

# **Progress reports<sup>1</sup>**

## **Report by the Secretariat**

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<sup>1</sup> Sections D to P will be issued subsequently.

**A. HEALTH SYSTEM STRENGTHENING (resolutions WHA64.9, WHA64.8, WHA63.27, WHA62.12 and WHA60.27)**

1. In adopting resolution WHA62.12 on primary health care, including health system strengthening, the Health Assembly reaffirmed Member States' commitment to the values and principles of primary health care, putting community participation and concern for equity and social justice at the core of the renewal of primary health care and progress towards health for all. The resolution identified four policy directions for the Organization's work to renew and strengthen primary health care, namely: moving towards universal coverage; putting people at the centre of service delivery; integrating health into broader public policy; and providing inclusive leadership and effective governance for health. Work to strengthen health systems was given further support through resolution WHA60.27 on information systems as part of national health systems, resolution WHA63.27 on strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services, resolution WHA64.8 on the strengthening of national policy dialogue to build more robust health policies, strategies and plans, and resolution WHA64.9 on sustainable health financing structures and universal coverage. The present report summarizes progress made in implementing these resolutions and the collaboration across all the levels of the Organization that has been involved.

2. The Regional Office for the Americas continues to make progress in the implementation of primary health care-based health systems according to the Montevideo Declaration (2005). It has set up a community of practice dedicated to primary health care and a virtual public health campus. It is performing a situation assessment of primary care in the Region of the Americas, measuring health system performance with a primary health care lens, integrating disease specific programmes into the health system and implementing the health services productive management methodology.

3. The Western Pacific Regional Strategy for Health Systems Based on the Values of Primary Health Care was endorsed by the Regional Committee for the Western Pacific at its sixty-first session in October 2010,<sup>1</sup> after a two-year consultation process.

4. In the European Region, health system strengthening is being guided by the Secretariat's work on the clarification of concepts of public health and health systems, and on the identification of essential public health services for Europe, in line with the commitments enshrined in the Tallinn Charter: Health Systems for Health and Wealth (2008).

5. In the Eastern Mediterranean Region, work is oriented by the Doha Charter and Declaration on Primary Health Care (2008). The health profile of 23 Member States has been updated to serve as the basis for policy dialogue, and a number of Member States have been provided with support in developing their national health plans. The Regional Committee adopted resolution EM/RC57/R.7, in which it urged Member States to adopt and adapt six strategic directions to improve health care financing, and requested the Regional Director to support Member States' efforts to implement the strategic directions and expedite the move towards universal coverage. A study on the role of the private sector in providing essential health care services has been launched and a regional task force is promoting district health systems based on a family practice approach.

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<sup>1</sup> Resolution WPR/RC61.R2.

6. In the African and South-East Asia regions guidance is provided by, respectively, the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa (2008) and the strategic framework developed through the Regional Meeting on Health Care Reform (Bangkok, 20–22 October 2009). Regional task forces and technical working groups have provided oversight and guidance to support the translation of commitments into country cooperation strategy documents and the biennial planning exercises.

7. Globally, the Secretariat's efforts in implementing these resolutions are organized along the four tracks described below.

8. **Intensifying support to Member States in promoting inclusive leadership and effective governance for health.** This work has focused on (i) the review and development of national health strategy and planning processes, helping them to respond to the country's health problems, health system challenges and expectations for the renewal of primary health care; and (ii) creating the institutional and managerial arrangements for implementing these strategies and plans. The Secretariat has targeted the improvement of national capacity for building strategic intelligence through the establishment of information portals, observatories, and the organization of forums for policy debate and exchange. In support of this effort, the Organization is realigning its work on both health systems and disease-specific programmes. It has also developed dedicated tools, including a database on national health planning cycles. In addition, a global learning programme has been launched in all regions in order to build up the Organization's capacity to support policy dialogue in Member States, and collaboration with other agencies has been improved and intensified.

9. **Putting people at the centre of service delivery.** Work to support this policy track – together with the strengthening of the capacity of governments to engage all service providers constructively, including those in the private sector – is at the core of the national policy dialogue exercises and reviews mentioned above. This effort is supported by a growing, albeit still limited, amount of normative work on people-centred primary care and on a redefinition of the role of hospitals. The increased awareness of the challenge posed by chronic and noncommunicable diseases offers perspectives for rapid development in these areas, particularly in high- and middle-income countries.

