Fourth report of Committee B

(Draft)

Committee B held its eighth and ninth meetings on 24 May under the chairmanship of Dr José Pereira Miguel (Portugal).

It was decided to recommend to the Fifty-eighth World Health Assembly the adoption of the attached resolutions relating to the following agenda items:

22. Collaboration within the United Nations system and with other intergovernmental organizations

One resolution, as amended, entitled:

- United Nations reform process and WHO’s role in harmonization of operational development activities at country level

13. Technical and health matters

13.14 Public health problems caused by harmful use of alcohol

One resolution, as amended
Agenda item 22

United Nations reform process and WHO’s role in harmonization of operational development activities at country level

The Fifty-eighth World Health Assembly,

Taking note of the report on collaboration within the United Nations system;¹

Recognizing the primacy of national planning and priorities and, in this respect, the leadership of national governments for coordination of development activities;

Mindful of the crucial importance of the United Nations reform process related, inter alia, to operational activities for development launched by the United Nations Secretary-General and aimed at both ensuring a better coordination of field level activities and delivering services in a coherent and effective way;

Recognizing the contributions that WHO makes to such development activities;

Mindful also of the need to ensure that United Nations operational activities for development include focus on the achievement of the internationally agreed development goals, including those contained in the Millennium Declaration;

Mindful in particular of the ongoing exchanges of views among Member States generated by the United Nations Secretary-General’s report “In larger freedom: towards development, security and human rights for all”, which outlines actions he believes would make the United Nations a more effective and efficient instrument for forging a united response to shared threats and shared needs, including the reforming, restructuring and revitalizing of its major organs and institutions where necessary, to enable them to respond effectively to the changed threats, needs and circumstances of the twenty-first century;²

Determined to reduce the transaction costs of international cooperation in the field of health for both recipients and providers, and to improve its efficiency, monitoring, and reporting;

Eager to realize the unused potential offered by effective collaboration between organizations of the United Nations system, bilateral donors, global initiatives, and other stakeholders in advancing health development;

Recalling the adoption of United Nations General Assembly resolution 59/250 on the Triennial comprehensive policy review of operational activities for development of the United Nations system (22 December 2004), which calls for better coherence and coordination between United Nations entities at country level and for the simplification and harmonization of their rules and procedures;

¹ Document A58/40.
Taking note of the Rome Declaration on Harmonisation (2003) and of the Paris Declaration on aid effectiveness, ownership, harmonization, alignment, results and mutual accountability (2005);

Willing to ensure a more effective use of human and financial resources at country level, avoiding in particular duplication of activities within the United Nations development system and the Bretton Woods institutions;

Noting the preliminary work under way at WHO on ownership, alignment, harmonization and results, WHO’s active role as a member of the United Nations Development Group, and its efforts to strengthen country-level response in accordance with its mandate and through its country focus policy;

Underlining the importance of applying the “Three Ones” principle launched by UNAIDS and approved in resolution WHA57.14,

1. URGES Member States to ensure that operational development activities are planned and implemented in dialogue with, and under the stewardship of, the national government and in conformity with its priorities, while being aware of the coordinated efforts of bodies of the United Nations system carried in the context of the United Nations Development Assistance Framework;

2. REQUESTS the Director General:

(1) to ensure that WHO continues to implement country-level activities in accordance with Member States’ priorities, as agreed by the governing bodies, and to coordinate the activities of WHO with those of other organizations of the United Nations system and, where appropriate, with other relevant actors working to improve health outcomes;

(2) to ensure that WHO staff and programmes at headquarters, and regional and country offices adhere to the international harmonization and alignment agenda, as reflected inter alia in the Rome Declaration and Paris Declaration, and actively participate in the preparation and implementation of the United Nations Development Framework, working closely with other members of the United Nations country team and in close collaboration with the United Nations Resident Coordinator at country level, in order to ensure coherence and efficiency;

(3) to take into account the Triennial comprehensive policy review of operational activities for development of the United Nations system, including gender mainstreaming and the promotion of gender equality, in order to guide WHO actions at country level, and to participate actively in examination of the Triennial comprehensive policy review at the Economic and Social Council and at the United Nations General Assembly;

(4) in particular, to examine ways and take specific steps to further rationalize procedures and reduce transaction costs as outlined in Chapter 4, paragraph 36, of United Nations General Assembly resolution 59/250;

(5) to submit to the Fifty-ninth World Health Assembly, through the Executive Board, an interim report on progress in implementing this resolution and, to the Sixty-first World Health Assembly, a comprehensive analysis of WHO’s contribution to implementation of United Nations General Assembly resolution 59/250, in particular the alignment of WHO’s operational development activities at country level with those of the United Nations system and the impact of such a coordination effort on aid effectiveness and its monitoring.
Agenda item 13.14

