

Fifth report of Committee A

(Draft)

Committee A held its twelfth and thirteenth meetings on 22 May 2007 under the chairmanship of Dr R.R. Jean Louis (Madagascar).

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

12. Technical and health matters

12.14 Health systems: emergency-care systems

One resolution

12.8 Prevention and control of noncommunicable diseases: implementation of the global strategy

One resolution

12.11 Health promotion in a globalized world

One resolution

12.12 Integrating gender analysis and actions into the work of WHO: draft strategy

One resolution

12.13 Workers' health: global plan of action

One resolution

12.15 Strengthening of health information systems

One resolution

12.1 Avian and pandemic influenza

One resolution entitled:

- Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits

Agenda item 12.14

Health systems: emergency-care systems

The Sixtieth World Health Assembly,

Having considered the report on health systems: emergency-care systems;¹

Recalling resolutions WHA56.24 on implementing the recommendations of the *World report on violence and health* and WHA57.10 on road safety and health, which respectively noted that violence was a leading worldwide public health problem and that road-traffic injuries caused extensive and serious public-health problems;

Further recalling that resolution WHA56.24 requested the Director-General to provide technical support for strengthening trauma and care services to survivors or victims of violence, and that resolution WHA57.10 recommended Member States to strengthen emergency and rehabilitation services, and requested the Director-General to provide technical support for strengthening systems of prehospital and trauma care for victims of road-traffic injuries;

Recognizing that each year worldwide more than 100 million people sustain injuries, that more than five million people die from violence and injury, and that 90% of the global burden of violence and injury mortality occurs in low- and middle-income countries;

Aware of the need for primary prevention as one of the most important ways to reduce the burden of injuries;

Recognizing that improved organization and planning for provision of trauma and emergency care is an essential part of integrated health-care delivery, plays an important role in preparedness for, and response to, mass-casualty incidents, and can lower mortality, reduce disability and prevent other adverse health outcomes arising from the burden of everyday injuries;

Considering that WHO's published guidance and electronic tools offer a means to improve the organization and planning of trauma and emergency care that is particularly adapted to meeting the needs of low- and middle-income countries,

1. CONSIDERS that additional efforts should be made globally to strengthen provision of trauma and emergency care so as to ensure timely and effective delivery to those who need it in the context of the overall health-care system, and related health and health-promotion initiatives;

2. URGES Member States:

(1) to assess comprehensively the prehospital and emergency-care context including, where necessary, identifying unmet needs;

¹ Document A60/21.

- (2) to ensure involvement of ministries of health in, and an intersectoral coordination mechanism for, review and strengthening of the provision of trauma and emergency care;
- (3) to consider establishing formal and integrated trauma and emergency-care systems and to draw on informal systems and community resources in order to establish prehospital-care capacity in areas where formal, prehospital, emergency medical-care systems are impractical;
- (4) in settings with a formal, emergency medical-care system, and where appropriate and feasible, to ensure that a monitoring mechanism exists to provide improved pertinent information and assure minimum standards for training, equipment, infrastructure and communication;
- (5) in locations with a formal, emergency medical-care system, or where one is being developed, to establish, and make widely known, a universal-access telephone number;
- (6) to identify a core set of trauma and emergency-care services, and to develop methods for assuring and documenting that such services are provided appropriately to all who need them;
- (7) to consider creating incentives for training and to improve working conditions for health-care providers concerned;
- (8) to ensure that appropriate core competencies are part of relevant health curricula and to promote continuing education for providers of trauma and emergency care;
- (9) to ensure that data sources are sufficient to monitor objectively the outcome of efforts to strengthen trauma and emergency-care systems;
- (10) to review and update relevant legislation, including where necessary financial mechanisms and management aspects, so as to ensure that a core set of trauma and emergency-care services are accessible to all people who need them;

3. REQUESTS the Director-General:

- (1) to devise standardized tools and techniques for assessing need for prehospital and facility-based capacity in trauma and emergency care;
- (2) to develop techniques for reviewing policy and legislation related to provision of emergency care, and to compile examples of such legislation and to use such institutional capacity to provide support to Member States, on request, for reviewing and updating their policies and legislation;
- (3) to determine standards, mechanisms, and techniques for inspection of facilities, and to provide support to Member States for design of quality-improvement programmes and other methods needed for competent and timely provision of essential trauma and emergency care;
- (4) to provide guidance for the creation and strengthening of mass-casualty management systems;

- (5) to provide support to Member States, upon request, for needs assessments, facility inspection, quality-improvement programmes, review of legislation, and other aspects of strengthening provision of trauma and emergency care;
- (6) to encourage research and collaborate with Member States in establishing science-based policies and programmes for implementation of methods to strengthen trauma and emergency care;
- (7) to collaborate with Member States, nongovernmental organizations and other stakeholders in order to help ensure that the necessary capacity is in place effectively to plan, organize, administer, finance and monitor provision of trauma and emergency care;
- (8) to raise awareness that low-cost ways exist to reduce mortality through improved organization and planning of provision of trauma and emergency care, and to organize regular expert meetings to further technical exchange and build capacity in this area;
- (9) to work with Member States to design strategies for providing, on a regular basis, optimal, non-emergency and emergency care to all those in need; and to provide support to Member States for mobilizing adequate resources from donors and development partners to achieve this goal;
- (10) to report on progress made in implementing this resolution to the Health Assembly, through the Executive Board.

