

## **Third report of Committee A**

**(Draft)**

Committee A held its ninth meeting on 23 May 2008 under the chairmanship of Dr Francesco Cicogna (Italy).

It was decided to recommend to the Sixty-first World Health Assembly the adoption of the attached resolution relating to the following agenda item:

11. Technical and health matters

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

One resolution

11.7 Global immunization strategy

One resolution

11.8 Female genital mutilation

One resolution

11.9 Health of migrants

One resolution

## Agenda item 11.5

### **Prevention and control of noncommunicable diseases: implementation of the global strategy**

The Sixty-first World Health Assembly,

Recalling resolutions WHA53.17 on the prevention and control of noncommunicable diseases and WHA60.23 on the prevention and control of noncommunicable diseases: implementation of the global strategy;

Reaffirming its commitment to the aim of the global strategy for the prevention and control of noncommunicable diseases<sup>1</sup> to reduce premature mortality and improve quality of life;

Reaffirming also its commitment to addressing key risk factors for noncommunicable diseases through the implementation of the WHO Framework Convention on Tobacco Control, adopted by the Health Assembly in 2003 (resolution WHA56.1) and the global strategy on diet, physical activity and health, endorsed by the Health Assembly in 2004 (resolution WHA57.17) and the evidence-based strategies and interventions to reduce the public health problems caused by the harmful use of alcohol (resolution WHA58.26);

Deeply concerned that the global burden of noncommunicable diseases continues to grow, in particular in low-income and middle-income countries, and convinced that global action is necessary, including by effectively addressing the key risk factors for noncommunicable diseases;

Reaffirming the leadership role of WHO in promoting global action against noncommunicable diseases, and the need for WHO to continue to cooperate with regional and international organizations in order to reduce effectively the impact of noncommunicable diseases,

1. ENDORSES the action plan for the global strategy for the prevention and control of noncommunicable diseases;
2. URGES Member States:
  - (1) to strengthen national efforts to address the burden of noncommunicable diseases;
  - (2) to consider the proposed actions in the action plan for the prevention and control of noncommunicable diseases and implement relevant actions, in accordance with national priorities;

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<sup>1</sup> Document A53/14.

(3) to continue to implement the actions agreed by the Health Assembly in resolution WHA60.23 on the prevention and control of noncommunicable diseases: implementation of the global strategy;

(4) to increase provision of support to the work of the Secretariat to prevent and control noncommunicable diseases, including the implementation of the action plan;

(5) to give high priority to the implementation of the elements of the WHO Framework Convention on Tobacco Control;

3. REQUESTS the Director-General:

(1) to continue to give suitably high priority to the prevention and control of noncommunicable diseases and to consider within the framework of the Medium-term strategic plan 2008–2013 allocating a higher proportion of budget to their prevention and control, with a focus on the development of core capacity of the Member States and increased technical capacity of the WHO Secretariat;

(2) to report to the Sixty-third World Health Assembly, and subsequently every two years to the Health Assembly, through the Executive Board, on progress in implementing the global strategy on prevention and control of noncommunicable diseases and the action plan.

## Agenda item 11.7

### Global immunization strategy

The Sixty-first World Health Assembly,

Having considered the report on the global immunization strategy;<sup>1</sup>

Applauding the remarkable investments in human and financial resources made by Member States and partner agencies in support of vaccines and immunization as well as the launch of innovative financing mechanisms such as the International Finance Facility for Immunization, and the advance market commitment for a pneumococcal conjugate vaccine through the GAVI Alliance;

Recognizing the immense contribution that immunization has made to the control of the common communicable diseases in the countries where it has been effectively applied;

Recognizing that continued efforts are also required to strengthen surveillance of communicable diseases and ensure the quality of the production, management and administration of vaccines;

Recalling resolution WHA56.20 on reducing global measles mortality, and commending Member States' and their partners' success in exceeding the goal of reducing deaths worldwide due to measles by 50% by the end of 2005 compared with the 1999 level;

Commending also Member States' and their partners' progress in increasing the availability, affordability and uptake of hepatitis B vaccine worldwide;

