

Third report of Committee A

Committee A held its eighth, ninth and tenth meetings on 25 May 2012. These meetings were held under the chairmanship of Mr Herbert Barnard (Netherlands) and Dr Zangley Dukpa (Bhutan).

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

12. WHO Reform

One decision as amended

13. Technical and health matters

13.10 Poliomyelitis: intensification of the global eradication initiative

One resolution as amended

13.3 Nutrition

One resolution as amended entitled:

- Maternal, infant and young child nutrition

13.5 Monitoring of the achievement of the health-related Millennium Development Goals

One resolution as amended entitled:

- Monitoring of the achievement of the health-related Millennium Development Goals: Implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health

13.6 Social determinants of health: outcome of the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, October 2011)

One resolution entitled:

- Outcome of the World Conference on Social Determinants of Health

Agenda item 12

WHO reform

The Sixty-fifth World Health Assembly,

Having considered the documents on WHO reform presented to the World Health Assembly;¹

Having taken into account the deliberations held and the decisions made on WHO reform by the Executive Board during its 129th session in May 2011, the special session on reform in November 2011, and its 130th session in January 2012, and the meeting of Member States on programmes and priority setting in February 2012,

DECIDED:

Programmatic reforms

- (1) (a) to welcome the report of the Chairman of the Executive Board on the meeting of Member States on programmes and priority setting and the criteria, categories and timeline set out in its three appendices;²
- (b) to request the Director-General to use the agreed framework³ and guidance provided by the Sixty-fifth World Health Assembly, especially concerning health determinants and equity, in the formulation of the draft Twelfth General Programme of Work and the Proposed programme budget 2014–2015;

Governance reforms

- (2) to endorse the decision of the Executive Board at its special session in November 2011⁴ to strengthen, streamline and improve the methods of work and roles of the governing bodies;
- (3) to maintain the present schedule of the governing bodies meetings and return to the topic at the session of the Executive Board in January 2013 and, in preparation, to present a feasibility study on the possibility of shifting the financing year;
- (4) to endorse the following proposals for enhancing alignment between the Regional Committees and the Executive Board:
 - (a) that Regional Committees be asked to comment and provide input to all global strategies, policies and legal instruments such as conventions, regulations and codes;

¹ Documents A65/5, A65/5 Add.1, A65/5 Add.2, A65/40, A65/43 and A65/INF.DOC./6.

² See document A65/40.

³ See document A65/5 Add.1.

⁴ Decision EBSS2(2).

- (b) that the Health Assembly refer specific items to the Regional Committees in order to benefit from diverse regional perspectives;
 - (c) that Regional Committees adapt and implement global strategies as appropriate;
 - (d) that chairpersons of the Regional Committees routinely submit a summary report of the Committees' deliberations to the Board;
- (5) to endorse the following proposals for increasing harmonization across the Regional Committees in relation to the nomination of Regional Directors, the review of credentials, and participation of observers;

Nomination of Regional Directors

- (a) that Regional Committees that have not yet done so, in line with principles of fairness, accountability and transparency, establish:
 - (i) criteria for the selection of candidates; and
 - (ii) a process for assessment of all candidates' qualifications;

Review of credentials of Member States

- (b) that Regional Committees that have not yet done so, appoint credentials committees or entrust the task of reviewing credentials to the officers of the Committee;

Participation of observers

- (c) that Regional Committees that have not yet done so, ensure that there are relevant rules within their Rules of Procedure that enable them to invite observers to attend their sessions, including as appropriate, Member States from other regions, intergovernmental and nongovernmental organizations;
- (6) to note that the revised terms of reference for the Programme, Budget and Administration Committee will be submitted to the Executive Board at its 131st session;
- (7) to endorse the following proposals for streamlining decision-making and to improve governing body meetings;
- (a) that the Officers of the Board use criteria, including those used for priority setting in the draft general programme of work, in reviewing items for inclusion on the Board's agenda;
 - (b) that the Board consider amending its Rules of Procedure in order to manage the late submission of draft resolutions;
 - (c) that the governing bodies make better use of the Chairman's summaries, reported in the official record, with the understanding that they do not replace formal resolutions;

