

Fourth report of Committee B

(Draft)

Committee B held its sixth and seventh meetings on 23 May 2011 under the chairmanship of Dr Maria Teresa Valenzuela (Chile) and Mr Zangley Dukpa (Bhutan).

It was decided to recommend to the Sixty-fourth World Health Assembly the adoption of the attached two resolutions relating to the following agenda items:

- 13. Technical and health matters
 - 13.14 Child injury prevention
 - One resolution
 - 13.16 Youth and health risks
 - One resolution

Agenda item 13.14

Child injury prevention

The Sixty-fourth World Health Assembly,

Recalling resolution WHA57.10 on road safety and health, which affirmed that road traffic injuries constitute a major public health problem that required coordinated international efforts;

Recalling also that the Health Assembly in resolution WHA57.10 accepted the invitation by the United Nations General Assembly for WHO to act as a coordinator on road safety issues within the United Nations system, working in close collaboration with the United Nations regional commissions;

Further recalling resolution WHA60.22 on health systems: emergency-care systems, which recognized that improved organization and planning for provision of trauma and emergency care is an essential part of integrated health-care delivery, and resolution WHA58.23 on disability, including prevention, management and rehabilitation, which urged Member States to take all necessary steps for the reduction of risk factors contributing to disabilities in childhood;

Acknowledging the responsibilities to ensure safety in the care and protection of children affirmed in the Convention on the Rights of the Child (1989), in the International Labour Organization Convention 182 (1999) and in the International Labour Organization Convention 138 (1973), and further acknowledging the responsibilities to protect persons with disabilities set out in the Convention on the Rights of Persons with Disabilities (2006) particularly in developing, low- and middle-income countries where there exists a significant burden of child injuries;

Recognizing that child injuries are a major threat to child survival and health, that they are a neglected public health problem with significant consequences in terms of mortality, morbidity, quality of life, social and economic costs, and that in the absence of urgent action this problem will hamper attainment of the Millennium Development Goals, particularly in developing, low- and middle-income countries, where there exists a significant burden of child injuries;

Recognizing that the leading causes of child death from unintentional injury include road traffic injury, drowning, fire-related burns, falls and poisoning. In some regions of the world, drowning is responsible for about half of total child injury deaths; context-specific preventive measures including safe environment, safety products, safety management and awareness raising are crucial;

Further recognizing that multisectoral approaches to preventing child injuries and limiting their consequences through implementation of evidence-based interventions have resulted in dramatic and sustained reductions in child injury in countries that have made concerted efforts;

Welcoming the joint WHO/UNICEF *World report on child injury prevention*¹ and its recommendations for public health policy and programming;

¹ *World report on child injury prevention*, Geneva, World Health Organization, and New York, United Nations Children's Fund, 2008.

Considering that existing programmes on child survival and child health and development should introduce child injury prevention strategies, ensuring these are an integrated part of child health services, and that the success of child health programmes should not only be gauged by the use of traditional measures of infectious disease mortality but also by indicators of fatal and non-fatal injury,