Recognizing the availability of new and underutilized vaccines that could have significant impact on the health of the peoples of the world, including the achievement of the health-related Millennium Development Goals;

Encouraged by the progress in molecular biology and genetics that is accelerating the discovery and development of new vaccines and by the increasing number of developing-country manufacturers producing vaccines that meet WHO requirements for vaccines of assured quality;

Concerned that many developing countries are not on track to meet the internationally agreed targets in the health-related Millennium Development Goals, particularly the target of reducing the under-five mortality rate;

Concerned that there are insufficient resources available for introduction of new and underutilized vaccines, especially in low-income and middle-income countries, and given the costs related to procurement and introduction of these vaccines, and taking into account the need to expand the number of manufacturers, particularly in developing countries, that can produce to the standards

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<sup>1</sup> Document A61/10.

required to attain and maintain WHO-prequalification and to create a competitive market place for these vaccines;

Stressing the vital role that vaccine and immunization programmes can play in reducing under-five mortality and in facilitating the delivery of a package of life-saving interventions,

1. URGES Member States:

(1) to review national strategy and programme performance, to identify areas for improvement and to implement fully the strategy for reducing measles mortality in order to achieve the goal set in the Global Immunization Vision and Strategy 2006–2015 of a 90% reduction in the global measles mortality rate between 2000 and 2010;

(2) to enhance efforts to improve delivery of high-quality immunization services in order to achieve the target of equitable coverage of at least 80% in all districts by 2010 set in the Global Immunization Vision and Strategy 2006–2015;

(3) to stimulate rapid introduction and uptake of life-saving vaccines into national immunization schedules in accordance with national priorities and to expand coverage of these vaccines in order to accelerate the achievement of the health-related Millennium Development Goals;

(4) to further expand access to, and coverage of, available, affordable and cost-effective new life-saving vaccines of assured quality and desired efficacy, while maintaining efforts to strengthen regular vaccination programmes in accordance with the burden of disease and national priorities, for all target populations in order to accelerate the achievement of the health-related Millennium Development Goals, and to promote and strengthen long-term financial and programmatic sustainability;

(5) to develop, strengthen and/or maintain surveillance systems for vaccine-related adverse events, linked with systems for monitoring compliance with safe injection practices;

(6) to strengthen efforts to protect, promote and support early and effective breastfeeding, in order to boost the development of infants' overall immune systems;

(7) to strengthen surveillance systems for vaccine-preventable diseases and monitoring of vaccination programmes;

2. REQUESTS the Director-General:

(1) to work and increase collaboration with Member States in order to sustain political commitment at all levels for achieving high immunization coverage rates with all available cost-effective vaccines;

(2) to collaborate with international partners and intergovernmental partners in order to provide technical support to expand the number of manufacturers, particularly in developing countries, that can meet the standards required to attain and maintain WHO-prequalification standards;

- (3) to collaborate with international partners, intergovernmental partners and donors as well as vaccine producers to mobilize necessary resources to support low-income and middle-income countries with the aim of increasing the supply of affordable vaccines of assured quality;
- (4) to work with UNICEF and the GAVI Alliance to build on existing international efforts and partnerships and facilitate the development of a consensus among developing and developed countries for meeting the financial gaps and other requirements for the attainment of the health-related Millennium Development Goals through immunization;
- (5) to take measures, as appropriate, to assist developing countries to establish and strengthen their capacity for vaccine research, development and regulation, for the purpose of improving the output of vaccine production with the aim of increasing the supply of affordable vaccines of assured quality;
- (6) to provide guidelines and technical support to Member States in order to establish integrated surveillance of adverse events following immunization and to minimize unnecessary vaccine-related adverse events;
- (7) to facilitate scientific, technical and financial investments in the research and development of safe and effective vaccines against poverty-related and neglected diseases;
- (8) to monitor progress towards achievement of global immunization goals and report on such progress to the Sixty-fourth World Health Assembly;
- (9) to accelerate the implementation of the global framework for vaccine-preventable disease surveillance and immunization programme monitoring, through the gathering of the comprehensive epidemiological data required to guide immunization programmes, and to strengthen national capacity for making evidence-based policy decisions to adopt new vaccines.

