



WORLD HEALTH ORGANIZATION

FIFTY-EIGHTH WORLD HEALTH ASSEMBLY

A58/64
25 May 2005

Eighth report of Committee A

Committee A held its fourteenth meeting on 25 May 2005 under the chairmanship of Dr Bijan Sadrizadeh (Islamic Republic of Iran).

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

13. Technical and health matters

13.11 Infant and young-child nutrition

One resolution

13.16 Social health insurance

One resolution entitled:

- Sustainable health financing, universal coverage and social health insurance

13.18 Ministerial Summit on Health Research

One resolution

Agenda item 13.11

Infant and young-child nutrition

The Fifty-eighth World Health Assembly,

Recalling the adoption by the Health Assembly of the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22), resolutions WHA39.28, WHA41.11, WHA46.7, WHA47.5, WHA49.15, WHA54.2 on infant and young-child nutrition, appropriate feeding practices and related questions, and particularly WHA55.25, which endorses the global strategy for infant and young-child feeding;

Having considered the report on infant and young-child nutrition;

Aware that the joint FAO/WHO expert meeting on *Enterobacter sakazakii* and other microorganisms in powdered infant formula held in 2004 concluded that intrinsic contamination of powdered infant formula with *E. sakazakii* and *Salmonella* had been a cause of infection and illness, including severe disease in infants, particularly preterm, low birth-weight or immunocompromised infants, and could lead to serious developmental sequelae and death;¹

Noting that such severe outcomes are especially serious in preterm, low birth-weight and immunocompromised infants, and therefore are of concern to all Member States;

Bearing in mind that the Codex Alimentarius Commission is revising its recommendations on hygienic practices for the manufacture of foods for infants and young children;

Recognizing the need for parents and caregivers to be fully informed of evidence-based public-health risks of intrinsic contamination of powdered infant formula and the potential for introduced contamination, and the need for safe preparation, handling and storage of prepared infant formula;

Concerned that nutrition and health claims may be used to promote breast-milk substitutes as superior to breastfeeding;

Acknowledging that the Codex Alimentarius Commission plays a pivotal role in providing guidance to Member States on the proper regulation of foods, including foods for infants and young children;

Bearing in mind that on several occasions the Health Assembly has called upon the Commission to give full consideration, within the framework of its operational mandate, to evidence-based action that it might take to improve the health standards of foods, consistent with the aims and objectives of relevant public health strategies, particularly WHO's global strategy for infant and young-child feeding (resolution WHA55.25) and Global Strategy on Diet, Physical Activity and Health (resolution WHA57.17);

¹ FAO/WHO Expert Meeting on *E. sakazakii* and other Microorganisms in Powdered Infant Formula: Meeting Report. Microbiological Risk Assessment Series No. 6, 2004, p. 37.

Recognizing that such action requires a clear understanding of the respective roles of the Health Assembly and the Codex Alimentarius Commission, and that of food regulation in the broader context of public health policies;

Taking into account resolution WHA56.23 on the joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission, which endorsed WHO's increased direct involvement in the Commission and requested the Director-General to strengthen WHO's role in complementing the work of the Commission with other relevant WHO activities in the areas of food safety and nutrition, with special attention to issues mandated in Health Assembly resolutions,

1. URGES Member States:

- (1) to continue to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO Expert Consultation on optimal duration of exclusive breastfeeding,¹ and to provide for continued breastfeeding up to two years of age or beyond, by implementing fully the WHO global strategy on infant and young-child feeding that encourages the formulation of a comprehensive national policy, including where appropriate a legal framework to promote maternity leave and a supportive environment for six months' exclusive breastfeeding, a detailed plan of action to implement, monitor and evaluate the policy, and allocation of adequate resources for this process;
- (2) to ensure that nutrition and health claims are not permitted for breast-milk substitutes, except where specifically provided for in national legislation;²
- (3) to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;
- (4) to ensure that financial support and other incentives for programmes and health professionals working in infant and young-child health do not create conflicts of interest;
- (5) to ensure that research on infant and young-child feeding, which may form the basis for public policies, always contains a declaration relating to conflicts of interest and is subject to independent peer review;
- (6) to work closely with relevant entities, including manufacturers, to continue to reduce the concentration and prevalence of pathogens, including *Enterobacter sakazakii*, in powdered infant formula;

¹ As formulated in the conclusions and recommendations of the Expert Consultation (Geneva, 28-30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

² The reference to national legislation also applies to regional economic integration organizations.