10. **Moving towards universal coverage.** In response to resolution WHA64.9, the Secretariat has consulted widely with Member States, civil society, multilateral and bilateral partners, and across all levels of the Organization. A plan of action has been developed that focuses on supporting Member States to review the state of their work to achieve universal coverage; to assess how their financing systems can be developed further to move closer to that goal; to implement and monitor changes that are identified as necessary; and to develop strong synergies with national health plans and strategies. This extends the work that the Secretariat has been undertaking since 2005 in response to resolution WHA58.33, which focused largely on providing technical support to Member States in the area of health financing, and in sharing experiences across countries. *The world health report 2010* was one illustration of this.<sup>1</sup> The plan of action also outlines how WHO will scale up its support to countries by providing information on best practices, facilitating the sharing of experiences and lessons learnt, and developing national capacities to track resources, to assess financing strategies and policies and to implement and monitor change. WHO is also strengthening its databases as requested in the resolution. In all these areas, WHO has strengthened its collaboration with bilateral and

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<sup>1</sup> *The world health report 2010 – Health systems financing: the path to universal coverage*. Geneva, World Health Organization, 2010.

multilateral partners, academia and civil society, including the Providing for Health initiative on social health protection (P4H).

11. **Strengthening health information systems as part of national health systems.** Member States were urged, inter alia, to undertake this activity in resolution WHA60.27. In the context of the International Health Partnership and related initiatives (IHP+), WHO is working with an increasing number of countries to strengthen the monitoring, evaluation and review component of their national health strategies. This includes dealing with data gaps, improving the quality of data and strengthening capacity to conduct analyses to inform health sector reviews. The recommendations of the Commission on Information and Accountability for Women's and Children's Health call for stronger monitoring, review and action systems in 74 countries that are responsible for 98% of the burden of child and maternal mortality in the world.<sup>1</sup> This provides an additional opportunity to further strengthen health information systems and mobilize joint support for a country-led platform for information and accountability in the context of the national health strategy.

12. Although the Secretariat's support to Member States remains focused on building country capacity for maximizing and making the best use of their own resources, considerable attention has been given to improving aid effectiveness. The International Health Partnership and related initiatives (IHP+), for which WHO and the World Bank jointly serve as secretariat, has become the umbrella under which many of the collaborative efforts to strengthen health systems and enhance aid-effectiveness are regrouped. These include the Health Systems Funding Platform, the Providing for Health initiative on social health protection (P4H), the collaboration to agree on a common monitoring and evaluation framework, the Global Health Workforce Alliance, the Harmonization for Health in Africa initiative, the Innovative Results-Based Financing grant and the Catalytic Initiative to Save a Million Lives. The key focus of IHP+ is to get more partners aligned with national health strategies and plans. Five lines of work are being followed to achieve this, one of which involves mutual accountability for results. Progress against commitments, both those of agencies and those of countries, is monitored annually by an independent consortium called IHP+ Results. Over the last two years, the number of signatories has grown from 27 to 55, of which 30 are developing country Member States.

## **B. WHO'S ROLE AND RESPONSIBILITIES IN HEALTH RESEARCH (resolution WHA63.21)**

13. This report summarizes the activities undertaken in the regional offices and headquarters in support of the implementation of the WHO strategy on research for health.

14. In the African Region the Secretariat has begun work on a set of guidelines that draw on the Framework for the Implementation of the Algiers Declaration to strengthen Research for Health: Narrowing the Knowledge Gap to Improve Africa's Health.

15. The Regional Committee of the Americas endorsed PAHO's policy on research for health in resolution CD49.R10.

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<sup>1</sup> *Keeping promises, measuring results: Commission on information and accountability for Women's and Children's Health.* World Health Organization, 2011, in press ([http://www.everywomaneverychild.org/images/content/files/accountability\\_commission/final\\_report/Final\\_EN\\_Web.pdf](http://www.everywomaneverychild.org/images/content/files/accountability_commission/final_report/Final_EN_Web.pdf), accessed 18 October 2011).