1. URGES Member States:

- (1) to prioritize the prevention of child injury among child issues and ensure that intersectoral coordination mechanisms necessary to prevent child injury are established or strengthened;
- (2) to continue and, if necessary, to strengthen the fulfilment of their obligations under the Convention on the Rights of the Child (1989) to respect, protect and fulfil the rights of children to the highest attainable standard of health and to take all appropriate legislative, administrative, social and educational measures to protect children from injury;
- (3) to ensure that funding mechanisms for relevant programmes, including health programmes, cover child injury and prevention, emergency care, pre-hospital care, treatment and rehabilitation services;
- (4) to implement, as appropriate, the recommendations of the WHO/UNICEF *World report on child injury prevention*, including, if not already in place, the assignation of a leadership role to a government agency or unit for child injury prevention and the appointment of a focal person for injury prevention, ensuring that such leadership facilitates collaboration between relevant sectors of government, communities and civil society; and, according to national needs, the key strategies identified in the *World report* as effective interventions for preventing child injury; and to monitor and evaluate the impact of these interventions;
- (5) to integrate child injury prevention in national child development programmes and in other relevant programmes, and to establish multisectoral coordination and collaboration mechanisms, in particular ensuring that prevention of child injury is accorded appropriate importance within programmes for child survival and health;
- (6) to ensure that national data collection across relevant sectors or surveillance systems quantifies the demographic, socioeconomic and epidemiological profile of the burden of, risk factors for, and costs of child injury, and to assure that the resources available are commensurate with the extent of the problem;
- (7) to develop and implement a multisectoral policy and plan of action, where necessary, that contain realistic targets for child injury prevention and include promotion of standards and codes on the prevention of child labour, as well as on legal adolescent employment, product safety, school and play spaces, transportation, construction regulations and laws, and that either stand alone, or are incorporated within the national child health policy or plan;
- (8) to enforce and, if necessary, strengthen the existing laws and regulations relevant to the prevention of child injury;
- (9) to strengthen emergency and rehabilitation services and capacities, including first-response teams, acute pre-hospital care, management at health facilities, and suitable rehabilitation programmes for injured or disabled children;

(10) to define priorities for research, taking into consideration the WHO/UNICEF *World report on child injury prevention*, and working closely with research and development communities, including relevant manufacturers and distributors of safety products;

(11) to raise awareness and health literacy, in particular on child safety among parents, children, employers and relevant professional groups, as well as all members of the society, about risk factors for child injury, especially transport, including the use of “cell” phones and other such mobile devices while driving, workplace hazards, water and fire hazards, and lack of child supervision and protection of children, and to advocate dedicated child injury prevention programmes;

2. REQUESTS the Director-General:

(1) to collaborate with Member States in improving data collection and analysis systems for child injuries and in establishing science-based public health policies and programmes for preventing and mitigating the consequences of child injury;

(2) to collaborate with organizations of the United Nations system, international development partners and nongovernmental organizations to establish a network to ensure effective coordination and implementation of activities for child injury prevention in low- and middle-income countries;

(3) to encourage research that expands the evidence base for interventions to prevent child injuries and mitigate their consequences, and that evaluates the effectiveness of such interventions through collaborating centres and other partners, including translation into affordable safety products, policy interventions and effective implementation;

(4) to facilitate the adaptation and transfer of knowledge on measures and instruments to prevent child injury, from developed to developing settings;

(5) to support Member States in developing and implementing child injury prevention measures;

(6) to provide additional support to national injury prevention focal persons by organizing regular global and regional meetings and providing technical assistance;

(7) to provide technical support for strengthening systems and capacities for emergency and rehabilitation services;

(8) to collaborate with Member States, organizations in the United Nations system, and international development partners and nongovernmental organizations in order to mobilize resources and to augment the capacities needed to prevent child injury and undertake related rehabilitation programmes; to organize advocacy activities for governments of Member States; and to raise awareness that, in the absence of urgent action, this problem will hamper attainment

of the Millennium Development Goals, particularly in developing, low- and middle-income countries where there exists a significant burden of child injuries;¹

(9) to invest more in building institutional and individual capacities among Member States so that they are able to develop cost-effective interventions at national and subnational levels;

(10) to report progress made in implementing this resolution, through the Executive Board, to the Sixty-seventh World Health Assembly.

¹ Note from WHO Secretariat: The *World report on child injury prevention* provides the following data. Mortality for under 20 year-olds in the South-East Asia and African regions combined totalled 558 000 deaths out of the total of 950 366 deaths reported worldwide.