- (7) to continue to ensure that manufacturers adhere to Codex Alimentarius or national food standards and regulations;
- (8) to ensure policy coherence at national level by stimulating collaboration between health authorities, food regulators and food standard-setting bodies;
- (9) to participate actively and constructively in the work of the Codex Alimentarius Commission;
- (10) to ensure that all national agencies involved in defining national positions on public health issues for use in all relevant international forums, including the Codex Alimentarius Commission, have a common and consistent understanding of health policies adopted by the Health Assembly, and to promote these policies;

2. REQUESTS the Codex Alimentarius Commission:

- (1) to continue to give full consideration, when elaborating standards, guidelines and recommendations, to those resolutions of the Health Assembly that are relevant in the framework of its operational mandate;
- (2) to establish standards, guidelines and recommendations on foods for infants and young children formulated in a manner that ensures the development of safe and appropriately labelled products that meet their known nutritional and safety needs, thus reflecting WHO policy, in particular the WHO global strategy for infant and young-child feeding and the International Code of Marketing of Breast-milk Substitutes and other relevant resolutions of the Health Assembly;
- (3) urgently to complete work currently under way on addressing the risk of microbiological contamination of powdered infant formula and establish appropriate microbiological criteria or standards related to *E. sakazakii* and other relevant microorganisms in powdered infant formula; and to provide guidance on safe handling and on warning messages on product packaging;

3. REQUESTS the Director-General:

- (1) in collaboration with FAO, and taking into account the work undertaken by the Codex Alimentarius Commission, to develop guidelines for clinicians and other health-care providers, community health workers and family, parents and other caregivers on the preparation, use, handling and storage of infant formula so as to minimize risk, and to address the particular needs of Member States in establishing effective measures to minimize risk in situations where infants cannot be, or are not, fed breast milk;
- (2) to take the lead in supporting independently reviewed research, including by collecting evidence from different parts of the world, in order to get a better understanding of the ecology, taxonomy, virulence and other characteristics of *E. sakazakii*, in line with the recommendations of the FAO/WHO Expert Meeting on *E. sakazakii* and other Microorganisms in Powdered Infant Formula, and to explore means of reducing its level in reconstituted powdered infant formula;

(3) to provide information in order to promote and facilitate the contribution of the Codex Alimentarius Commission, within the framework of its operational mandate, to full implementation of international public health policies;

(4) to report to the Health Assembly each even year, along with the report on the status of implementation of the International Code of Marketing of Breast-milk Substitutes and the relevant resolutions of the Health Assembly, on progress in the consideration of matters referred to the Codex Alimentarius Commission for its action.

Agenda item 13.16

Sustainable health financing, universal coverage and social health insurance

The Fifty-eighth World Health Assembly,

Having considered the report on social health insurance;

Noting that health-financing systems in many countries need to be further developed in order to guarantee access to necessary services while providing protection against financial risk;

Accepting that, irrespective of the source of financing for the health system selected, prepayment and pooling of resources and risks are basic principles in financial-risk protection;

Considering that the choice of a health-financing system should be made within the particular context of each country;

Acknowledging that a number of Member States are pursuing health-financing reforms that may involve a mix of public and private approaches, including the introduction of social health insurance;

Noting that some countries have recently been recipients of large inflows of external funding for health;

Recognizing the important role of State legislative and executive bodies in further reform of health-financing systems with a view to achieving universal coverage,

1. URGES Member States:

(1) to ensure that health-financing systems include a method for prepayment of financial contributions for health care, with a view to sharing risk among the population and avoiding catastrophic health-care expenditure and impoverishment of individuals as a result of seeking care;

(2) to ensure adequate and equitable distribution of good-quality health care infrastructures and human resources for health so that the insurees will receive equitable and good-quality health services according to the benefits package;

(3) to ensure that external funds for specific health programmes or activities are managed and organized in a way that contributes to the development of sustainable financing mechanisms for the health system as a whole;

(4) to plan the transition to universal coverage of their citizens so as to contribute to meeting the needs of the population for health care and improving its quality, to reducing poverty, to attaining internationally agreed development goals, including those contained in the United Nations Millennium Declaration, and to achieving health for all;

- (5) to recognize that, when managing the transition to universal coverage, each option will need to be developed within the particular macroeconomic, sociocultural and political context of each country;
- (6) to take advantage, where appropriate, of opportunities that exist for collaboration between public and private providers and health-financing organizations, under strong overall government stewardship;
- (7) to share experiences on different methods of health financing, including the development of social health insurance schemes, and private, public, and mixed schemes, with particular reference to the institutional mechanisms that are established to address the principal functions of the health-financing system;

2. REQUESTS the Director-General:

- (1) to provide, in response to requests from Member States, technical support for strengthening capacities and expertise in the development of health-financing systems, particularly prepayment schemes, including social health insurance, with a view to achieving the goal of universal coverage and taking account of the special needs of small island countries and other countries with small populations; and to collaborate with Member States in the process of social dialogue on health-financing options;
- (2) to provide Member States, in coordination with the World Bank and other relevant partners, with technical information on the potential impact of inflows of external funds for health on macroeconomic stability;
- (3) to create sustainable and continuing mechanisms, including regular international conferences, subject to availability of resources, in order to facilitate the continuous sharing of experiences and lessons learnt on social health insurance;
- (4) to provide technical support in identifying data and methodologies better to measure and analyse the benefits and cost of different practices in health financing, covering collection of revenues, pooling, and provision or purchasing of services, taking account of economic and sociocultural differences;
- (5) to provide support to Member States, as appropriate, for developing and applying tools and methods to evaluate the impact on health services of changes in health-financing systems as they move towards universal coverage;
- (6) to report to the Fifty-ninth World Health Assembly, through the Executive Board, on the implementation of this resolution, including on outstanding issues raised by Member States during the Fifty-eighth World Health Assembly.

