



WORLD HEALTH ORGANIZATION

FIFTY-NINTH WORLD HEALTH ASSEMBLY

(Draft) A59/55
27 May 2006

Sixth report of Committee A

(Draft)

Committee A held its eleventh meeting on 27 May 2006 under the chairmanship of Dr P. Mazzetti Soler (Peru), Dr Kimmo Leppo (Finland) and Dr A. Ramadoss (India).

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

11. Technical and health matters

11.12 International migration of health personnel: a challenge for health systems in developing countries

One resolution entitled:

- Rapid scaling up of health workforce production

11.10 International trade and health

One resolution

11.5 Smallpox eradication: destruction of variola virus stocks

One decision

11.11 Intellectual property rights

One resolution entitled:

- Public health, innovation, essential health research and intellectual property rights: towards a global strategy and plan of action

11.17 Implementation of resolutions: progress reports

One resolution entitled:

- Strengthening nursing and midwifery

11.7 Prevention of avoidable blindness and visual impairment

One resolution

Agenda item 11.12

Rapid scaling up of health workforce production

The Fifty-ninth World Health Assembly,

Recognizing the centrality of human resources for health for the effective operation of country health systems as highlighted in *The world health report 2006*;¹

Recognizing that these health-worker shortages are interfering with efforts to achieve the internationally agreed health-related development goals, including those contained in the Millennium Declaration, and those of WHO's priority programmes;

Aware of alliances² aiming at achieving a rapid increase in the number of qualified health workers in countries experiencing shortages through partnerships between industrialized and developing countries;

Recalling resolution WHA57.19 on the challenge posed by the international migration of health personnel;

Concerned that in many countries, notably those in sub-Saharan Africa, there is inadequate capacity to train sufficient health workers for adequate coverage of the population;

Concerned that many countries lack the financial means, facilities and sufficient educators to train an adequate health workforce;

Mindful of the need for a comprehensive national policy and plan on human resources for health, and that production is one of its elements;

Recognizing the importance of achieving the goals of self-sufficiency in health workforce development,

1. URGES Member States to affirm their commitment to the training of more health workers by:

(1) giving consideration to the establishment of mechanisms to mitigate the adverse impact on developing countries of the loss of health personnel through migration, including means for the receiving developed countries to support the strengthening of health systems, in particular human resources development, in the countries of origin;

(2) promoting training in accredited institutions of a full spectrum of quality professionals, and also community health workers, public health workers and paraprofessionals;

¹ *The world health report 2006: Working together for health*. Geneva, World Health Organization, 2006.

² For example, the Global Health Workforce Alliance, whose Secretariat is at WHO.

(3) encouraging financial support by global health partners, including bilateral donors, priority disease and intervention partnerships, for health training institutions in developing countries;

(4) promoting the concept of training partnerships between schools in industrialized and developing countries involving exchanges of faculty and students;

(5) promoting the creation of planning teams in each country facing health-worker shortages, drawing on wider stakeholders, including professional bodies, the public and private sectors and nongovernmental organizations, whose task would be to formulate a comprehensive national strategy for the health workforce, including consideration of effective mechanisms for utilization of trained volunteers;

(6) using innovative approaches to teaching in developed and developing countries with state-of-the-art teaching materials and continuing education through the innovative use of information and communications technology;

2. REQUESTS the Director-General:

(1) to provide technical support to Member States, as needed, in their efforts to revitalize health training institutions and rapidly to increase the health workforce;

(2) to encourage global health partners to support health training institutions;

(3) to encourage Member States to engage in training partnerships intended to improve the capacity and quality of health-professional education in developing countries;

(4) to encourage and support Member States in development of health-workforce planning teams and use of innovative approaches to teaching in developing countries with state-of-the-art teaching materials and continuing education through the innovative use of information and communications technology;

(5) to report to the Sixty-third World Health Assembly in 2010 of progress made in the implementation of this resolution.

