



WORLD HEALTH ORGANIZATION

FIFTY-FIFTH WORLD HEALTH ASSEMBLY

A55/52
18 May 2002

Third report of Committee A

Committee A held its eighth meeting on 18 May under the chairmanship of Dr J. Kiely (Ireland).

It was decided to recommend to the Fifty-fifth World Health Assembly the adoption of the attached three resolutions relating to the following agenda items:

13. Technical and health matters

13.9 Quality of care: patient safety

One resolution

13.14 Dengue prevention and control

One resolution (as amended) entitled:

– Dengue fever and dengue haemorrhagic fever prevention and control

13.2 WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration

One resolution as amended

Agenda item 13.9

Quality of care: patient safety

The Fifty-fifth World Health Assembly,

Having considered the report on quality of care: patient safety;¹

Concerned that the incidence of adverse events is a challenge to quality of care, a significant avoidable cause of human suffering, and a high toll in financial loss and opportunity cost to health services;

Noting that significant enhancement of health systems' performance can be achieved in Member States by preventing adverse events in particular, and improving patient safety and health care quality in general;

Recognizing the need to promote patient safety as a fundamental principle of all health systems,

1. URGES Member States:

(1) to pay the closest possible attention to the problem of patient safety;

(2) to establish and strengthen science-based systems, necessary for improving patients' safety and the quality of health care, including the monitoring of drugs, medical equipment and technology.

2. REQUESTS the Director-General in the context of a quality programme:

(1) to develop global norms, standards and guidelines for quality of care and patient safety, the definition, measurement and reporting of adverse events and near misses in health care by reviewing experiences from existing programmes and seeking inputs from Member States, to provide support in developing reporting systems, taking preventive action, and implementing measures to reduce risks;

(2) to promote framing of evidence-based policies, including global standards that will improve patient care, with particular emphasis on product safety, safe clinical practice in compliance with appropriate guidelines and safe use of medicinal products and medical devices taking into consideration the views of policy-makers, administrators, health-care providers and consumers;

(3) to support the efforts of Member States to promote a culture of safety within health care organizations and to develop mechanisms, for example through accreditation or other means, in accordance with national conditions and requirements, to recognize the characteristics of health care providers that offer a benchmark for excellence in patient safety internationally;

¹ Document A55/13.

(4) to encourage research into patient safety, including epidemiological studies of risk factors, effective protective interventions, and assessment of associated costs of damage and protection;

(5) to report on progress to the Executive Board at its 113th session and to the Fifty-seventh World Health Assembly.

Agenda item 13.14

Dengue fever and dengue haemorrhagic fever prevention and control

The Fifty-fifth World Health Assembly,

Recalling resolution WHA46.31 and resolutions CD31.R26, CD33.R19 and CD43.R4 of the Directing Council of the Pan American Health Organization on dengue prevention and control;

Concerned that an estimated 50 million dengue infections occur annually and that the geographical spread, incidence, and severity of dengue fever and dengue haemorrhagic fever are increasing in the tropics;

Recognizing the growing burden of disease, particularly among children, and the social and economic impact of dengue epidemics;

Acknowledging the progress made in reducing the case-fatality rates of dengue haemorrhagic fever in some countries;

Appreciating that significant advances have been made in the development of dengue vaccines, although they are not yet available for public health use;

Recognizing that prevention or reduction of dengue viral transmission entirely depends on control of the mosquito vector *Aedes aegypti* and, to a lesser extent, *A. albopictus* and other secondary vector species;

Aware that dengue vector-control programmes have had considerable success in the past, but that sustained suppression of vector populations today largely depends on commitment of governments and community participation in both planning and intervention strategies and implementation of control measures to prevent breeding of *A. aegypti*;

Further acknowledging that, at the International Conference on Dengue and Dengue Haemorrhagic Fever (Chiang Mai, Thailand, 20-24 November 2000), more than 700 public health specialists from 41 countries recommended that all countries at risk of dengue viral transmission should develop and implement sustainable prevention and control programmes,

