



Progress reports on technical and health matters

Report by the Secretariat

CONTENTS

	Page
A. Control of human African trypanosomiasis (resolution WHA57.2) ¹	
B. Strengthening nursing and midwifery (resolution WHA59.27).....	2
C. International trade and health (resolution WHA59.26).....	3
D. Health promotion in a globalized world (resolution WHA60.24)	5
E. Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12) ¹	
F. Infant and young child nutrition: biennial progress report (resolution WHA58.32) ¹	
Action by the Health Assembly	6

¹ Contained in document A61/17 Add.1.

B. STRENGTHENING NURSING AND MIDWIFERY (resolution WHA59.27)

1. In resolution WHA59.27, the Health Assembly “recognized the crucial contribution of the nursing and midwifery professions to health systems, to the health of the people they serve, and to efforts to achieve the internationally agreed health-related development goals ... and the goals of WHO’s priority programmes”. This report summarizes progress made as a result of collaborative efforts between WHO and international, regional and national partners.
2. A global survey on monitoring the strategic directions has, to date, been carried out in 77 countries. Fifty-three countries have nursing plans and 39 have midwifery plans; regional strategic frameworks on strengthening nursing and midwifery have been developed in all WHO regions. The Secretariat is supporting the creation of human resources for health observatories in four WHO regions.
3. WHO’s Global Advisory Group on Nursing and Midwifery is working on indicators and development of care models, and is providing technical support on planning and implementation of regional capacity-building efforts. It has made several recommendations to the Director-General.
4. Vacant nursing and midwifery posts have been filled at headquarters and at regional level. The Regional Office for Africa has recently recruited nurses and midwives for HIV/AIDS work in each of the intercountry support teams for the different blocks of countries.
5. Regional health workforce approaches have been developed since 2006: the Regional Office for the Western Pacific has developed a regional strategy; at the Regional Office for Africa, an inter-ministerial consultation in March 2007 agreed on priority action areas; and Member States in the Region of the Americas have agreed to increase the number of nurses and midwives to that of physicians by 2015.
6. Following the publication of the results of a global survey of the availability, education, training and role of nurses in mental health in September 2007,¹ WHO moderated a two-week web-based global discussion on the key messages set out in the publication.
7. A global consultation (Islamabad, 4–6 March 2007), culminated in the Declaration on Strengthening Nursing and Midwifery. It outlined the principles for building workforce capacity, ensuring appropriate skills, and achieving a positive workplace environment.
8. Attended by experts from 13 countries, a consensus meeting (Bangkok, 6–8 December 2006) agreed on core elements for basic nursing and midwifery education standards, on the basis of a comprehensive literature review. In WHO regions, initiatives related to scaling up the workforce are taking place.
9. Since January 2007, the WHO Technical Working Group on Migration, together with the Global Health Workforce Alliance and the nongovernmental organization Realizing Rights, has been conducting an analysis of existing codes of practice, bilateral agreements, and memoranda of understanding, in order to develop a framework for a global code of practice.

¹ *Atlas: Nurses in mental health*. Geneva, World Health Organization, 2007.

10. Members of the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development are working towards achieving the Millennium Development Goals, such as those relating to HIV/AIDS, and maternal and child health. They are also involved in work related to disaster settings.
11. Preliminary results of a study on the health workforce's contribution to achieving the Millennium Development Goals strongly suggest that a higher ratio of nurses to population is directly related to lower rates of HIV infection in the population, even when the ratio of physicians is higher than that of nurses and midwives. The Secretariat is exploring ways of expanding the roles of nurses and midwives in HIV/AIDS and other high-priority programmes.
12. Results of an ongoing four-country study will serve as the basis for the development of a seven-point framework for retention of the health workforce. *The world health report 2006*¹ emphasized the value of teamwork in education and delivery of health services, and as a follow-up, the Global Study Group on Inter-professional Education, Collaborative Practice and System-level support structures, representing 30 professions, was launched on 11 September 2007.
13. The Secretariat continues to provide technical support to Member States in developing their national plans, and is working with them in preparing a global programme of work for 2008–2009 on expanding nursing and midwifery capacity in order to contribute to the achievement of the health-related Millennium Development Goals. Global meetings are scheduled in the first part of 2008 in order to elicit additional input from nursing and midwifery leaders on how to expand the roles of nurses and midwives in WHO's programmes.
14. The Executive Board at its 122nd session in January 2008 noted an earlier version of the above progress report.²