Agenda item 11.10

International trade and health

The Fifty-ninth World Health Assembly,

Having considered the report on international trade and health;¹

Recalling resolutions WHA52.19, WHA53.14, WHA56.23, WHA56.27, WHA57.14 and WHA57.19;

Recognizing the demand for information about the possible implications of international trade and trade agreements for health and health policy at national, regional and global levels;

Mindful of the need for all relevant ministries, including those of health, trade, commerce, finance and foreign affairs, to work together constructively in order to ensure that the interests of trade and health are appropriately balanced and coordinated,

1. URGES Member States:

(1) to promote multi-stakeholder dialogue at national level to consider the interplay between international trade and health;

(2) to adopt, where necessary, policies, laws and regulations that deal with issues identified in that dialogue and take advantage of the potential opportunities, and address the potential challenges that trade and trade agreements may have for health, considering, where appropriate, using the flexibilities inherent in them;

(3) to apply or establish, where necessary, coordination mechanisms involving ministries of finance, health, and trade, and other relevant institutions, to address public health related aspects of international trade;

(4) to create constructive and interactive relationships across the public and private sectors for the purpose of generating coherence in their trade and health policies;

(5) to continue to develop capacity at national level to track and analyse the potential opportunities and challenges of trade and trade agreements for health-sector performance and health outcomes;

2. REQUESTS the Director-General:

(1) to provide support to Member States, at their request and in collaboration with the competent international organizations, in their efforts to frame coherent policies to address the relationship between trade and health;

¹ Document A59/15.

- (2) to respond to Member States' requests for support of their efforts to build the capacity to understand the implications of international trade and trade agreements for health and to address relevant issues through policies and legislation that take advantage of the potential opportunities, and address the potential challenges, that trade and trade agreements may have for health;
- (3) to continue collaborating with the competent international organizations in order to support policy coherence between trade and health sectors at regional and global levels, including generating and sharing evidence on the relationship between trade and health;
- (4) to report to the Sixty-first World Health Assembly, through the Executive Board, on progress made in implementing this resolution.

Agenda item 11.5

Smallpox eradication: destruction of variola virus stocks

The Fifty-ninth World Health Assembly decided to submit the text of the draft resolution entitled “Smallpox eradication: destruction of variola virus stocks”, as proposed by a working group of Committee A, to the Executive Board at its 120th session for further consideration.

Agenda item 11.11

Public health, innovation, essential health research and intellectual property rights: towards a global strategy and plan of action

The Fifty-ninth World Health Assembly,

Recalling resolution WHA56.27, which requested the Director-General to establish terms of reference for an appropriate time-limited body to collect data and proposals from the different actors involved and produce an analysis of intellectual property rights, innovation and public health;

Further recalling resolutions WHA52.19, WHA53.14, WHA54.10, and WHA57.14;

Having considered the report of the Commission on Intellectual Property Rights, Innovation and Public Health;¹

Conscious of the growing burden of diseases and conditions disproportionately affecting developing countries, particularly those affecting women and children, including an upsurge in noncommunicable diseases;

Considering the need to continue to develop safe and affordable new products² for such communicable diseases as AIDS, malaria and tuberculosis, and for other diseases or illnesses disproportionately affecting developing countries;

Conscious of the opportunities opened up by advances in biomedical science, and the need to harness them more effectively to develop new products, particularly in order to meet public health needs in developing countries;

Aware of the considerable progress that has been made in recent years by governments, industry, charitable foundations, and nongovernmental organizations in funding initiatives to develop new products to fight diseases affecting developing countries, and to increase access to existing ones;

Recognizing, however, that much more needs to be done in relation to the scale of avoidable suffering and mortality;

Concerned about the need for appropriate, effective and safe health tools for patients living in resource-poor settings;

Considering the urgency of developing new products to address emerging health threats such as multidrug-resistant tuberculosis, and other infectious diseases of particular relevance to developing countries;

¹ Public health, innovation and intellectual property rights. Report of the Commission on Intellectual Property Rights, Innovation and Public Health. April 2006.