- (8) to request the Director-General in consultation with Member States to:
 - (a) propose options on possible changes needed in the Rules of Procedure of the governing bodies to limit the number of agenda items and resolutions;
 - (b) propose options on how to streamline the reporting of and communication with Member States;
- (9) to request the Director-General:
 - (a) to present a draft policy paper on WHO's engagement with nongovernmental organizations to the Executive Board at its 132nd session in January 2013;
 - (b) to present a draft policy paper on the relationships with private commercial entities to the Executive Board at its 133rd session in May 2013;
 - (c) to present a report on WHO's hosting arrangements of health partnerships and proposals for harmonizing work with hosted partnerships to the Executive Board at its 132nd session;

And further, in support of the development of the documents described in subparagraphs (9)(a)(b) and (c), that the Director-General be guided by the following principles:

- (i) the intergovernmental nature of WHO's decision-making remains paramount;
- (ii) the development of norms, standards, policies and strategies, which lies at the heart of WHO's work, must continue to be based on the systematic use of evidence and protected from influence by any form of vested interest;
- (iii) the need for due consultation with all relevant parties keeping in mind the principles and guidelines laid down for WHO's interactions with Member States and other parties;
- (iv) any new initiative must have clear benefits and add value in terms of enriching policy or increasing national capacity from a public health perspective;
- (v) building on existing mechanisms should take precedence over creating new forums, meetings or structures, with a clear analysis provided of how any additional costs can lead to better outcomes;

Managerial reforms

- (10) to note progress made in relation to strengthening technical and policy support to all Member States;
- (11) to note progress made in relation to staffing policy and practice;

- (12) to request the Director-General, based on guidance received from the Sixty-fifth World Health Assembly, to further develop the proposals to increase the transparency, predictability and flexibility of WHO's financing, for presentation to the Executive Board at its 132nd session;
- (13) to note progress on developing WHO's internal control framework;
- (14) to note progress made in the areas of accountability, risk management, conflict of interest, and the establishment of an ethics office;
- (15) to note that the draft WHO evaluation policy will be presented to the Executive Board at its 131st session;
- (16) (a) to note the findings and recommendations of the Stage one evaluation report presented by the External Auditor;¹
- (b) to note the proposed terms of reference of the second stage of the independent evaluation as outlined in the report of the External Auditor and to request the Director-General to provide a paper on the specific modalities of this evaluation for consideration by the Executive Board at its 132nd session;
- (17) to note progress made in the area of strategic communications;²
- (18) to endorse the decisions and conclusions reached by the Board at its special session on reform with regard to organizational effectiveness, alignment and efficiency; financing of the Organization; human resources policies and management; results-based planning, management and accountability, and strategic communications;
- (19) to request the Director-General to report, through the Executive Board at its 132nd session, to the Sixty-sixth World Health Assembly, on progress in the implementation of WHO reform on the basis of a monitoring and implementation framework.

¹ Document A65/5 Add.2.

² Decision EBSS2(3).

Agenda item 13.10

Poliomyelitis: intensification of the global eradication initiative

The Sixty-fifth World Health Assembly,

Having considered the report on poliomyelitis: intensification of the global eradication initiative;

Recalling resolution WHA61.1 on poliomyelitis: mechanism for management of potential risks to eradication, which, inter alia, requested the Director-General to develop a new strategy to reinvigorate the fight to eradicate poliovirus and to develop appropriate strategies for managing the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis, including the eventual cessation of use of oral poliovirus vaccine in routine immunization programmes;

Recognizing the need to make rapidly available the necessary financial resources to eradicate the remaining circulating polioviruses and to minimize the risks of reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission;

Noting the finding by the Independent Monitoring Board of the Global Polio Eradication Initiative finding in its report of October 2011 that “polio simply will not be eradicated unless it receives a higher priority – in many of the polio-affected countries, and across the world”¹ and its recommendation in its April 2011 report that the World Health Assembly “considers a resolution to declare the persistence of polio a global health emergency”;

Noting the report of the meeting in November 2011 of the Strategic Advisory Group of Experts on immunization at which it stated “unequivocally that the risk of failure to finish global polio eradication constitutes a programmatic emergency of global proportions for public health and is not acceptable under any circumstances”;

Recognizing the need for Member States to engage all levels of political and civil society so as to ensure that all children are vaccinated in order to eradicate poliomyelitis;

Having noted the current high cost and limited supplies of inactivated polio vaccine that are hampering the introduction and scaling-up of inactivated polio vaccine, resulting in major programmatic and financial implications to developing countries;

Noting that the technical feasibility of poliovirus eradication has been proved through the full application of new strategic approaches;

Noting that continuing poliovirus transmission anywhere will continue to pose a risk to poliomyelitis-free areas until such time as all poliovirus transmission is interrupted globally;

¹ Polio eradication. *Weekly epidemiological record*, 2012, 87(1):1-16.

