of antimicrobial resistance. • Political awareness and leadership are also needed to accelerate efforts to secure access to effective antimicrobials. • Active collaboration needs to take place with a large number of regional and global stakeholders (internal/external) including animal health food and agriculture sectors. • Engagement of Member States is needed in identification of the burden of antibiotic and antimicrobial resistance and development of evidence-informed national policies, strategies and plans. • All levels of the Organization and Member States need to be engaged for coordinating the work on containing antimicrobial resistance through the Global Action Plan. 	<ul style="list-style-type: none"> • In 2013 the 60th Session of the Regional Committee adopted resolution EM/RC60/R.1 urging countries to ensure enforcement of rules and regulations for rational use of antimicrobials at all levels. • A side meeting will be held on the subject during the 61st session of Regional Committee. • Several other regional activities including data collection and policy gap analysis are planned for raising the awareness of public health managers on the threats of antimicrobial resistance and for monitoring the rational use of antimicrobials. • A Regional Antimicrobial Resistance Steering Committee and task force are being established with the first meeting planned for August 2014. The Steering Committee is expected to advise the Regional Office, among others, on urgent actions to understand the

			<p>burden of antimicrobial resistance and policies and plans to address the threats of antimicrobial resistance in the Region.</p> <ul style="list-style-type: none">• Implementation of the Global Action Plan will require sustained human and financial resources.
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