

Resolutions and decisions of regional interest adopted by the Sixty-eighth World Health Assembly and the Executive Board at its 136th and 137th Sessions

DECISIONS OF REGIONAL INTEREST ADOPTED BY THE EXECUTIVE BOARD IN ITS 136TH SESSION			
Decision/Resolution no.	Title	Regional implications	Action/comments
EB136(2)	Principles for global consensus on the donation and management of blood, blood components and medical products of human origin	<ul style="list-style-type: none"> Major challenges remain in many low- and middle-income countries in the Region in strengthening their national blood systems to ensure the safety of blood and blood components and prevention of transfusion transmissible infections. Policies are needed to ensure safety and availability of blood and blood products and other medical products of human origin in order to meet patients' needs. The donation and management of blood, blood components and medical products of human origin intended for human clinical application need to be strengthened in the Region, based on good governance mechanisms. Appropriate standards need to be developed and put into use to guarantee quality and safety of medical products of human origin and to ensure traceability, vigilance, surveillance and equitable access to these products. 	<p>WHO will:</p> <ul style="list-style-type: none"> launch the regional strategy on blood safety and self-sufficiency; provide advocacy and technical support to countries for development and implementation of national strategic plans on blood safety and self-sufficiency based on the regional strategy; provide advocacy and technical support to countries on ethical principles for the donation and management of blood, blood components and other medical products of human origin; good governance mechanisms; and common tools to ensure quality, safety and traceability, as well as equitable access and availability. <p>Countries need to:</p> <ul style="list-style-type: none"> Ensure strong political commitment and ownership and sustained financing for implementation of national blood and transfusion safety policies and plans; develop and implement national strategic plans on blood safety and self-sufficiency based on the regional strategy; adhere to guiding ethical principles for the donation and management of blood, blood components and other medical products of human origin at all levels.
EB136(4)	Outcome of the Second International Conference on Nutrition	See resolution WHA68.19	

EB136(13)	Follow-up to the 2014 high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases	<ul style="list-style-type: none"> • The Regional Office convened a third annual review meeting in April to discuss with national noncommunicable disease teams the national response and progress in implementation of the United Nations Political Declaration based on the regional framework for action using endorsed process indicators. • The Regional Office will modify the 17 process indicators to align with the 10 progress indicators published in the technical note in order to facilitate efficient reporting by Member States . • More capacity is needed at the Regional Office to address the increasing needs of countries for support in this area. 	<ul style="list-style-type: none"> • The Regional Office will support Member States as needed need to implement the commitments of the Political Declaration and the time-bound commitments of the 2014 review meeting, guided by the regional framework for action prepared for the third comprehensive review and assessment at the United Nations General Assembly in 2018. Urgent attention of countries, partners and the Secretariat is needed to strengthen the noncommunicable disease surveillance systems in the countries, allowing countries to achieve the voluntary targets by 2025. • WHO needs to lead development of guidance/tools to support countries to achieve the time-bound commitments and report on progress by 2017.
EB136(15)	Climate and health: outcome of the WHO Conference on Health and Climate	<ul style="list-style-type: none"> • The Executive Board endorsed the revised WHO work plan 2014–2019 aligned with the 12th General Programme of Work. • The work plan will provide support to Member States to respond to the health risks presented by climate change, by strengthening the resilience of health systems to climate risks and improving their capacity to adapt to long-term climate changes, and to identify, assess and promote actions that reduce the burden of diseases associated with health consequences of policies that also cause climate change. 	<p>The work plan will be implemented through WHO’s programme at all levels. Key actions include the following:</p> <ul style="list-style-type: none"> • strengthening partnerships and providing leadership to support health and climate within and outside the United Nations system; • raising awareness, within the community of health professionals and the general public, of the health and climate linkages and potential approaches to protect health from climate change; • promoting and guiding the generation of scientific evidence and developing and supporting tools for Member States to assess the effectiveness of interventions to increase resilience to and assess the health impacts of climate change; • providing policy and technical support for the implementation of the public health response to climate change in Member States.