Agenda item 12.8

Prevention and control of noncommunicable diseases: implementation of the global strategy

The Sixtieth World Health Assembly,

Having considered the report on prevention and control of noncommunicable diseases: implementation of the global strategy;¹

Recalling resolutions WHA53.17 on prevention and control of noncommunicable diseases, WHA54.18 on transparency in tobacco control process, WHA56.1 on the WHO Framework Convention on Tobacco Control, WHA57.17 on the Global Strategy on Diet, Physical Activity and Health, WHA57.16 on health promotion and healthy lifestyles, WHA58.22 on cancer prevention and control, and WHA58.26 on public-health problems caused by harmful use of alcohol, and the many related regional committee resolutions, including on mental health;

Deeply concerned that in 2005 noncommunicable diseases caused an estimated 35 million deaths (60% of all deaths globally), that 80% of these deaths occurred in low- and middle-income countries, and that about 16 million deaths occurred among people under 70 years of age;

Noting that the mortality due to noncommunicable diseases is expected to rise by a further 17% by 2015, with serious socioeconomic consequences for Member States, communities and families;

Noting the links between noncommunicable diseases, development, the environment, and human security, and their contribution to health inequalities;

Noting that multisectoral responses continue to be limited by lack of awareness of, and appropriate action to reverse, the pandemic of noncommunicable diseases;

Noting that the importance of prevention and control of noncommunicable diseases has been highlighted in the Eleventh General Programme of Work 2006–2015, which includes the target of reducing death rates from noncommunicable diseases by 2% annually during the next 10 years;

Noting the increasing evidence on the cost-effectiveness of several simple interventions for prevention and control of noncommunicable diseases;

Noting the importance of motivating, educating and supporting individuals and families to make healthy choices in their daily lives, and the important role played by governments in providing healthy public policy and environments;

Confirming the importance of tackling the major underlying risk factors for noncommunicable diseases in an integrated, comprehensive, multisectoral and step-by-step manner;

¹ Document A60/15.

Recognizing the heavy social and economic burden of musculoskeletal disorders especially among the work force and elderly people;

Bearing in mind that the response to the triple burden of infectious diseases, noncommunicable diseases and injuries faced by many countries, and their severe resource constraints, requires a strong primary health-care system within an integrated health system;

Recognizing that the implementation of the WHO Framework Convention on Tobacco Control is an essential measure for the prevention and control of noncommunicable diseases;

Recognizing that greater efforts are required globally to promote physical activity and healthy lifestyles, and to improve the nutritional quality of food and drink products, the way in which they are marketed, and the quality of information and its availability to consumers and their families, in particular children, young people and other population groups in vulnerable circumstances;

Recognizing that more information is required on the socioeconomic and developmental impact of noncommunicable diseases and on the outcome of available interventions;

Aware that Member States spend only a small proportion of their health-care budget on prevention of noncommunicable diseases and on public health, and that even a minor increase in that percentage would yield tremendous health and socioeconomic benefits,

1. URGES Member States:

(1) to strengthen national and local political will to prevent and control noncommunicable diseases as part of a commitment to achieving the target of reducing death rates from noncommunicable diseases by 2% annually for the next 10 years, as contained in the Eleventh General Programme of Work, 2006–2015;¹

(2) to establish and strengthen a national coordinating mechanism and local coalitions for prevention and control of noncommunicable diseases where appropriate to national circumstances, with a broad multisectoral mandate including mobilization of political will and financial resources, and involving all relevant stakeholders;

(3) to develop and implement a national multisectoral evidence-based action plan for prevention and control of noncommunicable diseases that sets out priorities, a time frame and performance indicators, provides the basis for coordinating the work of all stakeholders, and actively engages civil society, while ensuring avoidance of potential conflict of interest;

(4) to increase, as appropriate, resources for programmes for the prevention and control of noncommunicable diseases;

(5) to implement and increase support for existing global initiatives and the Framework Convention on Tobacco Control that contribute to achieving the target of reducing death rates from noncommunicable diseases by 2% annually for the next ten years;

¹ Document A59/25, Appendix 6.

- (6) to strengthen the capacity of health systems for prevention, to make prevention and control of noncommunicable diseases an integral part of primary health-care programmes and to ensure that health institutions are adequately organized in order to meet the serious challenges raised by noncommunicable diseases, thereby implicitly focusing in particular on primary health care;
- (7) to strengthen monitoring and evaluation systems, including country-level epidemiological surveillance mechanisms, in order to compile evidence for informing policy decisions;
- (8) to emphasize the key role of governmental functions, including regulatory functions, when combating noncommunicable diseases;
- (9) to increase access to appropriate health care including affordable, high-quality medicines for high-risk populations in low- and middle-income countries;
- (10) to incorporate into their national health programmes strategies for public health interventions designed to reduce the incidence of obesity in children and adults, together with measures to prevent and control diabetes mellitus;

2. REQUESTS the Director-General:

- (1) on the basis of an outline contained in the report on prevention and control of noncommunicable diseases: implementation of the global strategy,¹ to prepare an action plan to be submitted to the Sixty-first World Health Assembly, through the Executive Board, that sets out priorities, actions, a time frame and performance indicators for prevention and control of noncommunicable diseases between 2008 and 2013 at global and regional levels, and to provide support where needed for elaboration, intensified implementation and monitoring of national plans for prevention and control of noncommunicable diseases, including the further development of an intervention to manage the conditions of people at high risk of such diseases;
- (2) to raise further awareness among Member States of the importance of drawing up, promoting and funding supportive national multisectoral coordination and surveillance mechanisms, health promotion programmes and plans for prevention and control of noncommunicable diseases;
- (3) to provide support to Member States, on request, and to foster partnership, collaboration, cooperation and sharing of best practices among Member States for incorporating comprehensive noncommunicable disease interventions into national policies and programmes, including health systems policies and programmes, and for expanding interventions, including strategies to educate and support individuals and families;
- (4) to disseminate to Member States, in a timely and consistent manner, information on cost-effective, core interventions aimed at preventing and controlling noncommunicable diseases;
- (5) to encourage dialogue with international, regional and national nongovernmental organizations, donors and technical-agency partners and the private sector, while ensuring the avoidance of potential conflict of interest, in order to increase support, resources and

