Sixty-Sixth World Health Assembly Closes with Concern Over New Global Health Threat

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27 May 2013 | Geneva - After seven days of intense discussions, the 66th World Health Assembly (WHA) concluded with agreement on a range of new public health measures and recommendations aimed at securing greater health benefits for all people, everywhere.

In all, 24 resolutions and 5 decisions were adopted by the nearly 2000 delegates representing the World Health Organization's (WHO) Member States.

Addressing participants at the closing ceremony, WHO Director-General Dr Margaret Chan thanked delegates for their efficiency and productivity during the debates. At the same time, she sounded an alarm on a new threat that she warned requires urgent international attention.

“Looking at the overall global situation, my greatest concern right now is the novel coronavirus. We understand too little about this virus when viewed against the magnitude of its potential threat. Any new disease that is emerging faster than our understanding is never under control,” Dr Chan said. “These are alarm bells and we must respond. The novel coronavirus is not a problem that any single affected country can keep to itself or manage all by itself. The novel coronavirus is a threat to the entire world.”

The President of the 66th World Health Assembly, Dr Shigeru Omi, spoke after Dr Chan. “Together we achieved a lot,” said Dr Omi. “One of the key outcomes of this Assembly is the universal health coverage that is now recognized as the key concept to underpin the work of global health in many years to come.”

Key outputs of this year’s Assembly include:

**Budget 2014-2015**

The World Health Assembly approved the proposed programme budget in totality for the first time in WHO’s history. The budget for WHO for the next biennium (2014-2015) is US$3977 million. It responds to Member States’ request for a realistic budget based on income and expenditure patterns.
Disability
A resolution on disability urges Member States to implement as States Parties the Convention on the Rights of Persons with Disabilities; develop national action plans and improve data collection. Member States are encouraged to ensure that all mainstream health services are inclusive of persons with disabilities; provide more support to informal caregivers, and ensure that people with disabilities have access to services that help them acquire or restore skills and functional abilities as early as possible.

The resolution also requests the Director-General to provide support to Member States in implementing the recommendations of the World Report on Disability; to mainstream the health needs of children and adults with disabilities in WHO’s technical work; to ensure that WHO itself is inclusive of people with disabilities; to support the High-Level Meeting of the UN General Assembly in September 2013.

e-Health
A resolution on e-Health standardization and interoperability notes the importance of standardized, accurate, timely data and health information to the functioning of health systems and services, while also highlighting that the security of this information, and privacy of personal clinical data, must be protected. Also noted was evaluation of information and communications technologies in health interventions.

The resolution further emphasizes that health-related, global, top-level domain names, (including “.health”) should be operated in a way that protects public health and is consistent with global public health objectives. Names and acronyms of intergovernmental organizations, including WHO, should also be protected.

Global Vaccine Action Plan
Member States reiterated their support to the Global Vaccine Action Plan to prevent millions of deaths by 2020 through more equitable access to vaccines for people in all communities, and for the proposed Framework for Monitoring, Evaluation and Accountability (which is linked to the Commission on Information and Accountability for Women's and Children's Health).

Delegates also supported the independent review process to assess and report progress. It acknowledged the leadership demonstrated by the Strategic Advisory Group of Experts on immunization in this process. Speakers highlighted the need to mobilize greater resources to support low- and middle-income countries to implement the Plan and monitor impact; ensure that support to countries to implement the Plan includes a strong focus on strengthening routine immunization; and to facilitate vaccine technology transfer.

Health conditions in the occupied Palestinian territory
A resolution on the health conditions in the occupied Palestinian territory including east Jerusalem and the occupied Syrian Golan reaffirms the need for full coverage of health services, while recognizing that the acute shortage of financial and medical resources is jeopardizing access of the population to curative and preventive services.

International Health Regulations (IHR)
The newly identified influenza H7N9 and MERS-CoV (novel coronavirus) outbreaks lent even greater relevance to discussions on the IHR. Delegates voiced widespread support for the IHR. The Director-General told delegates that WHO was committed to supporting countries affected by MERS-CoV and to helping “unpack the barriers” standing in the way of the full implementation of the IHR. The Secretariat stressed the need for countries to provide the necessary resources to ensure IHR work can continue in countries and at WHO.

Life-Saving Commodities for Women and Children
The adopted resolution urges Member States to improve the quality, supply and use of 13 life-saving commodities for women and children, such as contraceptives, antibiotics and oral rehydration salts; streamline the process for their registration; and develop plans to increase demand and facilitate universal access. Delegates also noted progress in the follow-up to the recommendations of the Commission on Information and Accountability for Women's and Children's Health and called on WHO to continue supporting them in the implementation of these recommendations.
WHO News Release

Malaria
Delegates noted the report on progress in implementation of the resolution on global efforts to prevent, control and eliminate malaria. Mortality rates decreased by more than 25% worldwide between 2000 and 2010, but a global funding shortfall threatens to jeopardize further progress. The report highlights surveillance challenges in many endemic countries and notes new WHO-led initiatives to address emerging drug and insecticide resistance. It also underlines that further progress can only be made if malaria interventions are substantially expanded in the 17 most affected countries, which account for an estimated 80% of malaria cases.

