

Birth defects

Revision of draft resolution considered by the Executive Board at its 125th session¹ reflecting comments and proposals made by Bahamas, Canada, Chile, Mauritius, New Zealand, Oman and Paraguay

The Executive Board,

Concerned by the high number of stillbirths and neonatal deaths occurring worldwide and by the large contribution of neonatal mortality to under-five mortality;

Recognizing the importance of birth defects as a cause of stillbirths and neonatal mortality;

Mindful that effective interventions **to prevent birth defects [New Zealand]** including provision of appropriate community genetic services within the primary health care are available that can be integrated into maternal, reproductive and child health services;

~~Alarmed~~ **Concerned [Bahamas, Canada, Chile, New Zealand]** by the inadequate coverage of maternal, newborn and child health interventions and the barriers to access to health services that still exist in countries with the highest burden of maternal, newborn and child deaths;

Aware that the attainment of Millennium Development Goal 4 on reduction of child mortality will require accelerated progress in reducing neonatal mortality including prevention and management of birth defects;

Recalling resolution WHA58.31, in which the Health Assembly, calling for universal coverage of maternal, newborn and child health interventions, urged Member States to commit resources and to accelerate national action to build a seamless continuum of care for reproductive, maternal, newborn and child health; as well as resolution WHA57.13 which recognized that genomics has a significant contribution to make in the area of public health;

Recognizing that the prevalence of birth defects varies between communities, and that insufficient epidemiological data may hamper effective and equitable management;

Recognizing the diversity of causes and determinants of congenital disorders, including preventable factors such as infectious or nutritional factors, vaccine-preventable diseases,

¹ See document EB125/2009/REC/1, summary record of the second meeting, section 1.

consumption of alcohol and drugs, and exposure to chemical substances, notably pesticides [Paraguay];

Deeply concerned that birth defects are not still recognized as priorities in public health;

~~Alarmed~~ **Concerned [Bahamas, Canada, Chile, New Zealand]** by the limited resources dedicated to prevention and management of birth defects in particular in middle- and low-income countries;

Welcoming the report on birth defects,¹

1. URGES Member States:

(1) to raise the awareness among all relevant stakeholders, including government officials, health professionals, civil society and the public, about the importance of birth defects as a cause of child morbidity and mortality;

(2) to set priorities, commit resources, and develop plans and activities for integrating effective interventions to prevent and care for children with birth defects into existing maternal, reproductive and child health services for all individuals who need them;

(3) to promote the application of internationally recognized standards regulating the use of chemical substances in the air, water and soil [Paraguay];

(4) to increase coverage of effective prevention measures, through health education programmes that include ethical, legal and social issues associated with birth defects for the general population and high risk groups, and by fostering the development of parent-patient organizations and establishing appropriate community genetic services;

(5) to integrate surveillance data on birth defects into national health information systems;

(6) to develop expertise and to build capacity on the prevention and management of children with birth defects;

(7) to strengthen research and studies on etiology, diagnosis and prevention of major birth defects and to promote international cooperation in combating with them;

2. REQUESTS the Director-General:

(1) to promote the collection of data on the global burden of mortality and morbidity due to birth defects, and to consider broadening the groups of congenital abnormalities included in the classification when the International Statistical Classification of Diseases and Related Health Problems (Tenth Revision) is revised;

(2) to continue to collaborate with the international Clearinghouse for Birth Defects Surveillance and Research in order to improve collection of data on global

¹ Document EB125/7.

burden of mortality and morbidity due to birth defects [Bahamas, Canada, Chile, New Zealand];

(3) to support Member States in developing national plans for implementation of effective interventions to prevent and manage birth defects within their national maternal, newborn and child health plan, **strengthening health systems and primary care, including improved vaccination coverage for the prevention of birth defects [Bahamas]**, and promoting equitable access to such services;

(4) to provide support to Member States in developing the ethical and legal guidelines in relation to birth defects [Bahamas, Mauritius];

(5) to support Member States in the provision of appropriate community genetic services within the primary health-care system [Bahamas, Mauritius];

(6) to promote technical cooperation among Member States, nongovernmental organizations and other relevant bodies on prevention of birth defects;

(7) to support and facilitate research efforts on prevention and management of birth defects in order to improve the quality of life of those affected by such disorders;

(8) to report on progress in implementing this resolution to the Sixty-seventh World Health Assembly, through the Executive Board, in 2014.

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