¹ Document A60/15.

partnerships for prevention and control of noncommunicable diseases, including health and wellness programmes at the workplace as appropriate;

(6) to promote initiatives aimed at implementing the global strategy with the purpose of increasing availability of healthy food, and promoting healthy diets and healthy eating habits, and to promote responsible marketing including the development of a set of recommendations on marketing of foods and non-alcoholic beverages to children, in order to reduce the impact of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt, in dialogue with all relevant stakeholders, including private-sector parties, while ensuring avoidance of potential conflict of interest;

(7) to build and sustain contact with the mass media in order to ensure continued prominence in the media of issues related to the prevention and control of noncommunicable diseases;

(8) to improve understanding of the socioeconomic impact of noncommunicable diseases at national and household levels, especially in low- and middle-income countries;

(9) to ensure that the work on prevention and control of noncommunicable diseases is given suitably high priority and support where appropriate;

(10) to develop mechanisms for Member States to coordinate activities on the prevention and control of noncommunicable diseases, in particular to recognize global and regional networking programmes on the prevention and control of noncommunicable diseases as an effective means of cooperation and implementing the global strategy, and to provide funding and support for the organization and coordination of these programmes at global and regional levels;

(11) to strongly promote dialogue between Member States with a view to implementation of concrete actions to prevent obesity and diabetes mellitus within the framework of resolution WHA53.17 on prevention and control of noncommunicable diseases and the Global Strategy on Diet, Physical Activity and Health;

(12) to report to the Sixty-third World Health Assembly, and subsequently every two years to the Health Assembly, through the Executive Board, on progress in implementing the global strategy on prevention and control of noncommunicable diseases, including progress on the action plan.

Agenda item 12.11

Health promotion in a globalized world

The Sixtieth World Health Assembly,

Recalling resolutions WHA42.44 on health promotion, public information and education for health, WHA51.12 on health promotion, WHA57.16 on health promotion and healthy lifestyles, and the outcomes of the six international conferences on health promotion (Ottawa, 1986; Adelaide, Australia, 1988; Sundsvall, Sweden, 1991; Jakarta, 1997; Mexico City, 2000; Bangkok, 2005);

Having considered the report on follow-up to the 6th Global Conference on Health Promotion (Bangkok in 2005),¹ which confirms the need to focus on health promotion actions to address the determinants of health;

Drawing on the Declaration of Alma-Ata, the Ottawa Charter for Health Promotion, and the Bangkok Charter for Health Promotion in a Globalized World which sets out strategic directions for equitable health improvement in the first decades of the twenty-first century;

Considering the actions and recommendations set out in the Bangkok Charter for Health Promotion in a Globalized World to make the promotion of health central to the global development agenda, a core responsibility for all governments and a key focus of communities, civil society, and the private sector;

Noting that health promotion is essential for meeting the targets of the internationally agreed health-related development goals, including those contained in the Millennium Declaration, is intimately related to the work of WHO's Commission on Social Determinants of Health, and makes an important contribution to realizing the objectives of the Eleventh General Programme of Work;

Recognizing that the dramatic changes of the global burden of disease, notably due to noncommunicable diseases, require greater attention, and call for adjustments in society at large and in resource allocation in order to tackle the immediate and underlying determinants of health;

Recognizing that health promotion contributes to the achievement of health for all;

Confirming the importance of addressing also the wider determinants of health, and of implementing recommendations on, and undertaking action for, health for all,

1. URGES all Member States:

(1) to increase, as appropriate, investments in, and to frame sound policies for, health promotion as an essential component of equitable social and economic development;

¹ Document A60/18.

(2) to establish, as appropriate, effective mechanisms for a multisectoral, including interministerial, approach in order to address effectively the social, economic, political and environmental determinants of health throughout the life-course;

(3) to support and foster the active engagement in health promotion of communities, civil society, especially people or groups making positive contributions, the public including professional and labour unions, businesses and associations, bodies, especially those involved in public health and health promotion, while avoiding any possible conflict of interest and promoting constructive engagement for mutual benefit;

(4) systematically to monitor, evaluate and improve health-promotion policies, programmes, infrastructure and investment, on a regular basis, including consideration of the use of health-impact assessments, to report results in solving problems related to health promotion and to publicize and use those results in the planning process;

(4bis) to reorient national public health systems towards the promotion and adoption of healthier lifestyles by individuals, families and communities;

(5) to introduce into current practices effective, evidence-based health promotion interventions;

(6) that have successfully implemented a national public health policy, within which health promotion is the key to modifying the determinants of health, effectively to transfer their expertise to those countries that are still in the implementation phase;

2. REQUESTS the Director-General:

(1) to strengthen the capacity for health promotion across the Organization in order to provide better support to Member States by advancing knowledge and the active engagement of other appropriate organizations of the United Nations system and international organizations;

(2) to provide support to Member States in their continuous efforts to strengthen national health systems with a special focus on the primary health sector, in order to enhance the ability to tackle serious threats to health;

(3) to optimize use of existing forums of Member States for multisectoral, including interministerial stakeholders, interested organizations and other bodies, while avoiding any possible conflict of interest, in order to support the development and implementation of health promotion;