Agenda item 13.18

Ministerial Summit on Health Research

The Fifty-eighth World Health Assembly,

Having considered the Mexico Statement on Health Research resulting from the Ministerial Summit on Health Research convened by the Director-General of WHO and the Government of Mexico (Mexico City, 16-20 November 2004);

Acknowledging that high-quality research, and the generation and application of knowledge are critical for achieving the internationally agreed health-related development goals, including those contained in the United Nations Millennium Declaration, improving the performance of health systems, advancing human development, and attaining equity in health;

Recognizing the need to strengthen evidence-based evaluation of the consequences of health and other policies and practices impacting on health at national, regional, and local levels;

Reaffirming the need to create demand for research and to foster participation in the research process;

Sensitive to the need to strengthen national health-research systems by building relevant capacity, developing capable leadership, providing essential monitoring and evaluation tools, improving capacity for ethical review of research, and determining necessary ethical standards and regulations for population health, health care, and clinical research;

Committed to promoting access to reliable, relevant, and up-to-date evidence on the effects of interventions, based on systematic review of the totality of available research findings, and taking into account existing models;

Conscious of the need to identify relatively underfunded areas of research, such as health systems and public health, where increased resources and leadership would accelerate the achievement of internationally agreed health-related development goals;

Emphasizing that research is a global endeavour based on the sharing of knowledge and information and conducted according to appropriate national ethical guidelines and standards,

1. ACKNOWLEDGES the Mexico Statement on Health Research resulting from the Ministerial Summit on Health Research (Mexico City, 16-20 November 2004);

2. URGES Member States:

(1) to consider implementing the recommendation made by the Commission on Health Research for Development in 1990 that “developing countries should invest at least 2% of national health expenditures in research and research capacity strengthening, and at least 5% of

project and program aid for the health sector from development aid agencies should be earmarked for research and research capacity strengthening”,¹

(2) to establish and implement or strengthen a national health-research policy with appropriate political support and to allocate adequate funding and human resources for health-systems research;

(3) to encourage collaboration with other partners in health research so as to facilitate the conduct of such research within their health systems;

(4) to promote activities to strengthen national health-research systems, including the improvement of the knowledge base for decision-making, setting priorities, managing research, monitoring performance, adopting standards and regulations for high-quality research and its ethical oversight, and ensuring participation in such activities of the community, nongovernmental organizations, and patients;

(5) to establish or strengthen mechanisms to transfer knowledge in support of evidence-based public health and health-care delivery systems, and evidence-based health-related policies;

(6) to support, together with WHO and the global scientific community, networking of national research agencies and other stakeholders with a view to conducting collaborative research in order to address global health priorities;

(7) to encourage public debate on the ethical dimension and societal implications of health research among researchers, practitioners, patients and representatives of civil society and the private sector and to encourage transparency on research results and on possible conflicts of interest;

3. CALLS UPON the global scientific community, international partners, the private sector, civil society, and other relevant stakeholders, as appropriate:

(1) to provide support for a substantive and sustainable programme of health-systems research aligned with priority country needs and aimed at achieving the internationally agreed health-related development goals, including those contained in the United Nations Millennium Declaration;

(2) to establish a voluntary platform to link clinical trials registers in order to ensure a single point of access and the unambiguous identification of trials with a view to enhancing access to information by patients, families, patient groups and others;

(3) to strengthen or establish the transfer of knowledge in order to communicate, improve access to, and promote use of, reliable, relevant, unbiased, and timely health information;

(4) to provide support for national, regional, and global research partnerships, including public-private partnerships, to accelerate the development of essential drugs, vaccines, and diagnostics, and mechanisms for their equitable delivery;

¹ *Commission on Health Research for Development. Health research: essential link to equity in development.* New York, Oxford University Press, 1990.

(5) to recognize the need to involve the relevant authorities in the Member States concerned in the initial planning of health research projects;

(6) to support, together with the WHO Secretariat and Member States, networking of national research agencies and other stakeholders to the greatest extent possible as a means of identifying and conducting collaborative research that would address global health priorities;

4. REQUESTS the Director-General:

(1) to undertake an assessment of WHO's internal resources, expertise and activities in the area of health research, with a view to developing a position paper on WHO's role and responsibilities in the area of health research and to report through the Executive Board to the next World Health Assembly;

(2) to engage in consultation with interested stakeholders on creation of a programme on health-systems research geared to assisting Member States to accelerate achievement of internationally agreed health-related development goals, including those contained in the United Nations Millennium Declaration;

(3) to pursue with interested partners the development of a voluntary platform to link clinical trials registers;

(4) to assist in the development of more effective mechanisms to bridge the divide between ways in which knowledge is generated and ways in which it is used, including the transformation of health-research findings into policy and practice;

(5) to consider the possibility, with other interested stakeholders, of convening an international conference on research into human resources for health, and to consider convening the next ministerial-level meeting on health research in 2008;

(6) to ensure that meetings open to all Member States on health research organized by WHO that are characterized as summits or as ministerial summits are first approved by the World Health Assembly.

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