1. URGES Member States:

(1) to advocate increased commitment and allocation of additional human and other resources for improved and sustained prevention and control efforts and for strengthened research;

(2) to build and strengthen the capacity of health systems for management, surveillance, prevention, control and management of dengue fever and dengue haemorrhagic fever;

(3) to strengthen the capacity of diagnostic laboratories, taking into account the fundamental importance of laboratory diagnosis to confirm etiology and to strengthen clinical and epidemiological surveillance for dengue fever and dengue haemorrhagic fever;

(4) to promote active intersectoral partnerships involving international, regional, national and local agencies, nongovernmental organizations, foundations, the private sector, community and civic organizations;

(5) to pursue, encourage and support the development, application, evaluation and research of new and improved tools and strategies for prevention and control of dengue fever and dengue haemorrhagic fever;

(6) to strengthen health measures at borders for vector control and opportunities for diagnosis and treatment in order to optimize regional resources;

2. URGES other specialized agencies, bodies and programmes of the United Nations system, bilateral development agencies, nongovernmental organizations and other concerned groups to increase their cooperation in dengue fever prevention and control, through both continued support for general health and social development and specific support to national and international prevention and control programmes, including emergency control;

3. REQUESTS the Director-General:

(1) to develop further and support implementation of the global strategy for prevention and control of dengue fever and dengue haemorrhagic fever through integrated environmental management;

(2) to continue to seek resources for advocacy and research on improved and new tools and methods for dengue fever prevention and control and their application;

(3) to study the need for and feasibility of incorporating the surveillance and research of other arthropod-borne viral infections, such as Japanese encephalitis, West Nile, and other emerging diseases, in the surveillance system for dengue haemorrhagic fever;

(4) to mobilize financial resources to be spent on vector control and research into vaccines.

Agenda item 13.2

WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration

The Fifty-fifth World Health Assembly,

Having considered the note by the Director-General;¹

Recalling the commitments made in the United Nations Millennium Declaration adopted by the United Nations General Assembly in September 2000² and the United Nations Secretary-General's road map towards its implementation;³

Recalling in particular the goals set out in the Millennium Declaration to have reduced, by the year 2015, maternal mortality by three-quarters, and under-five mortality by two-thirds, of their 1990 levels;

Recognizing that increased access to good-quality primary health care information and services, including reproductive health, is critical for attainment of the development goals contained in the United Nations Millennium Declaration;⁴

Recalling and recognizing the Programme of Action adopted at the International Conference on Population and Development, commitments made at the Copenhagen Social Summit, the World Summit for Children, and the Beijing Declaration and Platform for Action and the Declaration on the Elimination of Violence against Women, and their recommendations and respective follow-ups and reports;

Mindful of WHO's function, as set out in its Constitution, which includes to promote maternal and child health and welfare;

Recalling that the Constitution of the World Health Organization states that enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

Recognizing the equal rights of men and women, and noting that progress towards realization of those rights should involve access to good-quality reproductive-health care, including family planning services that are effective, affordable and acceptable;

Recognizing also the importance of the Convention on the Rights of the Child as a framework for addressing child and adolescent health and development;

¹ Document A55/6.

² United Nations General Assembly Resolution 55/2.

³ General Assembly document A/56/326.

⁴ It is understood that "primary health care services" do not include abortion except when consistent with national and, where applicable, local law, and with full respect for the various religious and ethical values and cultural backgrounds.