² The word “products” hereafter should be understood to include vaccines, diagnostics and medicines.

Aware of the need for additional funding for research and development for new vaccines, diagnostics and pharmaceuticals, including microbicides, for illnesses, including AIDS, that disproportionately affect developing countries;

Recognizing the importance of, and need for, public/private partnerships devoted to the development of new essential drugs and research tools, and aware of the need for governments to set a needs-based priority agenda for health, and to provide political support and sustainable sources of funding for such initiatives;

Recognizing the importance of public and private investment in the development of new medical technologies;

Considering that a number of developing countries have been strengthening their research and development capacity in new health technologies, and that their role will be increasingly critical, and recognizing the need for continued support for research in and by developing countries;

Noting that intellectual property rights are an important incentive for the development of new health-care products;

Noting, however, that this incentive alone does not meet the need for the development of new products to fight diseases where the potential paying market is small or uncertain;

Noting that the Doha Ministerial Declaration on the TRIPS Agreement and Public Health confirms that the Agreement does not and should not prevent Members from taking measures to protect public health;

Further noting that the Declaration, while reiterating commitment to the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) affirms that the Agreement can and should be interpreted and implemented in a manner supportive of the rights of WTO Members to protect public health and, in particular, to promote access to medicines for all;

Taking into account Article 7 of the TRIPS agreement that states that “the protection and enforcement of intellectual property rights should contribute to the promotion of technological innovation and to the transfer and dissemination of technology, to the mutual advantage of producers and users of technological knowledge and in a manner conducive to social and economic welfare, and to a balance of rights and obligations”;

Stressing that the Universal Declaration of Human Rights provides that “everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits” and that “everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author”;

Concerned about the impact of high prices of medicines on access to treatment;

Aware of the need to promote new thinking on the mechanisms that support innovation;

Recognizing the importance of strengthening capacity of local public institutions and businesses in developing countries to contribute to, and participate in, research and development efforts;

Noting that the report of the Commission requests that WHO should prepare a global plan of action to secure enhanced and sustainable funding for developing and making accessible products to address diseases that disproportionately affect developing countries,

1. WELCOMES the report of the Commission on Intellectual Property Rights, Innovation and Public Health and expresses its appreciation to the Chair, Vice-Chair and Members of the Commission for their work;

2. URGES Member States:¹

(1) to make global health and medicines a priority sector, to take determined action to emphasize priorities in research and development addressed to the needs of patients, especially those in resource-poor settings, and to harness collaborative research and development initiatives involving disease-endemic countries;

(2) to consider the recommendations of the report and to contribute actively to the development of a global strategy and plan of action, and to take an active part, working with the secretariat and international partners, in providing support for essential medical research and development;

(3) to work to ensure that progress in basic science and biomedicine is translated into improved, safe and affordable health products – drugs, vaccines and diagnostics – to respond to all patients’ and clients’ needs, especially those living in poverty, taking into account the critical role of gender, and to ensure that capacity is strengthened to support rapid delivery of essential medicines to people;

(4) to encourage trade agreements to take into account the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights and recognized by the Doha Ministerial Declaration on the TRIPS Agreement and Public Health;

(5) to ensure that the report of the WHO Commission on Intellectual Property Rights, Innovation and Public Health is included on the agendas of WHO’s regional committees in 2006;

3. DECIDES:

(1) to establish, in accordance with Rule 42 of the Rules of Procedure of the World Health Assembly, an intergovernmental working group open to all interested Member States to draw up a global strategy and plan of action in order to provide a medium-term framework based on the recommendations of the Commission. Such a strategy and plan of action aims at, inter alia, securing an enhanced and sustainable basis for needs-driven, essential health research and development relevant to diseases that disproportionately affect developing countries, proposing clear objectives and priorities for research and development, and estimating funding needs in this area;

(2) that regional economic integration organizations constituted by sovereign States, Members of WHO, to which their Member States have transferred competence over matters

¹ Where applicable, also regional economic integration organizations.