DECISIONS OF REGIONAL INTEREST ADOPTED BY THE SIXTY-EIGHTH WORLD HEALTH ASSEMBLY			
WHA68(8)	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	<ul style="list-style-type: none"> The complex situation in the occupied Palestinian territory affects the state of health preparedness for local as well as any global public health concerns. The financial crisis, in particular the unpredictability of funding sources, has led to spiraling health care debts and inability to conduct meaningful planning processes, which substantially hinders development and state building processes. Further escalation of the financial crisis risks serious public health consequences, with far reaching implications for an already vulnerable population. Peace talks have consistently failed to reach a resolution. The situation is further compounded by internal political tensions and the split between the West Bank and Gaza Strip. Unresolved and escalating political and economic frustrations, including delays in reconstruction after the 2014 war in Gaza and the deterioration of health services, are fertile grounds for a potential escalation. Furthermore, as the experience of polio in the Syrian Arab Republic has shown, a further deterioration of the Palestinian health system could result in serious public health implications for the Region. For example, avian influenza was detected in poultry while shortages of medicines, laboratory diagnostics and personal protective equipment prevail. 	<ul style="list-style-type: none"> The Government of Palestine is in urgent need of sustained, predictable financial support. In addition, the Ministry of Health requires sustained high-level technical support to recover health services in Gaza and to build a health system capable of functioning both within the current unstable context as well as laying the foundations for a future robust and resilient system. High numbers of injured during any escalation may require evacuation of casualties to neighbouring countries, as was experienced in 2009 and 2014 in Gaza.
WHA68(14)	Maternal, infant and young child nutrition: development of the core set of indicators	<ul style="list-style-type: none"> Several countries have already developed nutrition surveillance systems and are generating regular data for most of the indicators (Afghanistan, Bahrain, Kuwait, Oman, Pakistan, Palestine and Syrian Arab Republic). Other countries need 	<ul style="list-style-type: none"> The proposed indicators should be integrated in the global health information systems for regular monitoring and data collection. Maternal and child nutrition indicators need to be integrated in maternal and child health acceleration plans and in strategic

		<p>to do the same.</p> <ul style="list-style-type: none"> • There is a need to coordinate with the regional health information system to accommodate the new indicators and to streamline data collection. • It is important to strengthen the surveillance and health information systems to regularly collect health-related data including data for the proposed indicators. • Technical support is needed to build country capacities for monitoring the core and extended indicators for the global targets. • Countries in emergency situations need to include the core and extended set of indicators in rapid assessments and surveys, benefiting from the existing mechanisms of data collection. 	<p>planning for 2016–2020, with specific focus on countries with a high burden of maternal and child mortality.</p> <ul style="list-style-type: none"> • Stronger national capacity is needed in nutrition-related elements of maternal and child health programmes and activities. • A maternal and child health and nutrition framework for action in emergency situations needs to be developed. • Global, regional and national research centres and academia must be engaged in the regular collection and analysis of data for the proposed indicators.
RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SIXTY-EIGHTH WORLD HEALTH ASSEMBLY			
WHA68.2	Global technical strategy and targets for malaria 2016–2030	<ul style="list-style-type: none"> • All endemic countries in the Region should accelerate efforts towards elimination through a combination of interventions tailored to local contexts. • Malaria control and elimination should be a priority programme for WHO's collaborative work in the 8 endemic countries until achieving the final elimination goal (Afghanistan, Djibouti, Islamic Republic of Iran, Pakistan, Saudi Arabia, Somalia, Sudan, Yemen). 	<ul style="list-style-type: none"> • The Regional Office is developing a regional malaria action plan 2016–2020: Towards Malaria Free to operationalize the global technical strategy in the Region. • The plan will be presented for endorsement in a technical meeting in October 2015. • It will be shared with all malaria programme managers in a meeting planned for 11–13 October in Amman, Jordan, • The Regional Office will launch the regional plan and mobilize resources in a multistakeholder meeting on the occasion of World Malaria Day 25 April 2016. • WHO will strengthen its capacities to provide the necessary technical support in the six priority countries (Afghanistan, Djibouti, Pakistan, Somalia, Sudan, Yemen). <p>Member States should:</p> <ul style="list-style-type: none"> • sustain strong political commitment, robust financing, multisectoral collaboration, strong health systems, with public and