1. DECLARES the completion of poliovirus eradication a programmatic emergency for global public health, requiring the full implementation of current and new eradication strategies, the institution of strong national oversight and accountability mechanisms for all areas infected with poliovirus, and the application of appropriate vaccination recommendations for all travellers to and from areas infected with poliovirus;¹
2. URGES Member States with poliovirus transmission to declare such transmission to be a “national public health emergency” making poliovirus eradication a national priority programme, requiring the development and full implementation of emergency action plans, to be updated every six months, until such time as poliovirus transmission has been interrupted;
3. URGES all Member States:
 - (1) to eliminate the unimmunized areas and to maintain very high population immunity against polioviruses through routine immunization programmes and, where necessary, supplementary immunization activities;
 - (2) to maintain vigilance for poliovirus importations, and the emergence of circulating vaccine-derived polioviruses, by achieving and sustaining certification-standard surveillance and regular risk assessment for polioviruses;
 - (3) to make available urgently the financial resources required for the full and continued implementation, to the end of 2013, of the necessary strategic approaches to interrupt wild poliovirus transmission globally, and to initiate planning for the financing to the end of 2018 of the polio endgame strategy;
 - (4) to engage in multilateral and bilateral cooperation, including exchanging epidemiologic information, laboratory monitoring data, and carrying out supplementary immunization activities simultaneously as appropriate;
4. REQUESTS the Director-General:
 - (1) to plan for the renewed implementation through 2013 of the approaches for eradicating wild polioviruses outlined in the Global Polio Eradication Initiative Strategic Plan 2010–2012 and any new tactics that are deemed necessary to complete eradication, including the enhancement of the existing global polio eradication initiative within the Organization;
 - (2) to strengthen accountability and monitoring mechanisms to ensure optimal implementation of eradication strategies at all levels;
 - (3) to undertake the development, scientific vetting, and rapid finalization of a comprehensive polio eradication and endgame strategy and inform Member States of the potential timing of a switch from trivalent to bivalent oral poliovirus vaccine for all routine immunization programmes; and includes budget scenarios to the end of 2018 that include risk management;

¹ *International travel and health*. Geneva, World Health Organization, 2012 edition.

- (4) to coordinate with all relevant partners including vaccine manufacturers, to promote the research, production and supply of vaccines, in particular inactivated polio vaccines, to enhance their affordability, effectiveness and accessibility;
- (5) to continue mobilizing and deploying the necessary financial and human resources for the strategic approaches required through 2013 for wild poliovirus eradication, and for the eventual implementation of a polio endgame strategy to the end of 2018;
- (6) to report to the Sixty-sixth World Health Assembly and the subsequent two Health Assemblies, through the Executive Board, on progress in implementing this resolution.

Agenda item 13.3**Maternal, infant and young child nutrition**

The Sixty-fifth World Health Assembly,

Having considered the report on maternal, infant and young child nutrition: draft comprehensive implementation plan,¹

1. ENDORSES the comprehensive implementation plan on maternal, infant and young child nutrition;
2. URGES Member States,² to put into practice, as appropriate, the comprehensive implementation plan on maternal, infant and young child nutrition, including:
 - (1) developing or, where necessary, strengthening nutrition policies so that they comprehensively address the double burden of malnutrition and include nutrition actions in overall country health and development policy, and establishing effective intersectoral governance mechanisms in order to expand the implementation of nutrition actions with particular emphasis on the framework of the global strategy on infant and young child feeding;
 - (2) developing or where necessary strengthening legislative, regulatory and/or other effective measures to control the marketing of breast-milk substitutes;
 - (3) establishing a dialogue with relevant national and international parties and forming alliances and partnerships to expand nutrition actions with the establishment of adequate mechanisms to safeguard against potential conflicts of interest;
 - (4) implementing a comprehensive approach to capacity building, including workforce development;
3. REQUESTS the Director-General:
 - (1) to provide clarification and guidance on the inappropriate promotion of foods for infants and young children cited in resolution WHA63.23, taking into consideration the ongoing work of the Codex Alimentarius Commission;
 - (2) to support Member States in the monitoring and evaluation of policies and programmes, including those of the global strategy for infant and young child feeding, with the latest evidence on nutrition;

¹ Document A65/11.