16. The development of a strategy on research for health was discussed at the Eastern Mediterranean Regional Advisory Committee for Health Research (Cairo, 18 and 19 October 2010) and a subsequent expert consultation (Cairo, 5 and 6 June 2011). The Regional Committee for the Eastern Mediterranean at its 58th session (Cairo, 2–5 October 2011) endorsed in resolution EM/RC58/R.3 the strategic directions for scaling up research for health in the Region and their implementation.
17. The Regional Office for the Western Pacific has concentrated on governance of research in the Region, strengthening the review of research ethics and the sharing of data to improve public health. It held a consultation of experts from the Region in order to make recommendations in these areas (Manila, 16–18, August 2011).
18. The European Region has recently, as part of its operational planning exercise for the biennium 2012–2013, given high priority to research and the use of research evidence for policy-making. Activities include a formal reconstitution of the European Advisory Committee on Health Research, initiation of work on a regional strategy on research for health, and the establishment of a regional Evidence Informed Policy Network (EVIPNet).
19. At headquarters implementation of the strategy on research for health is harmonized with work on implementing the global strategy and plan of action on public health, innovation and intellectual property. Main published outputs include: an overview of research activities associated with WHO, based on the results of a survey covering the period 2006–2007;<sup>1</sup> working definitions of operational research, implementation research, and health systems research in the context of research to strengthen health systems;<sup>2</sup> and a checklist for health research priority setting, comprising nine common themes of good practice.<sup>3</sup>
20. The Sixty-second World Health Assembly deferred consideration of the WHO strategy on research for health to the Sixty-third World Health Assembly,<sup>4</sup> which, in resolution WHA63.21, endorsed that strategy. Even in its draft form as well as after its endorsement it has been used to guide the development of the research agenda in several technical areas including: influenza, foodborne diseases, radiation risks, vaccines and social determinants of health. The draft strategy was used in WHO's report on women and health to develop a six-point agenda for a gender-based approach to research.<sup>5</sup>
21. A code of good research practice for staff and research associated with WHO is being drafted and will be included in the WHO eManual when it is completed.

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<sup>1</sup> Terry RF, van der Rijt T. Overview of research activities associated with the World Health Organization: results of a survey covering 2006/07. *Health Research Policy and Systems* 2010, **8**:25 (<http://www.health-policy-systems.com/content/8/1/25>, accessed 24 October 2011).

<sup>2</sup> Remme JHF, Adam T, Becerra-Posada F et al. Defining research to improve health systems. *PLoS Medicine* (November 2010): <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001000> (accessed 24 October 2011).

<sup>3</sup> Viergever RF, Olifson S, Ghaffar A, Terry RF. A checklist for health research priority setting: nine common themes of good practice. *Health Research Policy and Systems* 2010, **8**:36 (<http://www.health-policy-systems.com/content/8/1/36>, accessed 24 October 2011).

<sup>4</sup> Document WHA62/2009/REC/1, summary record of the first meeting of the General Committee, section 1.

<sup>5</sup> *Women and health: today's evidence tomorrow's agenda*. Geneva, World Health Organization, 2009.

22. The Secretariat is updating WHO's existing *Operational guidelines for ethics committees that review biomedical research*.<sup>1</sup>

23. The Secretariat is participating in the work of a group of major international funders of public health research that have committed themselves to working together in order to increase the availability of data emerging from their funded research. The overall aim is to accelerate advances in public health.

24. The Secretariat is developing a method that has the potential to enable more automated mapping of global health research investments through the establishment of a research classification and translation mechanism. That advance would support future efforts in mapping data on resource flows for research and development in order to facilitate identification of gaps and to contribute to planning and coordination.

25. The UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases convened meetings of disease-focused and thematic groups in order to examine needs and challenges with respect to research on neglected diseases and options for action. The first in a series of global biennial reports on infectious diseases of poverty is scheduled to be published in January 2012.

26. The concepts and frameworks set out in the strategy will be developed further in *The world health report 2012*, whose theme will be research for health.

### **C. GLOBAL STRATEGY AND PLAN OF ACTION ON PUBLIC HEALTH, INNOVATION AND INTELLECTUAL PROPERTY (resolution WHA61.21)**

27. Resolution WHA61.21 requested the Director-General, inter alia, to monitor performance and progress in implementing the global strategy and plan of action on public health, innovation and intellectual property, and, following submission of a report to the Sixty-third World Health Assembly,<sup>2</sup> to report to the Health Assembly every two years, through the Executive Board. The present report provides an overview of the current state of implementation.

28. In an Organization-wide collaborative effort that also involved the engagement of external partners, the Secretariat has transformed the global strategy and plan of action into an implementable plan, with defined activities, time frames and outputs for each of the specific actions.

29. A phased approach has been taken to implementation. Thus, a preparatory phase ended in September 2010; a pilot implementation phase is now under way and will continue until December 2012; and a broader phase of implementation will then be initiated and will continue until December 2015. In the current pilot implementation phase, the necessary relations with interested governments and other stakeholders are being established.

30. The Secretariat has concluded the mapping of relevant activities undertaken by several departments and external entities, in order to coordinate better the activities of relevant partners. An

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<sup>1</sup> Document TDR/PRD/ETHICS/2000.1.

