

## **Fourth report of Committee B**

Committee B held its sixth meeting on 27 May 2013 under the chairmanship of Mrs Kathryn Tyson (United Kingdom of Great Britain and Northern Ireland), Dr Poonam Khetrpal Singh (India) and Dr Daisy Corrales (Costa Rica).

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

17. Health systems

17.2 Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination

One resolution and one decision

17.3 Universal health coverage

One resolution entitled:

- Transforming health workforce education in support of universal health coverage

17.5 eHealth and health Internet domain names

One resolution entitled:

- eHealth standardization and interoperability

## **Agenda item 17.2**

### **Follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination**

The Sixty-sixth World Health Assembly,

Having considered the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination;<sup>1</sup>

Recalling resolution WHA65.22, which requested the Director-General, inter alia, to hold an open-ended meeting of Member States in order to thoroughly analyse the report and the feasibility of the recommendations proposed by the Consultative Expert Working Group, taking into account discussions during regional committee meetings and regional and national consultations;

Further recalling the global strategy and plan of action on public health, innovation and intellectual property and its aims to promote innovation, build capacity, improve access and mobilize resources to address diseases that disproportionately affect developing countries as well as resolutions WHA59.24, WHA63.21 and WHA63.28;

Recognizing the urgency in addressing the health needs of developing countries and the related inequities in the current research landscape due to recognized market failures and the need for enhancing investments in health R&D related to Type II and Type III diseases and the specific research and development needs of developing countries in relation to Type I diseases;

Acknowledging the need for improving monitoring of health R&D resource flows, and identification of gaps in health R&D, better coordination of health R&D, and priority-setting based on the public health needs of developing countries;

Acknowledging also that the provision of additional information on disease burden, research opportunities, the potential health impact, and estimation of the resources needed to develop new health products and make them accessible to the poor in developing countries can provide an important basis for advocacy for additional financing;

Recognizing the importance of securing sustainable financing mechanisms for health R&D to develop and deliver health products in order to address the health needs of developing countries;

Recalling the global strategy and plan of action on public health, innovation and intellectual property, which refers to a range of incentive schemes for health R&D, with one objective being the de-linkage of the cost of R&D from the price of health products;

Recognizing the interlinkage of monitoring, coordination and financing of health R&D as well as the importance of predictability and sustainability of the resources required to enhance health R&D;

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<sup>1</sup> Document A66/23.

Reaffirming the importance of facilitation of technology transfer on mutually agreed terms between developed and developing countries as well as among developing countries as appropriate;

Underscoring that health R&D should be needs-driven and evidence-based, and be guided by the following core principles: affordability, effectiveness, efficiency and equity; and it should be considered as a shared responsibility;

Realizing the need for improving the processes of priority-setting and transparent decision-making based on the public health needs of developing countries;

Noting the important role of the public and private sectors in promoting innovation and developing new health products,

1. ENDORSES the following strategic workplan to improve monitoring and coordination, and to ensure sustainable funding for health R&D, in line with the global strategy and plan of action on public health, innovation and intellectual property, as a step towards achieving the goal of development and delivery of affordable, effective, safe and quality health products, in which existing market mechanisms fail to provide incentives for health R&D; and agreeing to develop further the strategic workplan through broad engagement of public and private entities, academia and civil society;

2. URGES Member States:

(1) to strengthen health R&D capacities and to increase investments in health R&D for diseases disproportionately affecting developing countries;

(2) to promote capacity building, transfer of technology on mutually agreed terms, production of health products in developing countries, and health R&D and access to health products in developing countries through investments and sustainable collaboration;

(3) to establish or strengthen national health R&D observatories or equivalent functions for tracking and monitoring of relevant information on health R&D, in line with agreed norms and standards as established in subparagraph 4(1) below, and to contribute to the work of a global health R&D observatory;

(4) to promote coordination of health R&D at national, regional and global levels in order to maximize synergies;

(5) to identify projects, as part of the strategic workplan, through regional consultations and broad engagement of relevant stakeholders, that address research gaps, ensure effective coordination at all levels, and secure resource needs for implementation in order to develop and deliver health products;

(6) to continue consultation, at national as well as at regional and global levels, including through the governing bodies of WHO, on specific aspects related to coordination, priority setting and financing of health R&D;

(7) to contribute to coordinated and sustainable financing mechanisms for health R&D, through voluntary contributions for activities at country, regional and global levels, in particular for monitoring, including a global health R&D observatory;