² And, where applicable, regional economic integration organizations.

- (3) to develop risk assessment, disclosure and management tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes consistent with WHO's overall policy and practice;
- (4) to report, through the Executive Board, to the Sixty-seventh World Health Assembly on progress in the implementation of the comprehensive implementation plan, together with the report on implementation of the code of marketing of breast-milk substitutes and related Health Assembly resolutions.

Agenda Item 13.5**Monitoring the achievement of the health-related Millennium Development Goals:
implementation of the recommendations of the Commission on Information and
Accountability for Women's and Children's Health**

The Sixty-fifth World Health Assembly,

Recalling resolutions WHA63.15 on monitoring the achievement of the health-related Millennium Development Goals and WHA64.12 on WHO's role in the follow-up to the United Nations High-level Plenary Meeting of the General Assembly on the Millennium Development Goals (New York, September 2010);

Expressing deep concern at the inadequate progress in achieving Millennium Development Goals 4 and 5 on reducing child mortality and on improving maternal health;

Acknowledging that much more needs to be done in achieving the Millennium Development Goals as progress has been uneven among regions and between and within countries, despite the fact that developing countries have made significant efforts;

Acknowledging the pledges and commitments made by a large number of Member States and partners to the United Nations Secretary-General's Global Strategy for Women's and Children's Health since it was launched in September 2010;

Welcoming the final report of the Commission on Information and Accountability for Women's and Children's Health and its set of bold recommendations for strengthening accountability for resources and results in women's and children's health;

Commending the work and contributions of the Commission on Information and Accountability for Women's and Children's Health, including in particular the development of an accountability framework built on three interconnected processes – monitoring, reviewing and acting;

Noting that the key recommendations relate to strengthening national accountability processes both with regard to resources as well as monitoring of results;

Welcoming the steps taken to implement the recommendations of the Commission on Information and Accountability for Women's and Children's Health, including the development of a multistakeholder workplan for the implementation of the accountability framework;

Welcoming the establishment of a global review mechanism that will report annually to the United Nations Secretary-General;

Reaffirming WHO's key role in the implementation and follow-up of the recommendations of the Commission on Information and Accountability for Women's and Children's Health and acknowledging the crucial role of the Director-General in particular,

1. URGES Member States to honour their commitments to the United Nations Secretary-General's Global Strategy for Women's and Children's Health and to further strengthen efforts to improve women's and children's health;
2. ALSO URGES Member States to implement the recommendations provided by the Commission on Information and Accountability for Women's and Children's Health to improve the accountability of results and resources by:
 - (1) strengthening the accountability mechanisms for health in their own countries;
 - (2) strengthening their capacity to monitor, including utilizing local evidence, and evaluate progress to improve their own performance;
 - (3) contributing to the strengthening and harmonization of existing international mechanisms to track progress on all commitments made;
3. REQUESTS the Director-General:
 - (1) to work with and support Member States in implementing the full scope of the recommendations;
 - (2) to ensure WHO's effective engagement in collaboration with all stakeholders in the workplan to implement the Commission's recommendations;
 - (3) to provide support to the independent Expert Review Group in its work of assessing progress in the United Nations Secretary-General's Global Strategy for Women's and Children's Health and implementation of the accountability framework;
 - (4) to report annually until 2015 to the World Health Assembly through the Executive Board on progress achieved in the follow-up of the recommendations of the Commission on Information and Accountability for Women's and Children's Health in connection with the agenda item concerning the Millennium Development Goals.