Agenda item 13.16

Youth¹ and health risks

The Sixty-fourth World Health Assembly,

Having considered the report on youth and health risks,² which highlights the immediate and long-term effects of health risks on young people;

Recalling the resolutions that directly address young people: WHA38.22 on maturity before childbearing and promotion of responsible parenthood; WHA42.41 on the health of youth; WHA56.21 on the strategy for child and adolescent health and development, WPR/RC39.R12 Rev.1 on adolescent health; EM/RC43/R.11 on health education of adolescents; AFR/RC51/R3 on adolescent health: a strategy for the African Region; EUR/RC55/R6 on the European strategy for child and adolescent health and development; and CD48.R5 on the Pan American regional strategy for improving adolescent and youth health;

Recalling the right of everyone, including adolescents and youth, to the enjoyment of the highest attainable standard of physical and mental health, also recalling the International Covenant on Economic, Social and Cultural Rights, the United Nations Convention on the Rights of the Child, the United Nations Convention on the Elimination of All forms of Discrimination against Women and other international and regional human rights instruments, and emphasizing the need to promote the equality of young women and men and respect for diversity;

Recognizing that health is not only the absence of disease or infirmity, but a state of complete physical, mental and social well-being as articulated in the Constitution of the World Health Organization;

Acknowledging the fact that the 1800 million young people globally – one quarter of all people living in the world are between the ages of 10 and 24 years – make up the largest cohort in history, thereby representing an extraordinary opportunity to shape the world's social, economic and health futures;

Recognizing that the 2.6 million annual deaths among young people are generally preventable and that their current health behaviours and conditions can compromise both their existing and future health as well as the health of future generations;

Mindful that heterogeneity of the youth population and their circumstances renders some young people, for example adolescent girls, more vulnerable than others to negative health outcomes;

Emphasizing the importance of promoting healthy lifestyles, such as participation in physical activity and sport, eating a healthy diet, and physical education, for young people;

¹ WHO defines adolescents as between 10 and 19 years old and young people as 10–24 years of age. The United Nations defines youth as those persons between 15 and 24 years.

² Document A64/25.

Acknowledging the attention given to young people in resolutions dealing with the population at large: the WHO Framework Convention on Tobacco Control (resolution WHA56.1); the Global strategy to reduce the harmful use of alcohol (resolution WHA63.13); the Global strategy on diet, physical activity and health (resolution WHA57.17); the recommendations on the marketing of foods and non-alcoholic beverages to children (endorsed in resolution WHA63.14); the action plan for the global strategy for the prevention and control of noncommunicable diseases (resolution WHA61.14); the strategy on reproductive health (resolution WHA57.12), the UNAIDS strategy in HIV for 2011–2015; the global strategy for the prevention and control of sexually transmitted infections (resolution WHA59.19); the global health sector strategy for HIV, 2011–2015; and the United Nations Decade of Action for Road Safety, 2011–2020; resolution WHA60.22 on health systems: emergency-care systems; and the recommendations contained in the *World report on violence and health* that were taken note of in resolution WHA56.24;

Recognizing the roles of the organizations and programmes in the United Nations system, such as ILO, UNESCO, UNICEF, UNHCR, UNFPA, and UNAIDS, and the International Organization for Migration, to address youth health risks and in influencing the determinants of youth health;

Taking note of the importance of addressing social determinants of youth health, social protection mechanisms that ensure the social inclusion, education and employment of youth, and the Guanajuato Declaration, resulting from the World Youth Conference (Leon, Guanajuato, Mexico, 25–27 August 2010) and which called for increased investments in policies and programmes across sectors and national development plans, with the meaningful participation of young people, following the World Programme of Action for Youth to the Year 2000 and beyond (United Nations General Assembly resolution 50/81);

Cognizant that the United Nations' World Programme for Action on Youth to the Year 2000 and beyond (United Nations General Assembly resolution 50/81) encourages governments to develop comprehensive sexual and reproductive health-care services and provide young people with age-appropriate access to those services including, inter alia, education and services in family planning as set out in the programmes of action from the International Conference on Population and Development (1994), the World Summit for Social Development (1995) and the Fourth World Conference on Women (1995); ensuring that adolescents have age-appropriate information about, access to and the choice of the widest possible range of safe, effective modern methods of family planning; and to provide adolescents with comprehensive education on human sexuality, on sexual and reproductive health and gender equality so as to enable them to deal in a positive and responsible way with their sexuality;