governed by this resolution, including the competence to enter into international legally binding regulations, may participate, in accordance with Rule 55 of the Rules of Procedure of the World Health Assembly, in the work of the intergovernmental working group referred to under paragraph (1);

(3) that the above-mentioned working group shall report to the Sixtieth World Health Assembly through the Executive Board on the progress made, giving particular attention to needs-driven research and other potential areas for early implementation action;

(4) that the working group shall submit the final global strategy and plan of action to the Sixty-first World Health Assembly through the Executive Board;

4. REQUESTS the Director-General:

(1) to convene immediately the intergovernmental working group and to allocate the necessary resources to it;

(2) to invite, as observers at the sessions of the intergovernmental working group, representatives of non-Member States, of liberation movements referred to in resolution WHA27.37, of organizations of the United Nations system, of intergovernmental organizations with which WHO has established effective relations, and of nongovernmental organizations in official relations with WHO, who shall attend the sessions of the working group in accordance with the relevant Rules of Procedure and resolutions of the Health Assembly;

(3) to invite experts and a limited number of concerned public and private entities to attend the sessions of the intergovernmental working group and to provide advice and expertise, as necessary, upon request of the Chair, taking into account the need to avoid conflicts of interest;

(4) to continue to issue public health-based research and development reports, identifying from a public health perspective, gaps and needs related to pharmaceuticals, and to report on them periodically;

(5) to continue to monitor, from a public health perspective, in consultation as appropriate with other international organizations, the impact of intellectual property rights and other issues addressed in the Commission's report, on the development of, and access to, health care products, and report thereon to the Health Assembly.

Agenda item 11.17

Strengthening nursing and midwifery

The Fifty-ninth World Health Assembly,

Having considered the progress report on strengthening nursing and midwifery;¹

Recognizing the centrality of human resources for health to the effective operation of country health systems as highlighted in *The world health report 2006*;²

Recognizing the crucial contribution of the nursing and midwifery professions to health systems, to the health of the people they serve, and to efforts to achieve the internationally agreed health-related development goals, including those contained in the Millennium Declaration, and those of WHO's priority programmes;

Recalling resolution WHA57.19 on the challenge posed by the international migration of health personnel;

Recognizing the impact of "push" and "pull" factors in the countries concerned;

Concerned at continuing shortage of nurses and midwives in many countries, and its impact on health care, and more widely;

Mindful of previous resolutions to strengthen nursing and midwifery, including resolutions WHA42.27, WHA45.5, WHA49.1 and WHA54.12, and the strategic directions for nursing and midwifery services in place for the years 2002-2008;³

Concerned that some Member States do not yet give full recognition to the contribution of nursing and midwifery in their programmes and practices;

1. URGES Member States to confirm their commitment to strengthen nursing and midwifery by:
 - (1) establishing comprehensive programmes for the development of human resources which support the recruitment and retention, while ensuring equitable geographical distribution, in sufficient numbers of a balanced skill mix, and a skilled and motivated nursing and midwifery workforce within their health services;
 - (2) actively involving nurses and midwives in the development of their health systems and in the framing, planning and implementation of health policy at all levels, including ensuring that nursing and midwifery is represented at all appropriate governmental levels, and have real influence;

¹ Document A59/23.

² *The world health report 2006. Working together for health*. Geneva, World Health Organization, 2006.

³ *Nursing and midwifery services; strategic directions 2002-2008*. Geneva, World Health Organization, 2002.

- (3) ensuring continued progress toward implementation at country level of WHO's strategic directions for nursing and midwifery;
- (4) regularly reviewing legislation and regulatory processes relating to nursing and midwifery in order to ensure that they enable nurses and midwives to make their optimum contribution in the light of changing conditions and requirements;
- (5) to provide support for the collection and use of nursing and midwifery core data as part of national health information systems;
- (6) to support the development and implementation of ethical recruitment of national and international nursing and midwifery staff.