(4) to encourage the convening of national, subregional, regional and global multisectoral conferences on health promotion on a regular basis;

(5) to monitor and evaluate progress, to identify major shortcomings in health promotion globally, and to report on a regular basis and make the reports accessible to the public;

(6) to facilitate exchange of information with international nonhealth forums on key aspects of health promotion;

(6bis) to advocate political and socioeconomic policies that impact positively on health;

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

Agenda item 12.12

Integrating gender analysis and actions into the work of WHO: draft strategy

The Sixtieth World Health Assembly,

Having considered the draft strategy for integrating gender analysis and actions into the work of WHO,¹

Recalling the Programme of Action of the International Conference on Population and Development (Cairo, 1994), the Beijing Declaration and Platform for Action (Beijing, 1995), the recommendations of Beijing plus 10 Conference (2005) and their reports, the Economic and Social Council's agreed conclusions 1997/2, the United Nations Millennium Declaration 2000, the 2005 World Summit Outcome² and resolution WHA58.30 on accelerating achievement of the internationally agreed health-related development goals, including those contained in the Millennium Declaration,

1. NOTES WITH APPRECIATION the strategy for integrating gender analysis and actions into the work of WHO;
2. URGES Member States:
 - (1) to include gender analysis and planning in joint strategic, and operational planning, and budget planning as appropriate, including country cooperation strategies;
 - (2) to formulate national strategies for addressing gender issues in health policies, programmes and research, including in the area of reproductive and sexual health;
 - (3) to lay emphasis on training and sensitization on, and promotion of, gender, women and health;
 - (4) to ensure that a gender-equality perspective is incorporated in all levels of health-care delivery and services, including those for adolescents and youth;
 - (5) to collect and analyse sex-disaggregated data, conduct research on the factors underlying gender disparities and use the results to inform policies and programmes;
 - (6) to make progress towards gender equality in the health sector, in order to ensure that the contribution of women, men, girls and boys as providers of health care is considered in health policy and planning and training for the health-care workers;

¹ Document A60/19.

² United Nations General Assembly resolution 60/1.

3. REQUESTS the Director-General:

- (1) to assess and address gender differences and inequalities in the planning, implementation, monitoring and evaluation of WHO's work, and to include this requirement in post descriptions and criterion in performance evaluation;
- (2) to define indicators and to monitor, and assure accountability for, implementation of the strategy by the Secretariat at headquarters and in regional and country offices;
- (3) to support and sustain incorporation of a gender perspective into the mainstream of WHO's policies and programmes, including through recruiting staff as soon as possible with specific responsibility and experience on gender and women's health;
- (4) to provide support to Member States in order to build their capacity for gender analysis and action, and for formulating and sustaining strategies and action plans (and relevant budgets) for integrating gender equality in all health policies, programmes, and research;
- (5) to give priority to the use of sex-disaggregated data and gender analysis in WHO's publications, including relevant documents submitted to the Executive Board and the Health Assembly, and in efforts to strengthen health-information systems in order to ensure that they reflect awareness of gender equality as a determinant of health;
- (6) to ensure that programmatic and thematic evaluations indicate the extent to which gender issues have been incorporated in the Organization's work;
- (7) to identify, and divulgate information about, good practices on measuring the impact of integrating gender into health policies, including the development of indicators and health-information systems that disaggregate data by sex;
- (8) to ensure full implementation of the strategy, and to report every two years on progress to the Health Assembly, through the Executive Board.

Agenda item 12.13

Workers' health: global plan of action

The Sixtieth World Health Assembly,

Having considered the draft global plan of action on workers' health;¹

Recalling resolution WHA49.12 which endorsed the global strategy for occupational health for all;

Recalling and recognizing the recommendations of the World Summit on Sustainable Development (Johannesburg, South Africa, 2002) on strengthening WHO action on occupational health and linking it to public health;²

Recalling the Promotional Framework for Occupational Safety and Health Convention, 2006, and the other international instruments in the area of occupational safety and health adopted by the General Conference of the ILO;³

Considering that the health of workers is determined not only by occupational hazards, but also by social and individual factors, and access to health services;

Mindful that interventions exist for primary prevention of occupational hazards and for developing healthy workplaces;

Concerned that there are major gaps between and within countries in the exposure of workers and local communities to occupational hazards and in their access to occupational health services;

Stressing that the health of workers is an essential prerequisite for productivity and economic development,

1. ENDORSES the global plan of action on workers' health 2008–2017;
2. URGES Member States:
 - (1) to devise, in collaboration with workers, employers and their organizations, national policies and plans for implementation of the global plan of action on workers' health as appropriate, and to establish appropriate mechanisms and legal frameworks for their implementation, monitoring and evaluation;
 - (2) to work towards full coverage of all workers, including those in the informal economy, small- and medium-sized enterprises, agriculture, and migrant and contractual workers, with

¹ As contained in document A60/20, Annex.

² Plan of Implementation of the World Summit on Sustainable Development. Document A/Conf.199/20, Annex.