Mindful that meeting indicators and targets related to young people are crucial for attaining six of the eight Millennium Development Goals (Goals 1, 2, 3, 4, 5 and 6), and that paying specific attention to young people contributes to achieving the aims of recent global health initiatives such as the United Nations Secretary General's Global Strategy for Women's and Children's Health and UNAIDS' Universal access to HIV/AIDS prevention, treatment, care and support;

Recognizing the opportunities to pay specific attention to the health needs of adolescents and youth during the forthcoming United Nations General Assembly high-level meetings on HIV/AIDS, on youth and on the Prevention and Control of Noncommunicable Diseases;

Acknowledging the capacity of young people to participate and lead in health and development and the leadership they demonstrate in using and developing innovative technologies to meet global and local challenges to their health and development,

1. REAFFIRMS WHO's strategies that address the major health risks facing youth and include specific interventions for this age group;
2. URGES Member States, in accordance with their national laws and regulations, to accelerate action, as appropriate, and develop policies and plans to address the main determinants of health affecting young people, including health-related behaviours and their impact on health at later stages in life by:
 - (1) adopting national health policies and strategies that contain specific targets and indicators on relevant determinants including assets, and outcomes of youth health and well-being;
 - (2) reviewing and revising policies in health and other areas with a view to including measures to protect young people from harm (e.g. early child-bearing, sexual exploitation and violence, use of illicit substances and tobacco, harmful use of alcohol, lack of physical activity, unhealthy diet and obesity, road traffic and other injuries, and mental health problems);
 - (3) reviewing and revising policies in health and other areas to eliminate all forms of discrimination experienced by youth;
 - (4) putting in place systems for health management information and vital registration that provide up-to-date age- and sex-specific data, given the existing gap in the data regarding young people's health;
 - (5) promoting the responsiveness of the health system to adolescents' needs, including health workforce development and financing in order to remove barriers to access to youth-friendly health-care services;
 - (6) providing access to contraception; reproductive health-care services; prevention, treatment and care of HIV/AIDS and sexually transmitted infections and associated support; mental health services; and trauma care;
 - (7) promoting access to accurate information and evidence-based approaches that promote healthy behaviour, for example health information on sexual and reproductive health;
 - (8) promoting collaboration across sectors at all levels on young people's health including aspects related to health in sectors such as education, social inclusion, social and physical environments, employment, and the media and with civil society organizations and the private sector, as appropriate;
 - (9) involving different actors, such as families, communities and youth themselves, in addressing determinants and health risks of young people, and mobilizing stakeholders in order to detect and help young people at risk or with a disadvantaged background;
 - (10) supporting the role of young people, with special attention to youth organizations, with a view to facilitating young people's empowerment and participation in influencing their environments and shaping public policy;
3. ENCOURAGES multilateral and bilateral donors, international financial institutions and international development partners to support Member States to carry out these efforts including through the provision of financial and technical support, as appropriate;

4. REQUESTS the Director-General:

- (1) to ensure appropriate Organizational priority, commitment, effective coordination and adequate resources in order to specify further and expand the implementation of existing strategies as they apply to young people and to regularly monitor the results for adolescents' health;
- (2) to address the health risks of adolescents and young people in the next Medium-term strategic plan across programmes and levels of the Organization in order to provide sufficient technical support to Member States;
- (3) to identify knowledge gaps and facilitate research that will strengthen the evidence base needed to establish, deliver and monitor effective and age- and gender-appropriate programmes for adolescents and youth;
- (4) to continue to collaborate, as appropriate, with organizations in the United Nations system and civil society, and the private sector that have a bearing on young people's health;
- (5) to strengthen the Organization's capacity to provide sufficient technical support on youth health to Member States, in particular health authorities, including strengthening capacity of WHO centres such as the WHO Mediterranean Centre for Health Risk Reduction;
- (6) to promote the participation and empowerment of young people as key stakeholders in health development, including in the work of the Organization;
- (7) to periodically report on the health of young people and the implementation of this resolution to the World Health Assembly, through the Executive Board, with the first occasion being the Sixty-seventh World Health Assembly.

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