2. REQUESTS the Director-General:

- (1) to ensure the involvement of nurses and midwives in the integrated planning of human resources for health, particularly with respect to strategies for maintaining adequate numbers of competent nursing and midwifery personnel;
- (2) to provide continuing support for the work of the Global Advisory Group on Nursing and Midwifery, and to recruit nurses and midwives in all relevant WHO programmes to ensure the contribution of nursing and midwifery in the development and implementation of WHO's policy and programmes;
- (3) to provide support to Member States, in collaboration with local and global partners to strengthen the application of ethical recruitment guidelines;
- (4) to provide support to Member States in optimizing the contribution of nursing and midwifery to meeting national health policies and the internationally agreed health-related development goals, including those contained in the Millennium Declaration;
- (5) to encourage and support Member States in the provision of workplace environments that are safe and support the retention of nurses and midwives;
- (6) to report to the Sixty-first and Sixty-third World Health Assembly in 2008 and 2010 on progress made in the implementation of this resolution.

Agenda item 11.7

Prevention of avoidable blindness and visual impairment

The Fifty-ninth World Health Assembly,

Having considered the report on prevention of avoidable blindness and visual impairment;¹

Recognizing that more than 161 million people worldwide are visually impaired, of whom 37 million are blind, and that an estimated 75% of blindness is avoidable or curable using established and affordable technologies;

Recalling resolution WHA56.26 on the elimination of avoidable blindness;

Noting with concern that only 32% of targeted countries had drafted a national Vision 2020 plan by August 2005;

Acknowledging the links between poverty and blindness and that blindness places a heavy economic burden on families, communities and countries, particularly developing countries;

Further acknowledging that control of both onchocerciasis and trachoma has come about through the commitment of broad international alliances;

Noting that many Member States have committed themselves to providing support for the Global Initiative for the Elimination of Avoidable Blindness, known as Vision 2020 – the Right to Sight;

Welcoming the important actions developed at regional, subregional and international levels by Member States with the view to achieving substantial progress in the elimination of avoidable blindness through greater international cooperation and solidarity,

1. URGES Member States:

(1) to reinforce efforts to set up national Vision 2020 plans as called for in resolution WHA56.26;

(2) to provide support for Vision 2020 plans by mobilizing domestic funding;

(3) to include prevention of avoidable blindness and visual impairment in national development plans and goals;

(4) to advance the integration of prevention of avoidable blindness and visual impairment in primary health care and in existing health plans and programmes at regional and national levels;

¹ Document A59/12.

- (5) to encourage partnerships between the public sector, nongovernmental organizations, the private sector, civil society and communities in programmes and activities for prevention of blindness at all levels;
- (6) to develop and strengthen eye-care services and integrate them in the existing health-care system at all levels, including the training and re-training of health workers in visual health;
- (7) to promote and provide improved access to health services both with regard to prevention as well as treatment for ocular conditions;
- (8) to encourage integration, cooperation and solidarity between countries in the areas of prevention and care for blindness and visual impairment;
- (9) to make available within health systems essential medicines and medical supplies needed for eye care;

2. REQUESTS the Director-General:

- (1) to give priority to prevention of avoidable blindness and visual impairment;
- (2) (a) to provide necessary technical support to Member States and;
 - (b) to provide support to collaboration among countries for the prevention of avoidable blindness and visual impairment in particular in the area of training of all categories of relevant staff;
- (3) to monitor progress in the Global Initiative for the Elimination of Avoidable Blindness in collaboration with international partners, and to report to the Executive Board every three years;
- (4) to ensure that prevention of blindness and visual impairment are included in the implementation and monitoring of WHO's Eleventh General Programme of Work and provide necessary technical support to Member States and strengthen global, regional and national activities for prevention of blindness;
- (5) to add prevention of blindness and visual impairment to WHO's medium-term strategic plan 2008-2013 and proposed programme budget 2008-2009 which are currently under preparation;
- (6) to strengthen cooperation through regional, subregional and international efforts with the view to achieving the goals set up by this resolution.

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