

News release

**WHO Sixty-third World Health Assembly
Geneva, 17-21 May 2010**

**Sixty-third World Health Assembly closes after passing multiple
resolutions**

**The delegates at the World Health Assembly adopted resolutions on a variety of
global health issues**

21 MAY 2010 | GENEVA -- The Sixty-third World Health Assembly, which brought together Health Ministers and senior health officials from the World Health Organization (WHO) Member States, concluded business and closed Friday evening.

"You reached agreement on some items that are a real gift to public health, everywhere. Thanks to some all-night efforts, we now have a code of practice on the international recruitment of health personnel," said Dr Margaret Chan, WHO Director-General. " In addition, you have given public health a policy instrument and guidance for tackling one of the world's fastest growing and most alarming health problems. This is the rise of chronic noncommunicable diseases, like cardiovascular disease, cancer, diabetes, and chronic respiratory disease."

The delegates adopted resolutions on a variety of global health issues including:

Public health, innovation and intellectual property: global strategy and plan for action.

The issue of intellectual property is critical for 4.8 billion people who live in developing countries, more than 40% of them living on less than 2 US dollars a day. Poverty affects their access to health products to fight disease. The debate this year focused on financing issues, including the rational use of funds, and conducting research through regional networks. The global strategy proposes that WHO should play a strategic and central role in the relationship between public health and innovation and intellectual property within its mandate.

The strategy was designed to promote new thinking in innovation and access to medicines, which would encourage needs-driven research rather than purely market-driven research. A new consultative working group will examine the way to take this work forward and is expected to report back to the 65th Health Assembly in 2012.

Counterfeit medical products.

A working group on counterfeit medical products proposed, and the Health Assembly accepted, that WHO convened an intergovernmental working group, participation in which is to be open to all Member States. This group will examine WHO's:

- * role in ensuring availability of good-quality, safe, efficacious and affordable medicine;

- * relationship with the International Medical Products Anti-Counterfeiting Taskforce (IMPACT); and

- * role in prevention and control of substandard/spurious/false-labelled/falsified/counterfeit medical products.

The proposal emphasized that the group should restrict itself to public health issues only. Intellectual property or trade issues will not form part of its remit. The working group will make specific recommendations to the Sixty-fourth World Health Assembly, in 2011.

Viral hepatitis.

Member States accepted the report to the World Health Assembly and adopted a resolution including a World Hepatitis Day on 28 July. Viral hepatitis (i.e. hepatitis A, B, C, D and E) – a combination of diseases that are estimated to kill over 1 million people each year and an estimated 1 in 12 persons are currently infected and have to face a life with liver disease if unrecognized. This endorsement by Member States calls for WHO to develop a comprehensive approach to the prevention and control of these diseases.

Monitoring of the achievement of the health-related Millennium Development Goals (MDGs).

The resolution expresses concern at the relatively slow progress in attaining the Millennium Development Goals, particularly in sub-Saharan Africa and at the fact that maternal, newborn and child health as well as universal access to reproductive health services remain constrained by health inequities. Member States noted that MDGs 4 and 5 were lagging behind and agreed to strengthen national health systems as well as take into account health equity in all national policies. They also reaffirmed the value of primary health care and renewed their commitment to prevent and eliminate maternal, newborn and child mortality and morbidity.

International recruitment of health personnel: global code of practice.

The code of practice on the international recruitment of health personnel aims to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel. It provides Member States with ethical principles for international health worker recruitment that strengthen

the health systems of developing countries. It discourages states from actively recruiting health personnel from developing countries that face critical shortages of health workers, and encourages them to facilitate the "circular migration of health personnel" to maximize skills and knowledge sharing. It also enshrines equal rights of both migrant and non-migrant health workers.

Food safety.

A large number of countries noted many diseases can be caused by unsafe food, that national food production systems are susceptible for food safety problems and that more food is traded across borders than ever before. The resolution supports improving the evidence base to estimate the burden of food borne diseases and the strengthening of global networks including INFOSAN International Food Safety Authorities Network) and to improve the assessment, management and communications of foodborne and zoonotic risks in a timely manner.

WHO is encouraged to continue working directly with FAO and OIE to strengthen public health, support economic development, and continue joint risk assessments through WHO/FAO expert bodies, and establishment of standards through the FAO/WHO Codex Alimentarius Commission.

Prevention and control of noncommunicable diseases: implementation of the global strategy.

Noncommunicable diseases - mainly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes - kill nearly 35 million people per year. Almost 90% of fatalities before the age of 60 occur in developing countries and are largely preventable. Member States reviewed progress achieved during the first two years in implementing the Action Plan for the Global Strategy on the Prevention and Control of Noncommunicable Diseases. Member States highlighted successful approaches in:

- implementing interventions aimed at monitoring noncommunicable diseases and their contributing factors;
- addressing risk factors and determinants supported by effective mechanisms of intersectorial action; and
- improving health care for people with noncommunicable diseases through health system strengthening.

Developing countries also underlined that official development assistance in building sustainable institutional capacity to tackle noncommunicable diseases remains insignificant.