Agenda item 13.6**Outcome of the World Conference on Social Determinants of Health**

The Sixty-fifth World Health Assembly,

Having considered the report on the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, 19–21 October 2011);

Reiterating the determination to take action on social determinants of health as collectively agreed by the World Health Assembly and reflected in resolution WHA62.14 on reducing health inequities through action on the social determinants of health, which notes the three overarching recommendations of the Commission on Social Determinants of Health: to improve daily living conditions; to tackle the inequitable distribution of power, money and resources; and to measure and understand the problem and assess the impact of action;

Recognizing the need to do more to accelerate progress in addressing the unequal distribution of health resources as well as conditions damaging to health at all levels;

Recognizing also the need to safeguard the health of the populations regardless of global economic downturns;

Further acknowledging that health equity is a shared goal and responsibility and requires the engagement of all sectors of government, all segments of society, and all members of the international community, in “all-for-equity” and “health-for-all” global actions;

Recognizing the benefits of universal health coverage in enhancing health equity and reducing impoverishment;

Reaffirming the political will to make health equity a national, regional and global goal and to address current challenges – such as eradicating hunger and poverty; ensuring food and nutritional security, access to affordable, safe, efficacious and quality medicines as well as to safe drinking-water and sanitation, employment and decent work and social protection; protecting environments and delivering equitable economic growth through resolute action on social determinants of health across all sectors and at all levels;

Welcoming the discussions and results of the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, 19–21 October 2011),

1. ENDORSES the Rio Political Declaration on Social Determinants of Health adopted by the World Conference on Social Determinants of Health,¹ including as a key input to the work of Member States² and WHO;
2. URGES Member States:²
 - (1) to implement the pledges made in the Rio Political Declaration on Social Determinants of Health with regard to (i) better governance for health and development, (ii) promoting participation in policy-making and implementation, (iii) further reorienting the health sector towards reducing health inequities, (iv) strengthening global governance and collaboration, and (v) monitoring progress and increasing accountability;
 - (2) to develop and support policies, strategies, programmes and action plans that address social determinants of health, with clearly defined goals, activities and accountability mechanisms and with resources for their implementation;
 - (3) to support the further development of the “health-in-all-policies” approach as a way to promote health equity;
 - (4) to build capacities among policy-makers, managers, and programme workers in health and other sectors to facilitate work on social determinants of health;
 - (5) to give due consideration to social determinants of health as part of the deliberations on sustainable development, in particular in the Rio+20 United Nations Conference on Sustainable Development and deliberations in other United Nations forums with relevance to health;
3. CALLS UPON the international community to support the implementation of the pledges made in the Rio Political Declaration on Social Determinants of Health for action on social determinants of health, including through:
 - (1) supporting the leading role of WHO in global health governance and promoting alignment of policies, plans and activities on social determinants of health with those of its partner organizations in the United Nations system, development banks and other key international organizations, including in joint advocacy, and in facilitating access to the provision of financial and technical support to countries and regions, in particular developing countries;
 - (2) strengthening international cooperation, with a view to promoting health equity in all countries, through facilitating transfer on mutually agreed terms of expertise, technologies and scientific data in the field of social determinants of health, as well as exchanging good practices for managing intersectoral policy development;
 - (3) facilitating access to financial resources;

¹ See Annex 3.

² And, where applicable, regional economic integration organizations.

4. URGES those developed countries that have pledged to achieve the target of 0.7% of gross national product for official development assistance by 2015, and those developed countries that have not yet done so, to make additional concrete efforts to fulfil their commitments in this regard, and also urges developing countries to build on progress achieved in ensuring that official development assistance is used effectively to help achieve development goals and targets;

5. REQUESTS the Director-General:

(1) to duly consider social determinants of health in the assessment of global needs for health, including in the WHO reform process and WHO's future work;

(2) to provide support to Member States in implementing the Rio Political Declaration on Social Determinants of Health through approaches such as "health-in-all policies" in order to address social determinants of health;

(3) to work closely with other organizations in the United Nations system on advocacy, research, capacity-building and direct technical support to Member States for work on social determinants of health;

(4) to continue to convey and advocate the importance of integrating social determinants of health perspectives into forthcoming United Nations and other high-level meetings related to health and/or social development;

(5) to report to the Sixty-sixth and Sixty-eighth World Health Assemblies, through the Executive Board, on progress in implementing this resolution and the Rio Political Declaration on Social Determinants of Health.

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