			<p>private partnership to implement the new strategy;</p> <ul style="list-style-type: none"> • exert strong efforts to improve surveillance, monitoring and evaluation; • implement malaria interventions using a district approach based on subnational stratification; • implement innovative tools and approaches to maximize progress towards elimination.
WHA68.4	Yellow fever risk mapping and recommended vaccination for travelers	<ul style="list-style-type: none"> • Following the report of the Strategic Advisory Group of Experts on Immunization which concluded that a single dose of yellow fever vaccine provides lifelong protection against yellow fever and no booster dose of yellow fever vaccine is needed, the resolution urges Member States to inform WHO if they voluntarily accept to extend the validity of a certificate of vaccination against yellow fever for the life of the person vaccinated until the period ending June 2016, when the relevant provisions of Annex-7 of the IHR (2005) would be amended. 	<ul style="list-style-type: none"> • A formal communication will be required to be sent to all ministries of health asking them, if they would be voluntarily willing, until June 2016, to accept to extend the validity of certificate of vaccination against yellow fever for the life of the person vaccinated. • Until June 2016, the Regional Office will be required to maintain a database of the countries in the Region willing to comply with the decision of WHA68.4 and share the list of countries to WHO to be published in the WHO publication <i>International travel and health</i>. • The Regional Office will be required to maintain and update yellow fever risk mapping for the Region.
WHA68.5	The recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation	<ul style="list-style-type: none"> • The second IHR extension will be granted to all 13 countries that requested it. • Implementation of the recommendations of the IHR Review Committee will require a number of considerations. • A strategic framework (and technical support) is needed to guide development of national capacities for IHR including diagnostics, bio-surveillance and bio-safety. • The tools currently used for IHR assessment and monitoring mechanisms need to be revised to reflect the functionality and quality of core capacities. • Liaison is needed between States Parties, donors and stakeholders to provide technical and financial 	<p>WHO will:</p> <ul style="list-style-type: none"> • provide technical expertise to Member States in implementing the recommendations of the review committee (second extension) and to implement the resolution of the 61st Regional Committee on global health security. • lead development of a regional framework (and a plan) for IHR implementation that addresses and aligns critical gaps in core capacity areas with countries' priorities including health systems, and purports functionality, and sustainability beyond 2016; • scale up IHR advocacy efforts targeting high-level policy and decision makers from a multisectoral perspective to raise awareness for IHR and garner

		<p>support to develop/sustain IHR capacities, financial and human resource assets, etc. at all levels.</p> <ul style="list-style-type: none"> • Legislative and policy revisions are needed in most countries in order to empower national focal points. • The role of ministries of health in IHR implementation needs to be examined vis-à-vis other line ministries at country level. • Consideration should be given to policy and operational linking of health systems development with IHR core capacity development. • The progress of IHR implementation may need to be revisited in countries that report as having already met core capacity requirements. • Special (long-term) plans are needed for countries affected by conflict or undergoing complex emergencies that may need years to develop even the most basic of the IHR core capacities. 	<p>political commitments;</p> <ul style="list-style-type: none"> • conduct global and regional resource mobilization campaigns to fund IHR implementation at all levels; • provide technical support and facilitate cross-border surveillance and response efforts among Member States including diagnostics, bio-surveillance and bio-safety; • reinforce and integrate IHR hazards and points of entry-related preparedness and response at country levels with national disaster/emergency preparedness and response mechanisms embracing multisectorality and an all hazards perspective; • establish an independent group of experts at regional level to review and strengthen current IHR progress/core capacity assessment mechanisms • establish an independent group of experts at regional level and organize special consultations to explore best practices, link health systems development with IHR core capacity development and suggest special and unique plans for IHR implementation and its monitoring in countries affected by complex emergencies.
WHA68.6	Global Vaccine Action Plan	<ul style="list-style-type: none"> • A draft regional vaccine action plan has been developed and will be submitted to Member States for review in October 2015. • Achievement of the regional targets is delayed, especially those for measles and maternal neonatal tetanus elimination. • Middle-income countries, especially low–middle income countries, are experiencing delays in introduction of the new lifesaving vaccines. • Lack of information sharing on vaccine prices hinders the capacity of vaccine price negotiation. • The first phase of the pooled 	<ul style="list-style-type: none"> • Countries are requested to endorse the regional vaccine action plan. • Countries need to allocate more national resources, including human resources, for introduction of the new vaccines and in order to achieve the EPI elimination targets. • WHO has established the vaccine product, price and procurement (V3P) project for sharing vaccine price information. Countries are requested to share vaccine price information with WHO. So far, only Morocco has shared such information. • Several countries in the Region are facing challenges in procurement of some vaccines due to global