³ International Labour Conference, Ninety-fifth Session, Geneva 2006. Provisional Record 20A.

essential interventions and basic occupational health services for primary prevention of occupational and work-related diseases and injuries;

(3) to take measures to establish and strengthen core institutional capacities and human resource capabilities for dealing with the special health needs of working populations and to generate evidence on workers' health and translate that evidence into policy and actions;

(4) to develop and make available specific guidelines for the establishment of appropriate health services and surveillance mechanisms for human and environmental hazards and diseases introduced into local communities where mining, other industrial and agricultural activities have been set up to meet the associated needs of those communities;

(5) to ensure collaboration and concerted action by all national health programmes relevant to workers' health, such as those dealing with prevention of occupational diseases and injuries, communicable and chronic diseases, health promotion, mental health, environmental health, and health systems development;

(6) to encourage incorporation of workers, health in national and sectoral policies for sustainable development, poverty reduction, employment, trade, environmental protection, and education;

(7) to encourage the development of effective mechanisms for collaboration and cooperation between developed and developing countries at regional, subregional and country levels in implementing the global plan of action on workers' health;

(8) to encourage development of comprehensive health and nonhealth strategies to ensure reintegration of sick and injured workers into the mainstream of society, in coordination with different government and nongovernmental organizations;

3. REQUESTS the Director-General:

(1) to promote implementation of the global plan of action on workers' health 2008–2017 at national and international levels with a definite timeline and indicators for the establishment of occupational health services at global level;

(2) to strengthen collaboration with ILO and other related international organizations and to stimulate joint regional and country efforts on workers' health;

(3) to maintain and strengthen the network of WHO collaborating centres for occupational health as an important mechanism for implementation of the global plan of action;

(4) to report to the Health Assembly through the Executive Board at its 132nd (2013) and its 142nd (2018) sessions on progress made in the implementation of the global plan of action.

ANNEX

DRAFT GLOBAL PLAN OF ACTION ON WORKERS' HEALTH 2008–2017

INTRODUCTION

1. Workers represent half the world's population and are the major contributors to economic and social development. Their health is determined not only by workplace hazards but also by social and individual factors and access to health services.
2. Despite the availability of effective interventions to prevent occupational hazards and to protect and promote health at the workplace, large gaps exist between and within countries with regard to the health status of workers and their exposure to occupational risks. Still only a small minority of the global workforce has access to occupational health services.
3. Increasing international movement of jobs, products and technologies can help to spread innovative solutions for prevention of occupational hazards, but can also lead to a shift of that risk to less advantaged groups. The growing informal economy is often associated with hazardous working conditions and involves such vulnerable groups as children, pregnant women, older persons and migrant workers.
4. The present plan of action deals with all aspects of workers' health, including primary prevention of occupational hazards, protection and promotion of health at work, employment conditions, and a better response from health systems to workers' health. It is underpinned by certain common principles. All workers should be able to enjoy the highest attainable standard of physical and mental health and favourable working conditions. The workplace should not be detrimental to health and well-being. Primary prevention of occupational health hazards should be given priority. All components of health systems should be involved in an integrated response to the specific health needs of working populations. The workplace can also serve as a setting for delivery of other essential public-health interventions, and for health promotion. Activities related to workers' health should be planned, implemented and evaluated with a view to reducing inequalities in workers' health within and between countries. Workers and employers and their representatives should also participate in such activities.

ACTIONS

5. The following actions are to be considered and adapted by countries, as appropriate, to their national priorities and specific circumstances in order to achieve the objectives described below.

Objective 1: to devise and implement policy instruments on workers' health

6. National policy frameworks for workers' health should be formulated taking account of the relevant international labour conventions and should include: enactment of legislation; establishment of mechanisms for intersectoral coordination of activities; funding and resource mobilization for protection and promotion of workers' health; strengthening of the role and capacities of ministries of health; and integration of objectives and actions for workers' health into national health strategies.

7. National action plans on workers' health should be elaborated between relevant ministries, such as health and labour, and other major national stakeholders taking also into consideration the Promotional Framework for Occupational Safety and Health Convention, 2006. Such plans should include: national profiles; priorities for action; objectives and targets; actions; mechanisms for implementation; human and financial resources; monitoring, evaluation and updating; reporting and accountability.
8. National approaches to prevention of occupational diseases and injuries should be developed according to countries' priorities, and in concert with WHO's global campaigns.
9. Measures need to be taken to minimize the gaps between different groups of workers in terms of levels of risk and health status. Particular attention should be paid to high-risk sectors of economic activity, and to the underserved and vulnerable working populations, such as younger and older workers, persons with disabilities and migrant workers, taking account of gender aspects. Specific programmes should be established for the occupational health and safety of health-care workers.
10. WHO will work with Member States to strengthen the capacities of the ministries of health to provide leadership for activities related to workers' health, to formulate and implement policies and action plans, and to stimulate intersectoral collaboration. Its activities will include global campaigns for elimination of asbestos-related diseases – bearing in mind a differentiated approach to regulating its various forms – in line with relevant international legal instruments and the latest evidence for effective interventions, as well as immunization of health-care workers against hepatitis B, and other actions addressing priority work-related health outcomes.

Objective 2: to protect and promote health at the workplace

11. The assessment and management of health risks at the workplace should be improved by: defining essential interventions for prevention and control of mechanical, physical, chemical, biological and psychosocial risks in the working environment. Such measures include also integrated management of chemicals at the workplace, elimination of second-hand tobacco smoke from all indoor workplaces, improved occupational safety, and health-impact assessment of new technologies, work processes and products at the design stage.
12. Protecting health at the workplace also requires enacting regulations and adopting a basic set of occupational health standards to make certain that all workplaces comply with minimum requirements for health and safety protection, ensuring an appropriate level of enforcement, strengthening workplace health inspection, and building up collaboration between the competent regulatory agencies according to specific national circumstances.
13. Capacities should be built for primary prevention of occupational hazards, diseases and injuries, including strengthening of human, methodological and technological resources, training of workers and employers, introduction of healthy work practices and work organization, and of a health-promoting culture at the workplace. Mechanisms need to be established to stimulate the development of healthy workplaces, including consultation with, and participation of workers, and employers.
14. Health promotion and prevention of noncommunicable diseases should be further stimulated in the workplace, in particular by advocating healthy diet and physical activity among workers, and promoting mental and family health at work. Global health threats, such as tuberculosis, HIV/AIDS, and malaria and avian influenza, can also be prevented and controlled at the workplace.

