



Fourth report of Committee A

Committee A held its eleventh meeting on 26 May 2012. This meeting was held under the chairmanship of Dr Zangley Dukpa (Bhutan).

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

13. Technical and health matters

13.14 Consultative Expert Working Group on Research and Development: Financing and Coordination

One resolution

13.7 Implementation of the International Health Regulations (2005)

One resolution as amended

Agenda item 13.14

Consultative Expert Working Group on Research and Development: Financing and Coordination

The Sixty-fifth World Health Assembly,

Having considered the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG);¹

Recalling resolution WHA63.28 which requested the Director-General, inter alia, to establish the CEWG in order to take forward the work of the Expert Working Group earlier established under resolution WHA61.21, and to submit the final report to the Sixty-fifth World Health Assembly;

Further recalling resolutions WHA59.24, WHA61.21 and WHA62.16,

1. WELCOMES the analysis of the CEWG report and expresses its appreciation to the Chair, Vice-Chair and all the members of the Working Group for their work;
2. URGES Member States:²
 - (1) to hold national level consultations among all relevant stakeholders, in order to discuss the CEWG report and other relevant analyses, resulting in concrete proposals and actions;
 - (2) to participate actively in the meetings at regional and global level referred to in this resolution;
 - (3) to implement, where feasible, in their respective countries, proposals and actions identified by national consultations;
 - (4) to establish and/or strengthen mechanisms for improved coordination of research and development (R&D)³ in collaboration with WHO and other relevant partners, as appropriate;
3. CALLS UPON Member States,² the private sector, academic institutions and nongovernmental organizations to increase investments in health research and development related to Type II and Type III diseases and the specific research and development needs of developing countries in relation to Type I diseases;

¹ Documents A65/24; Annex and A65/24 Corr.1.

² And, where applicable, regional economic integration organizations.

³ In the context of this resolution R&D shall refer to health research and development related to Type II and Type III diseases and the specific research and development needs of developing countries in relation to Type I diseases.

4. REQUESTS regional committees to discuss at their 2012 meetings the report of the CEWG in the context of the implementation of the global strategy and plan of action on public health, innovation and intellectual property¹ in order to contribute to concrete proposals and actions;
5. REQUESTS the Director-General to hold an open-ended meeting of Member States² that will thoroughly analyse the report and the feasibility of the recommendations proposed by the CEWG, taking into account, as appropriate, related studies, as well as the results from national consultations and regional committee discussions, and will develop proposals or options relating to (1) research coordination, (2) financing and (3) monitoring of R&D expenditures,³ to be presented under a substantive item dedicated to the follow up of the CEWG report at the Sixty-sixth World Health Assembly, through the Executive Board at its 132nd session.

¹ Resolutions WHA61.21 and WHA62.16.

² And, where applicable, regional economic integration organizations.

³ As defined in the Global strategy and plan of action on public health, innovation and intellectual property.

Agenda item 13.7

Implementation of the International Health Regulations (2005)

The Sixty-fifth World Health Assembly,

Having considered the reports on implementation of the International Health Regulations (2005);¹

Recalling resolution WHA58.3 on revision of the International Health Regulations, which underscored the continued importance of the International Health Regulations as the key global instrument for the protection against the international spread of disease, and which urged Member States inter alia to build, strengthen and maintain the capacities required under the International Health Regulations (2005) and to mobilize the resources necessary for that purpose;

Recalling that Articles 5.1 and 13.1 of the International Health Regulations (2005) provide that each State Party shall, as soon as possible but no later than five years from entry into force of the Regulations for that State Party, develop, strengthen and maintain the capacity to detect, assess, notify and report events, in accordance with the Regulations, as specified in Annex 1 therein, and to respond promptly and effectively to public health risks and public health emergencies of international concern as set out in that Annex, and that the date for having these core public health capacities falls in June 2012 for all but a small number of States Parties which have later dates;²

Also recalling resolution WHA61.2 on implementation of the International Health Regulations (2005), which urged Member States to take steps to ensure that the national core capacity requirements specified in Annex 1 to the Regulations are developed, strengthened and maintained, in accordance with Articles 5 and 13 of the International Health Regulations (2005);

Recognizing that there still exist difficulties in the implementation of International Health Regulations (2005), especially regarding points of entry, including with respect to the operational understanding of the Regulations, which makes it necessary to strengthen the capacities related to Annex 1B;

Recognizing the importance of having available tools and procedures for continuous monitoring of core capacities related to Annex 1A and 1B of the International Health Regulations (2005);

Further recalling resolution WHA64.1 on implementation of the International Health Regulations (2005), which urged Member States to support the implementation of the

¹ Documents A65/17 and A65/17 Add.1.