C. INTERNATIONAL TRADE AND HEALTH (resolution WHA59.26)

15. Resolution WHA59.26 requested the Director-General to provide support to Member States in their efforts to frame coherent policies to address the relationship between trade and health; to support Member States' efforts to build the capacity to understand the implications of international trade and trade agreements for health; and to continue collaborating with the competent international organizations in order to support policy coherence between trade and health sectors.
16. The Secretariat has responded in three main ways. First, it carried out analysis and research in order to provide better information for policy decisions, negotiations and priority setting. Among other activities, the Regional Office for the Eastern Mediterranean has adapted an analytical framework on international trade in health services and the General Agreement on Trade in Services for 10 countries, and held a regional consultative meeting on the subject (Rabat, 30 May – 1 June 2006). At its fifty-sixth session, the Regional Committee for Africa adopted a resolution on poverty, trade and health: an emerging development issue.³

¹ *The world health report 2006: Working together for health*. Geneva, World Health Organization, 2006.

² See document EB122/2008/REC/2, summary record of the tenth meeting, section 2.

³ Resolution AFR/RC56/R4.

17. A draft legal review of the General Agreement on Trade in Services from a health policy perspective has been completed. Work is in progress on similar legal reviews of the Agreement on the Application of Sanitary and Phytosanitary Measures and the Agreement on Technical Barriers to Trade.

18. The *Bulletin of the World Health Organization* in the May 2006 issue (volume **84**(5)) focused on intellectual property rights and public health, and papers in the March 2007 issue (volume **85**(3)) discussed health, foreign policy and trade. Technical briefing papers on intellectual property rights and access to medicines are being prepared.

19. At its second session (Bangkok, 30 June – 6 July 2007), the Conference of the Parties to the WHO Framework Convention on Tobacco Control decided to establish an intergovernmental negotiating body to draft and negotiate a protocol on illicit trade in tobacco products.¹ The Negotiating Body's first session was held in Geneva from 11 to 15 February 2008.

20. The Secretariat's second main response was developing tools and training materials, and holding training workshops. The Regional Office for the Eastern Mediterranean has, with UNDP and Third World Network, begun a project on intellectual property protection and HIV/AIDS. The project focuses on assessing national regimes with regard to intellectual property rights, infrastructure and procedures at the country level. An assessment tool has been developed and is being tested throughout the Region.

21. WHO contributes a module on international trade in health services for the World Bank Institute's annual e-learning course on trade in services and international agreements. Several other courses were held, including, in Geneva, the WHO annual training course on health policy in a globalizing world, with input from WTO on the trade and health module. Various regional training courses on intellectual property were also held. WHO has also contributed a chapter on trade in health services in the World Bank's Handbook of International Trade in Services (published in November 2007).

22. WHO is working with the World Bank, WIPO, WTO, UNCTAD, international experts and trade and health policy makers from 10 countries on a diagnostic tool kit and companion workbook on trade and health (due to be completed in 2008). An interregional meeting was held in the Regional Office for South-East Asia (New Delhi, 6–7 March 2007) in order to present preliminary findings of four country assessments. This work adopts a more systematic and broader approach to the linkages between trade and health.

23. Meeting country requests for support in specific trade and health issues was the focus of the third set of responses. Major actions included joint trade and health missions to Malaysia with WTO on liberalization of health services and to Viet Nam on accession to that body; support from the Regional Office for Africa to 21 of the Member States in the African Region in pursuing preliminary studies on trade in health services; and continued support to Member States in preparing grant applications for projects related to increased tobacco taxes and earmarking in the context of the Bloomberg Global Initiative to Reduce Tobacco Use.