15. WHO will work on creating practical tools for assessment and management of occupational risks, recommending minimum requirements for health protection at the workplace, providing guidance on development of healthy workplaces, and on promoting health at the workplace. It will also incorporate workplace actions in international programmes dealing with global health threats.

Objective 3: to improve the performance of and access to occupational health services

16. Coverage and quality of occupational health services should be improved by: integrating their development into national health strategies, health-sector reforms and plans for improving health-systems performance; determining standards for organization and coverage of occupational health services; setting targets for increasing the coverage of the working population with occupational health services; creating mechanisms for pooling resources and for financing the delivery of occupational health services; ensuring sufficient and competent human resources; and establishing quality-assurance systems. Basic occupational health services should be provided for all workers, including those in the informal economy, small enterprises, and agriculture.

17. Core institutional capacities should be built at national and local levels in order to provide technical support for basic occupational health services, in terms of planning, monitoring and quality of service delivery, design of new interventions, dissemination of information, and provision of specialized expertise.

18. Development of human resources for workers' health should be further strengthened by: further postgraduate training in relevant disciplines; building capacity for basic occupational health services; incorporating workers' health in the training of primary health care practitioners and other professionals needed for occupational health services; creating incentives for attracting and retaining human resources for workers' health, and encouraging the establishment of networks of services and professional associations. Attention should be given not only to postgraduate but also to basic training for health professionals in various fields such as promotion of workers' health and the prevention and treatment of workers' health problems. This should be a particular priority in primary health care.

19. WHO will provide guidance to the Member States for the development of basic packages, information products, tools and working methods, and models of good practice for occupational health services. It will also stimulate international efforts for building the necessary human and institutional capacities.

Objective 4: to provide and communicate evidence for action and practice

20. Systems for surveillance of workers' health should be designed with the objective of accurately identifying and controlling occupational hazards. This endeavour includes establishing national information systems, building capability to estimate the occupational burden of diseases and injuries, creating registries of exposure to major risks, occupational accidents and occupational diseases, and improving reporting and early detection of such accidents and diseases.

21. Research on workers' health needs to be further strengthened, in particular by framing special research agendas, giving it priority in national research programmes and grant schemes, and fostering practical and participatory research.

22. Strategies and tools need to be elaborated, with the involvement of all stakeholders, for improving communication and raising awareness about workers' health. They should target workers, employers and their organizations, policy-makers, the general public, and the media. Knowledge of

health practitioners about the link between health and work and the opportunities to solve health problems through workplace interventions should be improved.

23. WHO will define indicators and promote regional and global information platforms for surveillance of workers' health, will determine international exposure and diagnostic criteria for early detection of occupational diseases, and will include occupational causes of diseases in the eleventh revision of the International Statistical Classification of Diseases, and Related Health Problems.

Objective 5: to incorporate workers' health into other policies

24. The capacities of the health sector to promote the inclusion of workers' health in other sectors' policies should be strengthened. Measures to protect workers' health should be incorporated in economic development policies and poverty reduction strategies. The health sector should collaborate with the private sector in order to avoid international transfer of occupational risks and to protect health at the workplace. Similar measures should be incorporated in national plans and programmes for sustainable development.

25. Workers' health should likewise be considered in the context of trade policies when taking measures as specified in resolution WHA59.26 on international trade and health.

26. Employment policies also influence health; assessment of the health impact of employment strategies should therefore be encouraged. Environmental protection should be strengthened in relation to workers' health through, for instance, implementation of the risk-reduction measures foreseen in the Strategic Approach to International Chemicals Management, and consideration of workers' health aspects of multilateral environmental agreements and mitigation strategies, environmental management systems and plans for emergency preparedness and response.

27. Workers' health should be addressed in the sectoral policies for different branches of economic activity, in particular those with the highest health risk.

28. Aspects of workers' health should be taken into account in primary, secondary and higher level education and vocational training.

IMPLEMENTATION

29. Improving the health of workers can be achieved through well-coordinated efforts of society as a whole, under government leadership and with substantial participation of workers and employers. A combination of actions, adapted to national specificities and priorities, is needed to meet the above-mentioned objectives. Actions are designed for implementation at national level, and through intercountry and interregional cooperation.

30. WHO, supported by its network of Collaborating Centres for Occupational Health and in partnership with other intergovernmental and international organizations, will work with the Member States to implement this plan of action by:

- promoting and engaging in partnership and joint action with ILO and other organizations of the United Nations system, organizations of employers, trade unions and other stakeholders in civil society and the private sector in order to strengthen international efforts on workers' health;

- in coherence with the actions undertaken by ILO, setting standards for protection of workers' health, providing guidelines, promoting and monitoring their use, and contributing to the adoption and implementation of international labour conventions;
- articulating policy options for framing national agendas for workers' health based on best practices and evidence;
- providing technical support for tackling the specific health needs of working populations and building core institutional capacities for action on workers' health;
- monitoring and addressing trends in workers' health;
- establishing appropriate scientific and advisory mechanisms to facilitate action on workers' health at global and regional levels.

31. Progress in implementing the plan of action will be reviewed and monitored using a set of national and international indicators of achievement.