Recognizing that maternal, child and adolescent health and development have a major impact on socioeconomic development, and that achievement of the global targets for the coming decades will require renewed political commitment and action;

Concerned that, because of poverty and lack of access to basic health and social services, close to 11 million children under five years of age, nearly four million of them within the first month of life, die every year of preventable diseases and malnutrition, and that complications related to pregnancy and childbirth kill more than half a million women and adolescent girls every year, and injure and disable many more;

Concerned also by global inequities which lead to women dying during pregnancy and childbirth from conditions that are readily preventable and treatable, such as severe bleeding, infections, obstructed labour, hypertensive disorders, as well as from unsafe abortions;

Convinced that concerted action to make pregnancies and childbirth safer will have a beneficial impact on the survival of women and neonates, and will contribute to the health and development of children and adolescents and to the well-being of families;

Welcoming the report of the Commission on Macroeconomics and Health,¹ which provides a useful approach to achievement of the Millennium Development Goals, and other internationally agreed development goals, including those contained in the United Nations Millennium Declaration;

Recognizing, as concluded by the Commission on Macroeconomics and Health, that improvements in maternal and neonatal health and survival are vital contributions to poverty reduction;

Further recognizing that the development goals contained in the United Nations Millennium Declaration cannot be achieved without a renewed commitment of the international community, and aware of Health Assembly leadership in this context;

Reaffirming resolution WHA48.10 on reproductive health: WHO's role in the global strategy,

1. URGES Member States:

(1) to strengthen and scale up efforts to achieve the development goals of the Millennium Declaration and other internationally agreed goals and targets;

(2) to strengthen and expand efforts to meet, in particular, international development goals and targets related to reduction of maternal and child mortality and malnutrition and to improve access to primary health care services, including reproductive health, with special attention to the needs of the poor and underserved populations;

(3) to continue to advocate as public health priorities safe pregnancy, breastfeeding and childbirth, neonate, child and adolescent health and development, and elimination of violence against women;

¹ *Macroeconomics and health: investing in health for economic development*. Geneva, World Health Organization, 2001.

- (4) to include in efforts to develop health systems, plans of action for making pregnancy safer, based on cost-effective interventions for good-quality maternal and neonatal care;
- (5) to ensure that primary health care facilities strive for full coverage of their neonate, child and adolescent populations with interventions known to be effective, including those that help families and communities care for their children and young people;
- (6) to support the negotiations towards an effective framework convention on tobacco control;
- (7) to encourage the pharmaceutical industry and other relevant partners and organizations to make essential drugs more widely available and affordable by all who need them in developing countries;

2. ENCOURAGES developed countries that have not done so to make concrete efforts towards the target of allocating 0.7% of GNP as official development assistance to developing countries and 0.15% to 0.2% of GNP of developed countries to least developed countries, as reconfirmed at the Third United Nations Conference on the Least Developed Countries, and encourages developing countries to build on progress made in ensuring that official development assistance is used effectively to help achieve development goals and targets;

CALLS upon the international donor community to increase its assistance to developing countries in the health sector, taking into account the recommendations of the Commission on Macroeconomics and Health;

FURTHER CALLS upon countries and other partners in development to increase their investments in the health sector, where appropriate, in line with the recommendations of the Commission on Macroeconomics and Health;

3. REQUESTS the Director-General:

- (1) to lead an international drive to generate resources and investments for research, and to improve health in developing countries, particularly in relation to neglected diseases, taking into account the recommendations of the Commission on Macroeconomics and Health;
- (2) to facilitate a process to consider, together with Member States, the recommendations of the Commission on Macroeconomics and Health and their follow-up, through intergovernmental, bilateral, national and other mechanisms, recognizing that such recommendations are based on a partnership approach between developed and developing countries, and that actions cannot be undertaken at national level without coordinated and simultaneous action at international level;
- (3) to report to the Executive Board at its 111th session and to the Fifty-sixth World Health Assembly on WHO's strategy for child and adolescent health and development, together with WHO's planned follow-up to the United Nations General Assembly special session on children;
- (4) to develop a strategy for accelerating progress towards attainment of international development goals and targets related to reproductive health, and to submit a progress report to the Executive Board at its 111th session and to the Fifty-sixth World Health Assembly;

(5) to promote reporting on progress towards internationally agreed goals and targets in the area of reproductive health as part of WHO's contribution to the Secretary-General's report to the United Nations General Assembly on progress towards attainment of the development goals of the Millennium Declaration.

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