Mental Health Action Plan: 2013-2020
A resolution on WHO’s comprehensive mental health action plan 2013-2020 sets four major objectives: strengthen effective leadership and governance for mental health; provide comprehensive, integrated and responsive mental health and social care services in community-based settings; implement strategies for promotion and prevention in mental health, and strengthen information systems, evidence and research for mental health. The plan sets important new directions for mental health including a central role for provision of community-based care and a greater emphasis on human rights. It also emphasizes the empowerment of people with mental disabilities and the need to develop strong civil society and health promotion and prevention activities. The document proposes indicators and targets such as a 20% increase in service coverage for severe mental disorders and a 10% reduction of the suicide rate in countries by 2020 that can be used to evaluate levels of implementation, progress and impact.

Millennium Development Goals (MDGs)
The Secretariat reported substantial progress towards the MDGs and their targets - notably in reducing child and maternal mortality, improving nutrition, and reducing morbidity and mortality due to HIV infection, tuberculosis and malaria. Progress in many countries that have the highest rates of mortality has accelerated in recent years, although large gaps persist among and within countries.

The Health Assembly adopted a resolution urging Member States to sustain and accelerate efforts towards the achievement of the health-related MDGs and to ensure that health is central to the post-2015 UN development agenda. The resolution calls on the Director-General to ensure that WHO consultations on the issue are inclusive and open to all regions and to advocate for resources to support acceleration of the MDG targets.

Neglected Tropical Diseases (NTDs)
A resolution on NTDs urges Member States to ensure country ownership of prevention, control, elimination and eradication programmes and calls on international partners to provide sufficient and predictable funding. It encourages greater harmonization of support to countries and the development of new technologies to support vector control and infection prevention.

The resolution also calls on WHO to sustain its leadership in the fight against NTDs; to develop and update evidence-based norms, standards, policies, guidelines and strategies; monitor progress, and support Member States in strengthening human resource capacity for the prevention, diagnosis, including vector control and veterinary public health. Many Member States highlighted the particular importance of intensifying efforts to tackle dengue.

Noncommunicable Diseases (NCDs)
A global action plan for the prevention and control of NCDs (including heart disease, stroke, diabetes, cancer and chronic lung diseases) comprises a set of actions. When performed collectively by Member States, UN organizations and other international partners, and WHO these actions will set the world on a new course to achieve nine globally agreed targets for NCDs including a reduction in premature mortality from NCDs by 25% in 2025. The action plan also contains a monitoring framework, including 25 indicators to track mortality and morbidity; assess progress in addressing risk factors, and evaluate the implementation of national strategies and plans.

WHO is requested to develop draft terms of reference for a global coordination mechanism through a consultative process culminating in a formal meeting of Member States in November 2013. WHO was also tasked to provide technical support to Member States and to develop a limited set of action plan indicators to inform on the progress made with the implementation of the action plan in 2016, 2018 and 2021.
WHO News Release

Pandemic influenza preparedness: sharing of influenza viruses and access to vaccine and other benefits
Delegates noted the first annual report of the pandemic influenza preparedness (PIP) framework. The report covers three main areas: virus sharing, benefit sharing, and governance.

It was noted that many countries still lack basic capacities (i.e. in laboratories and disease surveillance). A similar concern was highlighted on the regulation and deployment of influenza vaccines during a pandemic.

Poliomyelitis: intensification of the global eradication initiative
Delegates endorsed the new Polio Eradication and Endgame Strategic Plan 2013-2018 to secure a lasting polio-free world and urged for its full implementation and financing. At the same time, the Assembly received stark warning of the ongoing risk the disease poses to children everywhere, with confirmation of a new polio outbreak in the Horn of Africa (Somalia and Kenya). Noting the generous pledges made to support polio eradication at the Global Vaccine Summit, delegates urged donors to rapidly convert these pledges into contributions. The WHA pointed out that this funding was critical for accelerated implementation of the Plan, given the complexity and scale of introducing inactivated polio vaccine worldwide.

Delegates condemned the deadly attacks on health workers in Pakistan and Nigeria, and called on all governments to ensure the safety and security of frontline health workers.