Agenda item 12.15

Strengthening of health information systems

The Sixtieth World Health Assembly,

Recalling resolution WHA58.30 on achieving internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Noting resolution WHA58.28 on eHealth, and mindful of resolution WHA58.34 on the Ministerial Summit on Health Research;

Acknowledging that sound information is critical in framing evidence-based health policy and making decisions, and fundamental for monitoring progress towards internationally agreed health-related development goals, including those contained in the United Nations Millennium Declaration;

Recognizing that health information systems in most developing countries are weak, fragmented, have on occasion scattered isolated and hard-to-reach primary sources of information, and are understaffed, and inadequately resourced;

Convinced of the importance of health information, disaggregated by gender, age and key socioeconomic factors, to inform decisions on delivery of interventions to those who need them most;

Acknowledging that health information and research are complementary as foundations for strengthening health systems and health policy;

Mindful of the key role of national statistics offices in developing and implementing national statistical strategies and contributing to population health information;

Noting the constitutional normative mandates of WHO in health information and epidemiological reporting, and reaffirming the Organization's role as a founding partner of, and hosting secretariat for, the Health Metrics Network which has determined core standards for health information systems,

1. URGES Member States to mobilize the necessary scientific, technical, social, political, human and financial resources in order:

(1) to recognize, establish and operationalize health information systems as a core strategy for strengthening their national health systems;

(2) to develop, implement, consolidate and assess plans to strengthen their health information systems through collaboration between health and statistics sectors and other partners, effective coordination within health departments and a rational division of responsibilities;

(3) to determine programme-based information systems as subsets of national health information systems and to organize the harmonization of the various programme subsystems in this context;

- (4) to bring together technical and development partners around a coherent and coordinated country-led strategy and plan for strengthening health information systems that is fully integrated in the mainstream of national health programmes and plans;
- (5) to strengthen the capacity of planners and managers at various levels of the health system to synthesize, analyse, disseminate and utilize health information for evidence-based decision-making and for raising public awareness;
- (6) to strengthen the capacity of health workers to collect accurate and relevant health information;
- (7) to link strengthening of health information systems to policies and programmes for building of statistical capacity in general;
- (8) to strengthen research on health information standards and to promote the standardization and harmonization of health information systems;

2. CALLS UPON the health information and statistical communities, other international organizations, including global health initiatives and funds, the private sector, civil society and other concerned stakeholders, to provide strong, sustained support for strengthening of information systems, including use of the standards and guiding principles set out in the framework of the Health Metrics Network, and covering the spectrum of health statistics, including health determinants; health resources, expenditures and system functioning; service access, coverage and quality; and health outcomes and status, and according particular attention to information on poverty and inequity in health;

3. REQUESTS the Director-General:

- (1) to strengthen the information and evidence culture of the Organization and to ensure the use of accurate and timely health statistics in order to generate evidence for major policy decisions and recommendations within WHO;
- (2) to increase WHO's activities in health statistics at global, regional and country levels and provide harmonized support to Member States to build capacities for development of health information systems and generation, analysis, dissemination and use of data;
- (3) to promote better access to health statistics, encourage information dissemination to all stakeholders in appropriate and accessible formats, and foster transparency in data analysis, synthesis and evaluation, including peer review;
- (4) to promote improved alignment, harmonization and coordination of health information activities, bearing in mind the Paris Declaration on Aid Effectiveness: Ownership, Harmonization, Alignment, Results and Mutual Accountability (2005) and the Best Practice Principles for Global Health Partnership Activities at Country Level,¹ and to give priority to programmes that support health information systems;

¹ Best Practice Principles for Global Health Partnership Activities at Country Level. Report of the Working Group on Global Health Partnerships. Paris, High-level Forum on the Health MDGs, 14-15 November 2005.

(5) to undertake regular reviews of country experiences, to provide support for updating the framework of the Health Metrics Network in line with lessons learnt and evolving methodologies, to keep countries informed about the Network, to support countries' capabilities to become involved in the Network and to report on progress as from the Sixty-second World Health Assembly.

Agenda item 12.1

Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits

The Sixtieth World Health Assembly,

Having considered the report on avian and pandemic influenza: developments, response and follow-up;¹

Reaffirming obligations of States Parties under the International Health Regulations (2005);

Recalling resolutions WHA58.5 and WHA59.2, which expressed concern about the potential of the H5N1 strain of *Influenza-virus A* to cause a pandemic and urged Member States to disseminate to WHO Collaborating Centres information and relevant biological materials, including clinical specimens and viruses;

Recognizing the sovereign right of States over their biological resources, and the importance of collective action to mitigate public health risks;

Recognizing that intellectual property rights do not and should not prevent Member States from taking measures to protect public health;

Recalling the Jakarta Declaration on Responsible Practices for Sharing Avian Influenza Viruses and Resulting Benefits and the recommendations of the High-Level Meeting on Responsible Practices for Sharing Avian Influenza Viruses and Resulting Benefits (Jakarta, 26–28 March 2007);

Recognizing, in particular, the importance of international sharing, with WHO Collaborating Centres, of clinical specimens and viruses as a contribution to assessment of the pandemic risk, development of pandemic vaccines, updating of diagnostic reagents and test kits, and surveillance for resistance to antiviral medicines;

Stressing the need for effective and transparent international mechanisms aimed at ensuring fair and equitable sharing of benefits, including access to, and distribution of, affordable diagnostics and treatments, including vaccines, to those in need, especially in developing countries, in a timely manner;

Noting WHO's global pandemic influenza action plan to increase vaccine supply and its goal of reducing the gap between the potential vaccine demand and supply expected during an influenza pandemic by expanding over the medium- and long-term-supply of pandemic vaccine;²

¹ Documents A60/7, A60/8 and A60/INF.DOC./1.