Public health problems caused by harmful use of alcohol

The Fifty-eighth World Health Assembly,

Reaffirming resolutions WHA32.40 on development of the WHO programme on alcohol-related problems, WHA36.12 on alcohol consumption and alcohol-related problems: development of national policies and programmes, WHA42.20 on prevention and control of drug and alcohol abuse, WHA55.10 on mental health: responding to the call for action, WHA57.10 on road safety and health, WHA57.16 on health promotion and healthy lifestyles and WHA57.17 on the Global Strategy on Diet, Physical Activity and Health;

Recalling The world health report 2002,1 which indicated that 4% of the burden of disease and 3.2% of all deaths globally are attributed to alcohol, and that alcohol is the foremost risk to health in low-mortality developing countries and the third in developed countries;

Recognizing that the patterns, context and overall level of alcohol consumption influence the health of the population as a whole, and that harmful drinking is among the foremost underlying causes of disease, injury, violence – especially domestic violence against women and children – disability, social problems and premature deaths, is associated with mental ill-health, has a serious impact on human welfare affecting individuals, families, communities and society as a whole, and contributes to social and health inequalities;

Emphasizing the risk of harm due to alcohol consumption, particularly, in the context of driving a vehicle, at the workplace and during pregnancy;

Alarmed by the extent of public health problems associated with harmful consumption of alcohol and the trends in hazardous drinking, particularly among young people, in many Member States;

Recognizing that intoxication with alcohol is associated with high-risk behaviours, including the use of other psychoactive substances and unsafe sex;

Concerned about the economic loss to society resulting from harmful alcohol consumption, including costs to the health services, social welfare and criminal justice systems, lost productivity and reduced economic development;

Recognizing the threats posed to public health by the factors that have given rise to increasing availability and accessibility of alcoholic beverages in some Member States;

Noting the growing body of evidence of the effectiveness of strategies and measures aimed at reducing alcohol-related harm;

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Mindful that individuals should be empowered to make positive, life-changing decisions for
themselves on matters such as consumption of alcohol;

Taking due consideration of the religious and cultural sensitivities of a considerable number of
Member States with regard to consumption of alcohol, and emphasizing that use of the word
“harmful” in this resolution refers only to public-health effects of alcohol consumption, without
prejudice to religious beliefs and cultural norms in any way,

1. REQUESTS Member States:
   (1) to develop, implement and evaluate effective strategies and programmes for reducing the
       negative health and social consequences of harmful use of alcohol;
   (2) to encourage mobilization and active and appropriate engagement of all concerned social
       and economic groups, including scientific, professional, nongovernmental and voluntary bodies,
       the private sector, civil society and industry associations, in reducing harmful use of alcohol;
   (3) to support the work requested of the Director-General below, including, if necessary,
       through voluntary contributions by interested Member States;

2. REQUESTS the Director-General:
   (1) to strengthen the Secretariat’s capacity to provide support to Member States in
       monitoring alcohol-related harm and to reinforce the scientific and empirical evidence of
       effectiveness of policies;
   (2) to consider intensifying international cooperation in reducing public health problems
       caused by the harmful use of alcohol and to mobilize the necessary support at global and
       regional levels;
   (3) to consider also conducting further scientific studies pertaining to different aspects of
       possible impact of alcohol consumption on public health;
   (4) to report to the Sixtieth World Health Assembly on evidence-based strategies and
       interventions to reduce alcohol-related harm, including a comprehensive assessment of public
       health problems caused by harmful use of alcohol;
   (5) to draw up recommendations for effective policies and interventions to reduce alcohol-
       related harm and to develop technical tools that will support Member States in implementing
       and evaluating recommended strategies and programmes;
   (6) to strengthen global and regional information systems through further collection and
       analysis of data on alcohol consumption and its health and social consequences, providing
       technical support to Member States and promoting research where such data are not available;
   (7) to promote and support global and regional activities aimed at identifying and managing
       alcohol-use disorders in health-care settings and enhancing the capacity of health-care
       professionals to address problems of their patients associated with harmful patterns of alcohol
       consumption;
(8) to collaborate with Member States, intergovernmental organizations, health professionals, nongovernmental organizations and other relevant stakeholders to promote the implementation of effective policies and programmes to reduce harmful alcohol consumption;

(9) to organize open consultations with representatives of industry and agriculture and trade sectors of alcoholic beverages in order to limit the health impact of harmful alcohol consumption;

(10) to report through the Executive Board to the Sixtieth World Health Assembly on progress made in implementation of this resolution.