		<p>vaccine procurement system (procurement through UNICEF) has been implemented. Countries of the Region have not supported implementation of the second phase (establishing regional procurement system with a central procurement unit and revolving funds at the Regional Office).</p>	<p>shortage (e.g. measles-containing vaccines). Countries need to register all prequalified vaccines in order to have alternate sources and avoid vaccine stock-out.</p> <ul style="list-style-type: none"> • Countries are encouraged to utilize the support available from UNICEF for procurement of different vaccines, especially new vaccines. • Countries are invited to establish the second phase of the pooled vaccine procurement system with a central procurement unit and revolving funds at WHO.
WHA68.7	Global action plan on antimicrobial resistance	<ul style="list-style-type: none"> • Member States should implement the activities adopted in the draft global action plan taking into account the national context, and should develop their national action plans on antimicrobial resistance within two years (by 2017). • Member States should establish the national intersectoral coordination mechanisms and national focal points for antimicrobial resistance. • Member States should promote the “one health” approach and multisectoral collaboration in all antimicrobial-related activities. • Member States should allocate adequate resource to implement the global action plan. • Member States should conduct sustained public awareness campaigns truly aligned with the global proposals. 	<ul style="list-style-type: none"> • Concerted efforts will be required to develop national action plans which should be evidence informed. This will require a thorough situation analysis of the present situation in the countries with the support of WHO and other partners. • Support will be needed to all countries to develop, implement and monitor national plans for antimicrobial resistance and publish biennial progress reports. • Support will be required to establish surveillance systems for antimicrobial resistance in all countries in phases (both epidemiological and laboratory-based systems). • A critical mass of multisectoral experts trained in antimicrobial resistance and containment programmes needs to be developed. • Technical support to countries is needed for improving infection prevention and control programmes. • Advocacy and awareness on the public health threats of antimicrobial resistance and its containment need to be scaled up, targeting high-level policy- and decision-makers. • Studies are needed on the economic impact of antimicrobial resistance to make the case for investment. • Regional and global partners and donor agencies need to be engaged in the work of combating

			<p>antimicrobial resistance threats.</p> <ul style="list-style-type: none"> • The Regional Office's capacities to support the countries in implementing their national action plans will have to be strengthened through allocation of sufficient staff and resources • Support will be needed to develop and implement evidence informed innovative approaches for behaviour change. This will include involvement of health anthropologists in identifying the wrong perceptions so as to guide developing appropriate messages.
WHA68.8	Health and the environment: addressing the health impact of air pollution	<ul style="list-style-type: none"> • Awareness is low among the public and decision-makers in the health and environment government sectors of the health impacts of air pollution and of available cost-effective management interventions. • Capacity and willingness to monitor and report air pollution for health impact is lacking in most countries of the Region. • Natural air pollution caused by the increasing dust storms is giving a different dimension to outdoor air pollution in parts of the Region. • Capacity for health impact assessment and management of pollution is lacking in the Region. • Research on air quality and health is lacking. 	<p>WHO's Centre for Environmental Health Action is planning the following activities:</p> <ul style="list-style-type: none"> • promoting air quality and health as a top priority in the regional and national strategies on environment and health; • conducting meetings and training workshop on air quality management and on health impact assessment of air quality in 2015.
WHA68.3	Poliomyelitis	<ul style="list-style-type: none"> • All the polio cases reported globally during the past 6 months are from two Member States of the Region, Pakistan and Afghanistan, which are the only two countries categorized under IHR as infected states and exporting poliovirus. • There are a few countries in the Region at high risk of poliovirus importation due to complex emergency situations which have led to deteriorating immunization systems and 	<p>WHO is:</p> <ul style="list-style-type: none"> • enhancing technical and operational support to the two endemic countries through: a) deploying the best available professionals; b) supporting the governments in developing robust emergency action plans; c) mobilizing resources to implement the planned activities; d) strengthening the partnership and coordination through the emergency operation centres at the federal and provincial levels; e) reviewing the programme regularly through TAG meetings;