Strategies to reduce the harmful use of alcohol.

Each year, 2.5 million people worldwide die of alcohol-related causes. Harmful drinking is a risk factor for noncommunicable diseases and is also associated with various infectious diseases, as well as road traffic accidents, violence and suicides. For the first time, delegations from all Member States reached consensus on a resolution to confront the harmful use of alcohol. In addition to

the resolution, Member States discussed a global strategy to reduce the harmful use of alcohol which sets priority areas for action and recommends a portfolio of policy options and measures.

Global eradication of measles.

Member States endorsed a series of interim targets set for 2015 as milestones towards the eventual global eradication of measles. Countries were encouraged by the efforts and progress made in controlling measles but also highlighted the challenges that need to be addressed to achieve the 2015 targets. These include competing public health priorities, weak immunization systems, sustaining high routine vaccination coverage, addressing the funding gap, vaccinating the hard-to-reach population and addressing an increasing number of measles outbreaks particularly in cross border areas. Success in achieving the measles 2015 targets is a key issue if the Millennium Development Goal 4 to reduce child mortality is to be reached.

Availability, safety and quality of blood products.

The resolution paves the way to increase access to safe blood transfusion and to safe and affordable blood products in developing countries by encouraging them to establish national regulatory systems, using expertise and regulatory experience that already exists in other parts of the world.

Human organ and tissue transplantation.

New guidelines on human organ and tissue transplantation, add two new guiding principles to existing guidance. The first improves safety, quality and efficacy of both donation and transplantation procedures - as well as the human materials used. The second increases transparency, while ensuring the protection of the anonymity and privacy of donors and recipients.

Treatment and prevention of pneumonia.

WHO Member States adopted a resolution on the treatment and prevention of pneumonia - the number one killer of children under five years globally. The resolution makes it clear that intensified efforts to address pneumonia are imperative if the achievement of Millennium Development Goal 4 is to be achieved.

Infant and young child nutrition.

About 112 million children worldwide are underweight and 186 million children under five are stunted (i.e. low height-for-age), 90% living in 36 countries. Malnutrition in children is related to inappropriate infant and young child feeding practices. Globally, only 35% of infants less than six months of age are exclusively breastfed and complementary feeding practices are far from optimal. Improvement of breastfeeding practices could save annually the lives of about one million children. Complementary feeding along with continual breastfeeding for up to two years or beyond could save the lives of another half a million children.

The resolution includes a call for increased political commitment, the implementation of the global strategy for infant and young child feeding, and strengthening of nutritional surveillance systems and improved use of millennium development goal indicators to monitor progress.

Birth defects.

A resolution was adopted to help redress the limited focus to date on preventing and managing birth defects, especially in low- and middle-income countries. The resolution calls on Member States to prevent birth defects wherever possible, to implement screening programmes, and to provide ongoing support and care to children with birth defects and their families.

Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits.

Members States expressed strong support for the continuing efforts of the Open-Ended Working Group to further global pandemic influenza preparedness by strengthening the sharing of influenza viruses and of benefits such as vaccines.

Member States spoke on the progress made at the recent intergovernmental meeting (held 10-12 May 2010) and characterized the interaction as transparent, substantive, collaborative and an important foundation for future negotiation in this area. The role of industry as a stakeholder in the process to increase global capacity for vaccine production, increased technology transfer to developing countries, and access to supplies of vaccine and medicines at affordable prices for resource-limited countries were among issues raised. A number of countries urged the collaboration to move forward to increase pandemic preparedness and protect global public health. Having considered the report of the Open-Ended Working Group (15 April 2010), a resolution was passed:

- to request the Director-General to continue to support the effort and undertake any technical consultations and studies as necessary; and
- to decide that the group will report through the Executive Board to the Sixty-fourth World Health Assembly (May 2011).

Implementation of the International Health Regulations (2005).

The first report of the of the review committee assessing the functioning of the International Health Regulations (IHR) during pandemic influenza was discussed.

Delegates stressed that the IHR is broader than pandemic and plays a vital role in global public health, and their countries fully support IHR implementation. Delegates detailed activities that their countries are carrying out to implement the Regulations at national and regional levels.

Member States underscored the need for individual, country-based capacity strengthening, learning from past lessons, the importance of flexibility and of reaching out beyond the health sector. They further expressed their appreciation of the IHR training and awareness raising activities supported by WHO and stressed the importance of monitoring IHR implementation. They also emphasized the need for strong communication and partnerships.

The election of the Director-General of the World Health Organization.

Delegates discussed whether the election of the Director-General should be done uniquely on merit or on a rotational basis by region.

Other resolution included:

Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan.

The President of the Health Assembly was Mr. Mondher Zenaïdi, the Minister of Health of Tunisia.

"My conviction is that the important decisions taken, by consensus between the Members States, reflect a common desire to come up with concrete results that could profit all humanity in exercising its right to health," said Mr Zenaïdi.

More than 2800 delegates attended the Health Assembly this year.

On the sidelines of the Sixty-third World Health Assembly public health leaders unveiled a statue at WHO headquarters to commemorate 30 years of smallpox eradication.