<sup>2</sup> See document A63/6.

internal WHO advisory committee has been established, consisting of senior-level representatives from all the WHO major offices. The Secretariat has developed an assessment tool for national implementation of the global strategy in the form of a questionnaire. This tool is currently being pilot tested in Kenya.

31. In the context of elements 1 and 2 of the global strategy (prioritizing research and development needs and promoting research and development) implementation of the strategy is harmonized with that of the WHO strategy on research for health. The latter strategy has been used to guide activities in a number of technical areas – including those involving influenza, foodborne diseases, vaccines and radiation risks – and all six WHO regional offices have taken steps to implement the research.<sup>1</sup>

32. The global report on research priorities for infectious diseases of poverty is due to be published in 2012 by the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases. Drafted by eminent global health experts, the report outlines 10 reasons to research infectious diseases of poverty; it also provides a number of “options for action” and has special chapters on the environment, health systems and innovation. The report has been developed with input from a think tank of over 130 experts, organized into 10 disease-specific and thematic reference groups. The findings of their work, which has received funding from the European Union, are being published in the WHO Technical Report Series.

33. A report on the funding landscape for research and development to tackle infectious diseases of poverty is due to be published in 2012. It has been produced through a collaboration involving the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, the Council on Health Research for Development/Global Forum for Health Research and Policy Cures, with funding support from the European Union. The report highlights the frameworks, priorities, strategies and policies utilized by research fund providers, particularly the differences in support for research on infectious diseases of poverty between OECD countries and countries in which diseases are endemic.

34. In the context of element 3 (building and improving innovative capacity) and following the recommendations of a meeting of experts on the creation of norms and standards for research ethics committees (Geneva, 5 and 6 November 2009), WHO is in the final stages of publishing a document entitled “Standards and operational guidance for ethics review of health-related research with human participants”. This document elaborates a set of 10 standards that must be followed by any entity that supports health research, and provides guidance on their implementation.

35. In addition to strengthening capacity in the area of research ethics for WHO staff at all levels of the Organization, WHO – in close collaboration with other international organizations, the WHO Global Network of Collaborating Centres for Bioethics and national ethics committees around the world – has been actively working to strengthen the capacity of national ethics review committees.

36. Improving transparency in health research activities is a responsibility shared by many stakeholders within the global community, namely: researchers, sponsors, policy-makers and international organizations. The establishment of the International Clinical Trials Registry Platform by WHO in 2005, illustrates the commitment to this goal. Over the last two years, many initiatives have been taken at national and international levels to establish primary registries and increase the quality of information available. The Pan African Clinical Trial Alliance, in which more than 20 sub-Saharan

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<sup>1</sup> See also section B of the present series of progress reports.

African countries are represented, is an example of a joint effort to improve the oversight of clinical trials. On 14 September 2011, the European Union Clinical Trials Register became the 14th member of the Primary Registry Network of the International Clinical Trials Registry Platform.

37. A clinical career development fellowship programme run by the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases has trained 18 scientists from low- and middle-income countries with experience in good clinical practice and project management within a pharmaceutical development setting.

38. Within the context of element 4 (transfer of technology) WHO has completed the initial stage of a European Commission-supported project in partnership with UNCTAD and the International Centre for Trade and Sustainable Development. As part of the project, extensive background work has been undertaken on the challenges and barriers to local production and related technology transfer in the areas of pharmaceuticals, diagnostics and vaccines. The relevant findings, due to be published as a series of reports later in 2011, combined with the existing body of evidence, were used to develop a framework document that will guide the activities of the pilot implementation phase of the global strategy.

39. The Secretariat has conducted a landscape analysis of all technology transfer experiences in the field of vaccines in order to identify emerging trends and conditions supportive of technology transfer. The project on the transfer of pandemic influenza vaccine technology to developing countries, initiated in 2006, has now completed successful technology transfer to 11 developing countries, four of which have succeeded in obtaining licenses for locally produced pandemic influenza vaccine. In addition WHO has negotiated, on behalf of developing countries, a royalty-free licence for a technology involving live attenuated influenza virus. As part of the same effort, WHO facilitated the establishment of a centre of excellence at the University of Lausanne that focuses on training and technology transfer of adjuvant technology.

40. In its implementation work on element 5 of the global strategy (application and management of intellectual property to contribute to innovation and promote public health), WHO has engaged in a number of activities aimed at strengthening the capacity of developing countries to apply and manage intellectual property in a manner that maximizes health-related innovation and promotes access to health products.