Prevention of avoidable blindness and visual impairment 2014–2019
In the resolution “Towards universal eye health: a global action plan 2014-2019” delegates endorsed an action plan that aims to further improve eye health, reduce avoidable visual impairment and secure access to rehabilitation services. The global target is to reduce the prevalence of avoidable visual impairment by 25% by 2019.

Social determinants of health
The Secretariat noted improved performance in the four areas highlighted a resolution on the outcome of the World Conference on Social Determinants of Health: consideration of social determinants of health in the assessment of global needs for health; support to Member States in implementing the Rio Political Declaration on Social Determinants of Health; work across the United Nations system on advocacy, research, capacity-building and direct technical support; and, advocating the importance of integrating social determinants of health perspectives into forthcoming United Nations and other high-level meetings related to health and/or social development.

Universal health coverage
The WHA adopted a resolution on the importance of educating health workers as part of universal health coverage. Member States expressed their ongoing commitment to ensuring that all people obtain the health services they need without the risk of financial ruin. They emphasized that universal health coverage is not just about health financing but requires strong health systems to provide a range of quality, affordable services at all levels of care.

Member States expressed strong support for WHO’s action plan and reiterated their call for a monitoring framework to help them to track progress towards universal health coverage. Many delegates expressed support that universal health coverage should feature in the post-2015 development agenda.

WHO Reform
The delegates received an update on the progress of WHO reform. Implementation of reform is under way with the majority of the outputs on track. Deliberations highlighted ongoing efforts needed to strengthen WHO’s workforce model to address country needs. Additional work is required to reinforce measurement of performance as part of the reform to demonstrate WHO’s impact at country level. Member States are also expecting the results of the taskforce on roles and responsibilities at the three levels of the Organization.

Substandard / spurious / falsely-labelled / falsified / counterfeit medical products (SSFFC)
Delegates supported the decision to establish an open-ended working group to identify the actions, activities and behaviours that result in SSFFC medical products. Participants highlighted the need for increased cooperation and collaboration among national (and regional) regulatory authorities including the exchange of best practices and knowledge.
12th General Programme of Work (GPW)
The delegates adopted the GPW outlining the high-level strategic vision for the work of WHO over the next six years. The document explains how the Organization will contribute to the achievement of health outcomes and impacts. The GPW reflects on the changing political, economic and institution context in which WHO is working. It also takes into consideration the current epidemiological and demographic trends and how they could impact on people’s health and health systems in countries. Member States agreed to highlight the importance of antimicrobial resistance and the risk it poses to health gains.

BAN TOBACCO ADVERTISING TO PROTECT YOUNG PEOPLE
WORLD NO TOBACCO DAY 2013

29 May 2013 | GENEVA - On World No Tobacco Day, 31 May, WHO is calling for countries to ban all forms of tobacco advertising, promotion and sponsorship to help reduce the number of tobacco users. Tobacco use kills nearly 6 million people every year.

Bans on tobacco advertising are effective

Bans on advertising, promotion and sponsorship are one of the most effective ways to reduce tobacco consumption, with countries that have already introduced bans showing an average of 7% reduction in tobacco consumption.

Research shows about one third of youth experimentation with tobacco occurs as a result of exposure to tobacco advertising, promotion and sponsorship. Worldwide, 78% of young people aged 13-15 years report regular exposure to some form of tobacco advertising, promotion and sponsorship.

“Tobacco use ranks right at the very top of the list of universal threats to health yet is entirely preventable,” says WHO Director-General Dr Margaret Chan. “Governments must make it their top priority to stop the tobacco industry’s shameless manipulation of young people and women, in particular, to recruit the next generation of nicotine addicts.”

“Most tobacco users start their deadly drug dependence before the age 20”, says Dr Douglas Bettcher, Director of WHO’s Prevention of Noncommunicable Diseases department. “Banning tobacco advertising, promotion and sponsorship is one of the best ways to protect young people from starting smoking as well as reducing tobacco consumption across the entire population.”

Dr Bettcher warns however that, even when bans are in place, the tobacco industry is constantly finding new tactics to target potential smokers including:

* handing out gifts and selling branded products such as clothing, in particular targeting young people;
* “stealth” marketing such as engaging trendsetters to influence people in places such as cafes and nightclubs;
* using online and new media, such as pro-smoking smartphone applications and online discussions led by tobacco company staff posing as consumers;
* placement of tobacco products and brands in films and television, including reality TV and soap operas; and
* corporate social responsibility activities such as making donations to charities.

“That is why the ban has to be complete in order to be fully effective,” he added.

Countries and banning tobacco advertising

WHO’s report on the global tobacco epidemic 2011 shows that only 19 countries (representing just 6% of the world’s population) have reached the highest level of achievement in banning tobacco advertising, promotion and sponsorship. More than one third of countries have minimal or no restrictions at all.