² The time frames for the States Parties which made reservations to the International Health Regulations (2005) (United States of America and India) are slightly later (entry into force for United States of America on 18 July 2007, and for India on 8 August 2007). The time frame was also later for Montenegro (entry into force 5 February 2008), which became a State Party after entry into force of the Regulations on 15 June 2007; and for Liechtenstein (which became a State Party in 28 March 2012). See States Parties to the International Health Regulations (2005) at http://www.who.int/ihr/legal_issues/states_parties/en/ (accessed 21 May 2012).

recommendations contained in the final report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009,¹ which in its first recommendation noted the need to accelerate implementation of the core capacities required by the Regulations;

Recognizing the need to strengthen the role and capacity of States Parties and international organizations, in effective implementation of the International Health Regulations (2005), which requires constructive engagement of stakeholders, in health and non-health sectors as well as regional and trans-regional networks of States Parties;

Recognizing that States Parties may, as provided for in the International Health Regulations (2005), report to WHO and obtain, on the basis of a justified need and an implementation plan, an extension of two years in which to fulfil their obligations, and acknowledging in particular the decision of many Member States of WHO to seek such an extension,

1. AFFIRMS its renewed commitment to full implementation of the International Health Regulations (2005);

2. URGES States Parties:²

(1) to ensure identification of remaining gaps including institutional, human and financial resources in the development, strengthening and maintenance of the core public health capacities required under the International Health Regulations (2005), including Articles 5 and 13 and Annex 1, in accordance with their national implementation plans;

(2) to take the necessary steps to prepare and carry out appropriate national implementation plans in order to ensure the required strengthening, development and maintenance of the core public health capacities as provided for in the International Health Regulations (2005);

(3) to respect time frames stipulated in the International Health Regulations (2005) in Articles 5 and 13 and Annex 1 for undertaking and completing activities and communications relating to implementation of core capacity requirements and procedures concerning related extensions;

(4) to strengthen coordination and collaboration among and within States Parties intersectorally and multisectorally to develop, establish and maintain the core public health capacities and operational functions required under the International Health Regulations (2005);

(5) to further strengthen active collaboration among States Parties, WHO and other relevant organizations and partners as appropriate, by measures including the mobilization of technical, financial and logistical support for building core public health capacities, so as to ensure full implementation of the International Health Regulations (2005);

¹ Document A64/10.

² And, where applicable, regional economic integration organizations.

(6) to reconfirm their support to developing countries and countries with economies in transition upon their request in the building, strengthening and maintenance of the core public health capacities required under the International Health Regulations (2005);

3. REQUESTS the Director-General:

(1) to build and strengthen the capacities of the Secretariat to perform fully and effectively the functions entrusted to it under the International Health Regulations (2005), in particular through strategic health operations that provide support to countries, regional and trans-regional networks of States Parties in detection, reporting and assessment of, response to, and capacity strengthening in public health emergencies;

(2) to collaborate with and assist States Parties through health ministries as well as all other relevant ministries and sectors in the mobilization of technical support and financial resources to support building, strengthening and maintaining the core capacities required under the International Health Regulations (2005), in particular those related to Annex 1B in relation to core capacity requirements for points of entry including technical support to help interested countries to assess their own needs and to make the business case for investment in implementing the Regulations, in accordance with national plans;

(3) to promote the engagement with relevant international organizations and stakeholders to strengthen their contribution towards effective implementation of the International Health Regulations (2005);

(4) to ensure the transparent sharing of information on progress of States Parties in the full implementation of the national core capacities required under the International Health Regulations (2005), so as to facilitate provision of appropriate support including guidance and training as needed, by posting the list of States Parties that have requested and received extensions to the initial deadline on the restricted WHO web site for National IHR Focal Points;

(5) to facilitate the provision of appropriate support between and among States Parties for the establishment of the national core capacities required under the International Health Regulations (2005) by posting a relevant summary of the country information collected through the IHR core capacity monitoring framework on the restricted WHO web site for National IHR Focal Points;

(6) to monitor the progress of each State Party that has received an extension to the initial deadline using the implementation plans submitted with the request for extension and the annual reports required under Articles 5.2 and 13.2 of the International Health Regulations (2005) from all States Parties receiving extensions;

(7) to monitor the maintenance of the national core capacities required under the International Health Regulations (2005) in all States Parties not requesting extensions to the deadline through the development of appropriate methods of assessing effective functioning of the established core capacities;

(8) to develop and publish the criteria to be used in 2014 by the Director-General, in conjunction with the advice of the Review Committee of the International Health Regulations (2005), when making decisions about the granting of any further extensions to the timeline for establishment of the national core capacities as provided for in Articles 5.2 and 13.2;

(9) to submit an interim progress report to the Sixty-sixth World Health Assembly through the Executive Board at its 132nd session;

(10) to report to the Sixty-seventh World Health Assembly, through the Executive Board at its 134th session, on progress made by States Parties and the Secretariat in implementing this resolution.

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