41. As part of their trilateral cooperation, WHO, WIPO and WTO have started a series of joint technical symposia on issues concerning intellectual property, trade and public health. Two symposia have now been held, one in 2010 and the other in 2011.<sup>1</sup> In addition, the three organizations are preparing a joint study entitled “Promoting access and medical innovation: intersections between public health, intellectual property and trade”.<sup>2</sup>

42. In further collaborative activities, WHO, together with UNDP and UNAIDS, has published a policy brief on using the flexibilities in the Agreement on Trade-Related Aspects of Intellectual

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<sup>1</sup> Additional information, including programmes and summary reports, is available at: <http://www.who.int/phi/> (accessed 8 November 2011).

<sup>2</sup> See also [http://www.who.int/phi/news/promoting\\_access\\_medical\\_innovation/en/index.html](http://www.who.int/phi/news/promoting_access_medical_innovation/en/index.html) (accessed 8 November 2011).

Property Rights (TRIPS) to improve access to HIV/AIDS treatment.<sup>1</sup> In addition, in collaboration with WIPO, WHO is developing a global patent landscape on patenting trends in the field of vaccines.

43. Under element 6 (improving delivery and access) the global strategy called for the strengthening of the WHO prequalification programme. Prequalification of selected active pharmaceutical ingredients and of products for neglected tropical diseases was initiated and research conducted into the benefits and impacts of prequalification. Between January 2010 and June 2011, WHO prequalified 42 medicinal products (28 products for the treatment of HIV/AIDS, 7 anti-tuberculosis products, 1 antimalarial, 1 influenza-specific antiviral and 5 reproductive health products), 2 active pharmaceutical ingredients (for antimalarials), 34 vaccines, 1 malaria rapid diagnostic test and 9 quality-control laboratories (one each in Belgium, Bolivia (Plurinational State of), Canada, India, Peru, United Republic of Tanzania, Uruguay, and two in Ukraine).

44. In 2010, WHO prequalified for the first time artesunate powder for injection (the first prequalified sterile product made in China); it also prequalified the first combination of tenofovir/lamivudine and the first generic emtricitabine.

45. Regulatory collaboration, harmonization and capacity building continued to be key components of WHO prequalification programmes. In 2011 the Chinese national regulatory authority was assessed as functional by WHO, making possible the prequalification of vaccines produced in that country. In 2010, following a joint assessment with the East African Community, simultaneous prequalification was completed for three African countries (Kenya, Uganda and United Republic of Tanzania). Surveys of manufacturers have shown that capacity building by the programme is greatly appreciated.

46. In the context of element 7 (promoting sustainable financing mechanisms), the Secretariat is facilitating the work of the Consultative Expert Working Group on Research and Development: Financing and Coordination.<sup>2</sup>

47. In response to the requirements of element 8 (establishing monitoring and reporting systems), in coordination with the Regional Office for the Americas and in collaboration with the Council on Health Research for Development/Global Forum for Health Research, WHO is developing a web-based platform to monitor and report on the progress of the implementation of the global strategy.

48. In the Regional Office of the Americas, a regional platform for access and innovation in health technologies will be launched in early 2012. In the South-East Asia Region, the first consultation has been held to develop the regional framework for the global strategy and plan of action (New Delhi, 5 and 6 April 2011) and Member States agreed, inter alia, to strengthen their engagement in the promotion of research and development for health, to share information on intellectual property-related issues, to develop their capacity to negotiate in the area of public health and intellectual property, and to promote domestic industries in order to enhance their capacity to meet the need for affordable medicines and medical technologies.

49. Regional and national networks for innovation are vital components for ensuring the implementation of the global strategy and plan of action on public health, innovation and intellectual property. The African Network for Drugs and Diagnostics Innovation was established as an African-

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<sup>1</sup> UNAIDS, WHO, UNDP. *Using TRIPS flexibilities to improve access to HIV treatment: policy brief*. Geneva, World Health Organization, 2011 ([http://www.who.int/phi/phi\\_trips\\_policybrief\\_en.pdf](http://www.who.int/phi/phi_trips_policybrief_en.pdf), accessed 19 October 2011).

<sup>2</sup> See also document EB130/23.

led innovation network. The development of the Network has been supported by WHO, the United Nations Economic Commission for Africa, the African Development Bank, the European Commission, and the African Union. The African Network for Drugs and Diagnostics Innovation, which was initiated by the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, is now hosted by United Nations Economic Commission for Africa in Addis Ababa. Other regional networks for Asia and the Americas are also being developed.

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