² Document WHO/IVB/06.13 - WHO/ODS/EPR/GIP/2006.1.

1. URGES Member States:

(1) to continue to support, strengthen and improve the WHO Global Influenza Surveillance Network and its procedures through the timely sharing of viruses or specimens with WHO Collaborating Centres, as a foundation of public health, to ensure critical risk assessment and response, and to aim to ensure and promote transparent, fair and equitable sharing of benefits arising from the generation of information, diagnostics, medicines, vaccines and other technologies;

(2) to support and promote research to improve the prevention, detection, diagnosis and management of influenza viral infection, with the goal of developing better tools for public health;

(3) to support WHO as appropriate in order to identify and implement mechanisms referred to in paragraph 2, subparagraph (1);

(4) to formulate as appropriate and to strengthen existing policies on influenza vaccines as an integral part of their national influenza-pandemic preparedness plans;

(5) to strengthen where appropriate the capacity of national and regional regulatory authorities to efficiently and effectively carry out necessary measures for the rapid approval of safe and effective candidate influenza vaccines, especially those derived from new subtypes of influenza viruses, and in this respect to encourage international collaboration among regulatory authorities;

2. REQUESTS the Director-General:

(1) to identify and propose, in close consultation with Member States, frameworks and mechanisms that aim to ensure fair and equitable sharing of benefits, in support of public health, among all Member States, taking strongly into consideration the specific needs of developing countries, such as, but not limited to:

(a) innovative financing mechanisms to facilitate timely and affordable procurement of pandemic vaccines for and by Member States in need;

(b) facilitation of acquisition by developing countries of capacity for manufacturing in-country influenza vaccine;

(c) access to influenza-vaccine viruses developed by WHO Collaborating Centres for the production of vaccines by all influenza-vaccine manufacturers, particularly in developing countries;

(d) in times of public health emergencies of international concern, full access of all influenza-vaccine manufacturers to pandemic influenza-vaccine viruses developed by WHO Collaborating Centres for the production of pandemic influenza vaccines;

(e) technical assistance to developing countries to enhance local research and surveillance capacity, including staff training, with the objective of assuring work on influenza viruses at national and regional levels;

(f) upon request, provision of support to Member States, especially developing and affected countries, to improve their capacity to establish and strengthen testing capacity for H5 and other influenza viruses, including identification and characterization, and to establish and strengthen their capacity to meet WHO requirements for becoming a reference laboratory or Collaborating Centre, if desired;

(2) to establish, in close consultation with Member States, an international stockpile of vaccines for H5N1 or other influenza viruses of pandemic potential as appropriate, for use in countries in need in a timely manner and according to sound public-health principles, with transparent rules and procedures, informed by expert guidance and evidence, for operation, prioritization, release of stocks, management and oversight;

(3) to formulate mechanisms and guidelines, in close consultation with Member States, aimed at ensuring fair and equitable distribution of pandemic-influenza vaccines at affordable prices in the event of a pandemic in order to ensure timely availability of such vaccines to Member States in need;

(4) to mobilize financial, technical and other appropriate support from Member States, vaccine manufacturers, development banks, charitable organizations, private donors and others, in order to implement mechanisms that increase the equitable sharing of benefits as described in paragraph 2, subparagraphs (1), (2) and (3);

(5) to convene an interdisciplinary working group to revise the terms of reference of WHO Collaborating Centres, H5 Reference Laboratories, and national influenza centres, devise oversight mechanisms, formulate draft standard terms and conditions for sharing viruses between originating countries and WHO Collaborating Centres, between the latter and third parties, and to review all relevant documents for sharing influenza viruses and sequencing data, based on mutual trust, transparency, and overriding principles such as:

(a) timely sharing of viruses within the Global Influenza Surveillance Network;

(b) application of the same standard terms and conditions to all transactions, as appropriate;

(c) timely consultation and sharing of information with originating countries, especially on use outside the Network;

(d) for any use of influenza viruses outside the scope of the terms of reference of WHO Collaborating Centres, H5 Reference Laboratories, and national influenza centres submission of a request directly to the relevant national influenza centre or other originating laboratory of the country where the virus was collected and require appropriate response from the national influenza centre; such requests would be bilateral activities not requiring the intervention of WHO;

(e) recognition and respect of the crucial and fundamental role and contribution of countries in providing viruses for the Global Influenza Surveillance Network;

(f) increased involvement, participation and recognition of contribution of scientists from originating country in research related to viruses and specimens;

- (g) attribution of the work and increased co-authorship of scientists from originating countries in scientific publications;
 - (h) due consideration of relevant national and international laws;
- (6) to assure a membership of the interdisciplinary working group consisting of four Member States from each of the six WHO regions, taking into account balanced representation between developed and developing countries and including both experts and policy makers;
- (7) to convene an intergovernmental meeting to consider the reports by the Director-General on paragraph 2, subparagraphs (1), (2), (3) and (8), and by the interdisciplinary working group on paragraph 2, subparagraph (5), that shall be open to all Member States and regional economic integration organizations;
- (8) to commission an expert report on the patent issues related to influenza viruses and its genes, and report to the intergovernmental meeting;
- (9) to continue to work with Member States on the potential for the conversion of existing biological facilities, such as those for the production of veterinary vaccines, so as to meet the standards for development and production of human vaccines, thereby increasing the availability of pandemic vaccines, and to enable them to receive vaccine seed strains;
- (10) to report on progress on implementation of this resolution, including the work of the intergovernmental meeting, to the Sixty-first World Health Assembly, through the Executive Board.

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