24. The Executive Board at its 122nd session noted the progress report.

¹ Decision FCTC/COP2(12).

D. HEALTH PROMOTION IN A GLOBALIZED WORLD (resolution WHA60.24)

25. The resolution called on the Director-General, among other things, to carry out seven key actions. The Organization's response, in support of the continued operationalization of health promotion, is described below.

26. In terms of strengthening the capacity for health promotion across the Organization, all WHO regions have some health promotion staff at country level, and the Regional Office for Africa has designated staff in each country office. It is intended to strengthen health promotion capacity at WHO country offices in the biennium 2008–2009.

27. In response to the request to provide support to Member States to strengthen national health systems, health promotion will make a difference to health only if it is implemented with sustainable structures, financing and trained staff. To this end:

- the Regional Office for Europe is working with Member States to strengthen their health-promoting activities (at individual and societal levels) within its overall strategy for strengthening health systems;
- the Health Promotion Leadership and Management Development programme was directly associated with the creation of the health promotion board or foundation in Malaysia, Mongolia and Tonga;
- the Regional Office for the Eastern Mediterranean has launched a short course in health promotion for mid-level managers (Amman, 4–6 December 2007);
- the Secretariat collaborated with the International Union for Health Promotion and Education in developing health promotion evaluation tools and training in their use;
- the Regional Office for Africa is reviewing health promotion in the national health systems of about half its Member States and strengthening their capacity for health promotion;
- a study has been started at headquarters and regional offices on ways to strengthen the country support function for health promotion in WHO country offices.

28. Related to the call for optimizing the use of existing forums of Member States, two health promotion forums for parliamentarians were held in 2007: in the Eastern Mediterranean Region (Cairo, 13–14 May 2007) and in the South-East Asia Region (Bali, Indonesia, 8–9 October 2007). WHO and the United Nations Human Settlements Programme are working to put health high on the agenda of local city leaders.

29. With regard to encouraging the convening of conferences, several have been held in various WHO regions, notably the nineteenth world conference of the International Union for Health Promotion and Education (Vancouver, British Columbia, Canada, 10–15 June 2007). WHO provided scholarships for developing country participants, convened a school health meeting in conjunction with the conference, and held a one-day workshop after the conference on joint planning with the International Union.

30. Three steps have been taken to monitor progress, identify major shortcomings, and report regularly: drafting of a global framework for the promotion of health was started at an expert meeting

(London, 3–6 July 2007);¹ development of benchmarks and performance management tools in the implementation of the Bangkok Charter was begun at a meeting (New Delhi, 12–14 November 2007); and capacity of health promotion systems was assessed, with meetings in all regions.

31. In order to facilitate exchange of information with international non-health forums, a policy paper on financing health promotion was presented at the first World Social Security Forum (Moscow, 10–15 September 2007). A presentation was made at the fifth triennial Education International World Congress (Berlin, 22–26 July 2007) arguing that WHO's current collaboration with teachers' representatives could be expanded to cover wider determinants of health and the promotion of social health insurance.

32. In terms of advocating political and socioeconomic policies that impact positively on health, a meeting organized in collaboration with other United Nations bodies (Vancouver, British Columbia, Canada, 5–8 June 2007) produced a "call for action on school health, education and development". In the Region of the Americas, an Ibero-American technical meeting (Brasília, 29–30 October 2007) used this declaration as part of the justification for building strategic alliances between the education and health sectors in order to advance attainment of the relevant Millennium Development Goals.

33. The draft global framework for the promotion of health will be used in setting the direction for the 2008–2009 biennium. At July's expert meeting in London (see paragraph 30 above), the framework's components were classified into four domains: addressing development and determinants, meeting the needs of individuals and communities, strengthening health systems, and building health promotion capacity. Wider consultation started in the last quarter of 2007.

ACTION BY THE HEALTH ASSEMBLY

34. The Health Assembly is invited to note the progress reports.

= = =

¹ The process of consultation on the global framework continues; the final version is expected to be launched later in the year.