## **Agenda item 11.8**

### **Female genital mutilation**

The Sixty-first World Health Assembly,

Having considered the report on female genital mutilation;

Recalling resolution WHA47.10 on Maternal and child health and family planning: traditional practices harmful to the health of women and children;

Recalling the Beijing Declaration and Platform for Action of the Fourth World Conference on Women (Beijing, 1995), the Programme of Action of the International Conference on Population and Development (Cairo, 1994) and their five- and ten-year reviews as well as the United Nations Millennium Declaration 2000 and the commitments relevant to the girl child made at the United Nations General Assembly special session on children (2002), and in United Nations General Assembly resolution 60/1 on the 2005 World Summit Outcome, and affirming that all these outcomes constitute an essential framework for advancing the rights of women and girls and eliminating female genital mutilation;

Affirming that the International Covenant on Civil and Political Rights (1976), the Convention on the Elimination of All Forms of Discrimination against Women (1979) and the Convention on the Rights of the Child (1989), constitute an important contribution to the legal framework for the protection and promotion of the human rights of girls and women, and recognizing the importance African States attach to the African Charter on the Rights and Welfare of the Child (1990) and the Solemn Declaration on Gender Equality in Africa (2004) in this regard;

Recognizing the entry into force of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, adopted in Maputo on 11 July 2003, whose provisions on female genital mutilation mark a significant milestone towards the abandonment of this practice;

Recalling also the resolution of the United Nations Commission on the Status of Women<sup>1</sup> on ending female genital mutilation (March 2008);

Recognizing that female genital mutilation violates the human rights of girls and women including their right to the enjoyment of the highest attainable standard of physical and mental health;

Noting that, whereas there is evidence of decline in the practice, it is still widespread in some parts of the world, with an estimated 100 million to 140 million girls and women having undergone the practice and at least another three million being at risk of undergoing the practice every year;

Deeply concerned about the serious health consequences of female genital mutilation; the risk of immediate complications, which include severe pain, shock, haemorrhage, tetanus, sepsis, urine retention, ulceration of the genital region and injury to adjacent genital tissue; the long-term consequences, which include increased risk of maternal morbidity, recurrent bladder and urinary tract

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<sup>1</sup> Document E/CN.6/2008/L.2/Rev.1.

infection, cysts, infertility and adverse psychological and sexual consequences; and increased risk of neonatal death for babies born to mothers having undergone female genital mutilation;

Also concerned about emerging evidence of an increase in carrying out female genital mutilation by medical personnel in all regions where it is practised;

Emphasizing that concerted action is needed in sectors such as education, finance, justice and women's affairs as well as in the health sector, and that many different kinds of actor must be engaged, from governments and international agencies to nongovernmental organizations,

1. URGES all Member States:

- (1) to accelerate actions towards the elimination of female genital mutilation, including education and information necessary for full understanding of the gender, health and human rights dimensions of female genital mutilation;
- (2) to enact and enforce legislation to protect girls and women from all forms of violence, particularly female genital mutilation, and ensure implementation of laws prohibiting female genital mutilation by any person, including medical professionals;
- (3) to support and enhance community-based efforts to eliminate the practice of female genital mutilation, particularly ensuring men's and local leaders' participation in the process to eliminate the practice;
- (4) to work with all sectors of government, international agencies and nongovernmental organizations in support of the abandonment of the practice as a major contribution to attainment of the Millennium Development Goals on promoting gender equality and empowerment of women, reducing child mortality, and improving maternal health;
- (5) to formulate and promote guidelines for the care, particularly during childbirth, of girls and women who have undergone female genital mutilation;
- (6) to develop or reinforce social and psychological support services and care and to take measures to improve health, including sexual and reproductive health, in order to assist women and girls who are subjected to this violence;

2. REQUESTS the Director-General:

- (1) to increase support to Member States for implementing actions to advocate for the elimination of female genital mutilation and other forms of violence against girls and women;
- (2) to work with partners both within and outside the United Nations system to promote actions to protect the human rights of girls and women;
- (3) to increase support for research on different aspects of female genital mutilation in order, inter alia, to achieve its elimination;
- (4) to assist Member States with strengthening their health information systems for monitoring progress made towards elimination of female genital mutilation;
- (5) to report every three years, to the Health Assembly, through the Executive Board, on actions taken by the WHO Secretariat, Member States and other partners.