		expanding inaccessibility.	<p>and f) implementing a strict accountability framework to ensure optimum staff performance;</p> <ul style="list-style-type: none"> • supporting all Member States, particularly those at high risk of polio importation, to conduct quality immunization campaigns and improve the sensitivity of the surveillance systems through: a) deploying professionals in conflict-affected and refugee-hosting countries; b) organizing workshops for the surveillance focal points to train them on risk analysis at subdistrict level and the updated outbreak response procedures; and 3) fielding missions to countries in need based on the results of the regular risk assessments; • working closely with the countries to support them on the preparation for the withdrawal of type 2 component of oral polio vaccine; • working with selected countries in the Region to expand environmental surveillance for polioviruses.
WHA68.10	Financial report and audited financial statements for the year ending 31 December 2014	<ul style="list-style-type: none"> • The Health Assembly accepted the Director-General's financial report and audited financial statements for the year ending 31 December 2014. 	<ul style="list-style-type: none"> • The regional financial statement for 2014 was approved including the financial analysis and justification for variations between 2013 and 2014.
WHA68.11	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"> • If by the time of the opening of the Sixty-ninth World Health Assembly Yemen is still in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution, their voting privileges shall be suspended. • Any suspension that takes effect shall continue at the Sixty-ninth World Health Assembly and subsequent Health Assemblies, until the arrears of Yemen has been reduced to a level below the amount that would justify invoking Article 7 of the Constitution. 	<ul style="list-style-type: none"> • Somalia is still in arrears and the Regional Office should review and provide alternative solutions in coordination with the Ministry of Health.
WHA68.12	Scale of assessments for	<ul style="list-style-type: none"> • The Health Assembly adopted the scale of assessments of 	<ul style="list-style-type: none"> • The Regional Committee in 2013 requested Member States to

	2016–2017	Members and Associate Members for the biennium 2016–2017.	consider increasing the level of assessed contributions to the Organization through collective action in the governing bodies. The Region's overall assessed contribution is 3.092%.
WHA68.17	Amendments to the Staff Regulations	<ul style="list-style-type: none"> Implementation of the mobility policy may require some additional resources. As well, it will require changes in the way vacant positions are filled. 	
WHA68.18	Global strategy and plan of action on public health, innovation and intellectual property	<ul style="list-style-type: none"> The Health Assembly decided to extend the time frame of the plan of action from 2015 until 2022, extend the deadline of the overall programme review of the global strategy and plan of action to 2018 and undertake the comprehensive evaluation and overall programme review separately in a staggered manner. The Director-General will establish a panel of 18 experts to conduct the overall programme review. Member States will be invited to nominate experts, including through the Regional Directors, for the roster from which the Director-General will select the panel members. The information gathered for the evaluation will be useful for assessing progress in achieving/meeting a component of universal health coverage by Member States of the Region. 	<p>WHO will:</p> <ul style="list-style-type: none"> emphasize the importance of a comprehensive, independent, focused and impartial evaluation; ensure careful identification and full involvement of relevant stakeholders in the evaluation process; overcome and minimize financial constraints through virtual consultations and polls; explore the feasibility of preparing a progress report of the evaluation (January 2016).
WHA68.19	Outcome of the Second International Conference on Nutrition	<ul style="list-style-type: none"> The Rome Declaration on Nutrition and the Framework for Action were endorsed by all Member States and provide a platform for translating the commitments into regional and national action plans to achieve the global targets on maternal, young child and infant nutrition. The Conference had strong representation from the Region, supported by WHO and FAO. Ministries of agriculture and of health in at least 12 countries attended the Conference and 	<ul style="list-style-type: none"> A roadmap for implementation of the recommended actions has been developed and countries are being supported to set national targets to address the double burden of malnutrition and key strategic interventions. The Regional Office is preparing a regional package of cost-effective interventions in order to support Member States in taking strategic actions for impact in addressing both undernutrition and overnutrition.

		<p>participated actively, reflecting political will and leadership to scale up nutrition and address risk factors.</p> <ul style="list-style-type: none"> • The implications and challenges faced by countries with civil disturbance, conflict or post-conflict situations, need to be taken into account in all nutrition-related initiatives 	
WHA68.20	<p>Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications</p>	<ul style="list-style-type: none"> • Epilepsy is among the three most frequently encountered neurological disorders in primary care settings in 20 countries of the Region. • Prevalence rates for epilepsy in countries of the Region range from 4 to 23 cases per 1000 population. • The most frequently encountered causes of epilepsy identified by respondents from the countries of the Region are trauma, central nervous system infections, cerebrovascular disorders, tumours and perinatal conditions. • Despite availability of cost effective treatment options, the treatment gap ranges from 75% to 98% in low- and middle-income countries of the Region. 	<ul style="list-style-type: none"> • The Regional Office should support Member States to ensure provision of care for epilepsy in an integrated manner within the general health care system using first line anti-epileptic medications through scaling up implementation of the mental health Gap Action Programme's (mhGAP). • The Regional Office will promote coordinated action for prevention of epilepsy with sectors responsible for road safety, prevention of violence, immunization and reproductive health services.