## Agenda item 11.9

### Health of migrants

The Sixty-first World Health Assembly,

Having considered the report on health of migrants;<sup>1</sup>

Recalling the United Nations General Assembly resolution 58/208 underlining the need for a high-level dialogue on the multidimensional aspects of international migration and development (New York, 23 December 2003);

Recalling the first plenary session of the United Nations General Assembly on migration issues and the conclusions of the High-level Dialogue on Migration and Development (New York, 14–15 September 2006) with their focus on ways to maximize the development benefits of migration and to minimize its negative impacts;

Recognizing that the revised International Health Regulations (2005) include provisions relating to international passenger transport;

Recalling resolutions WHA57.19 and WHA58.17 on international migration of health personnel: a challenge for health systems in developing countries, calling for support to the strengthening of health systems, in particular human resources for health;

Recognizing the need for WHO to consider the health needs of migrants in the framework of the broader agenda on migration and development;

Recognizing that health outcomes can be influenced by the multiple dimensions of migration;

Noting that some groups of migrants experience increased health risks;

Recognizing the need for additional data on migrants' health and their access to health care in order to substantiate evidence-based policies;

Taking into account the determinants of migrants' health in developing intersectoral policies to protect their health;

Mindful of the role of health in promoting social inclusion;

Acknowledging that the health of migrants is an important public health matter for both Member States and the work of the Secretariat;

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<sup>1</sup> Document A61/12.

Noting that Member States have a need to formulate and implement strategies for improving the health of migrants;

Noting that policies addressing migrants' health should be sensitive to the specific health needs of women, men and children;

Recognizing that health policies can contribute to development and to achievement of the Millennium Development Goals,

1. CALLS UPON Member States:

- (1) to promote migrant-sensitive health policies;
- (2) to promote equitable access to health promotion, disease prevention and care for migrants, subject to national laws and practice, without discrimination on the basis of gender, age, religion, nationality or race;
- (3) to establish health information systems in order to assess and analyse trends in migrants' health, disaggregating health information by relevant categories;
- (4) to devise mechanisms for improving the health of all populations, including migrants, in particular through identifying and filling gaps in health service delivery;
- (5) to gather, document and share information and best practices for meeting migrants' health needs in countries of origin or return, transit and destination;
- (6) to raise health service providers' and professionals' cultural and gender sensitivity to migrants' health issues;
- (7) to train health professionals to deal with the health issues associated with population movements;
- (8) to promote bilateral and multilateral cooperation on migrants' health among countries involved in the whole migratory process;
- (9) to contribute to the reduction of the global deficit of health professionals and its consequences on the sustainability of health systems and the attainment of the Millennium Development Goals;

2. REQUESTS the Director-General:

- (1) to promote migrants' health on the international health agenda in collaboration with other relevant international organizations;
- (2) to explore policy options and approaches for improving the health of migrants;
- (3) to analyse the major challenges to health associated with migration;
- (4) to support the development of regional and national assessments of migrants' health status and access to health care;

- (5) to promote the inclusion of migrants' health in the development of regional and national health strategies where appropriate;
- (6) to help to collect and disseminate data and information on migrants' health;
- (7) to promote dialogue and cooperation on migrants' health among all Member States involved in the migratory process, within the framework of the implementation of their health strategies, with particular attention to strengthening of health systems in developing countries;
- (8) to promote interagency, interregional and international cooperation on migrants' health with an emphasis on developing partnerships with other organizations and considering the impact of other policies;
- (9) to encourage the exchange of information through a technical network of collaborating centres, academic institutions, civil society and other key partners in order to further research into migrants' health and to enhance capacity for technical cooperation;
- (10) to promote exchange of information on migrants' health, nationally, regionally, and internationally, making use of modern information technology;
- (11) to submit to the Sixty-third World Health Assembly, through the Executive Board, a report on the implementation of this resolution.

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