3. CALLS upon all stakeholders, including the private sector, academic institutions and nongovernmental organizations, to share relevant information on health R&D with WHO in order to contribute to a global health R&D observatory, and to contribute to the financing mechanisms;
4. REQUESTS the Director-General:
  - (1) to develop norms and standards for classification of health R&D, building on existing sources, in consultation with Member States and relevant stakeholders, in order to systematically collect and collate information;
  - (2) to support Member States in their endeavour to establish or strengthen health R&D capacities and monitor relevant information on health R&D;
  - (3) to establish a global health R&D observatory within WHO's Secretariat in order to monitor and analyse relevant information on health R&D, building on national and regional observatories (or equivalent functions) and existing data collection mechanisms with a view to contributing to the identification of gaps and opportunities for health R&D and defining priorities in consultation with Member States, as well as, in collaboration with other relevant stakeholders, as appropriate, in order to support coordinated actions;
  - (4) to facilitate through regional consultations and broad engagement of relevant stakeholders the implementation of a few health R&D demonstration projects to address identified gaps that disproportionately affect developing countries, particularly the poor, and for which immediate action can be taken;
  - (5) to review existing mechanisms in order to assess their suitability to perform the coordination function of health R&D;
  - (6) to explore and evaluate existing mechanisms for contributions to health R&D and, if there is no suitable mechanism, to develop a proposal for effective mechanisms, including pooling resources and voluntary contributions, as well as a plan to independently monitor their effectiveness;
  - (7) to convene another open-ended meeting of Member States prior to the Sixty-ninth World Health Assembly in May 2016, in order to assess progress and continue discussions on the remaining issues in relation to monitoring, coordination and financing for health R&D, taking into account all relevant analyses and reports, including the analysis of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination;
  - (8) to report on the review of existing coordination mechanisms (referred to in subparagraph 4(5) above), as well as on the evaluation of existing mechanisms for contributions to health R&D (referred to in subparagraph 4(6) above) to the Sixty-seventh World Health Assembly, through the Executive Board at its 134th session; to report on the implementation of health R&D demonstration projects (referred to in subparagraph 4(4) above) to the Sixty-eighth World Health Assembly, through the Executive Board at its 136th session; and to transmit the report of the open-ended meeting of Member States to the Sixty-ninth World Health Assembly.

**Agenda item 17.2****Follow up of the report of the Consultative Expert Working Group on  
Research and Development: Financing and Coordination**

The World Health Assembly requested the Director-General, in order to take forward action in relation to monitoring, coordination and financing for health R&D and in line with resolution WHA66.22, to convene a technical consultative meeting over 2–3 days in order to assist in the identification of demonstration projects that:

- (1) address identified R&D gaps related to discovery, development and/or delivery, including promising product pipelines, for diseases that disproportionately affect developing countries, particularly the poor, and for which immediate action can be taken;
- (2) utilize collaborative approaches, including open-knowledge approaches, for R&D coordination;
- (3) promote the de-linkage of the cost of R&D from product price; and
- (4) propose and foster financing mechanisms including innovative, sustainable and pooled funding.

The demonstration projects should provide evidence for long term sustainable solutions.

The meeting will be open to all Member States. The Director-General shall invite experts from relevant health R&D fields and experts with experience in managing funds for research and development while safeguarding WHO and public health from undue influence by any form of real, perceived or potential conflicts of interest.

The Director-General shall consult with regional directors in accordance with established WHO practice to ensure regional representation and diversity of expertise and experience.

The meeting will be in two parts: firstly a technical discussion among the experts followed by a briefing to and discussion by Member States.

The meeting should be held by the end of 2013. It should be complementary to the regional consultations referred to in operative paragraphs 2(6) and 4(4) of resolution WHA66.22.

A report of the meeting will be prepared and presented by the Director-General to the Executive Board at its 134th session.

### **Agenda item 17.3**

#### **Transforming health workforce education in support of universal health coverage**

The Sixty-sixth World Health Assembly,

Recalling resolution WHA59.23 urging Member States to scale up health workforce production in response to the shortages of health workers which hamper the achievement of the internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Recognizing that a functioning health system with an adequate number and equitable distribution of committed and competent health workers at the primary health care level is fundamental to equitable access to health services as an important objective of universal health coverage, and highlighted in the World Health Report 2006;<sup>1</sup>

Recognizing also the need to provide adequate, reliable financial and non-financial incentives and an enabling and a safe working environment for the retention of health workers in areas where they are most needed, especially in remote, hard to reach areas and urban slums, as recommended by WHO global guidelines;<sup>2</sup>

Recalling resolution WHA64.9 urging Member States to further invest in and strengthen the health delivery systems, in particular primary health care, and adequate human resources for health in order to ensure that all citizens have equitable access to health care and services;

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

Recognizing specific challenges of some Member States that have limited economy of scale in local health workforce education, their special needs, and the potential partnership and collaboration with other Member States;

Concerned that the health workforce education challenge is global;

Concerned further that demographic projections highlight that the supply and distribution of the health workforce are issues of concern in the coming decades irrespective of countries' development status;

Recognizing also the needs for intersectoral collaboration among Ministry of Health, Ministry of Education, public and private training institutions, and health professional organizations in strengthening health workforce education system in producing competent health workforces to support universal health coverage;

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

<sup>2</sup> Increasing access to health workers in remote and rural areas through improved retention, <http://www.who.int/hrh/retention/home/en/index.html>.

Concerned also that many countries lack the financial means, facilities and sufficient educators to train adequate, competent health workforce; and that there is a need to improve the health workforce education and training system in response to countries' health needs;

Mindful of the need for Member States to develop comprehensive policies and plans on human resources for health, where health workforce education is one of its elements;

Recalling resolution WHA63.16 on the WHO on Global Code of Practice on the International Recruitment of Health Personnel, which urged Member States to create a sustainable health workforce system through effective health planning, education and training and retention strategies;

Recognizing the Dhaka Declaration on Strengthening the Country Health Workforce in the Countries of the South-East Asia Region and resolution SEA/RC65/R7 of the Regional Committee for South-East Asia on strengthening health workforce education and training in the Region, which urged Member States to assess the health workforce education and training system as a basis for regional strategies to improve health workforce production in response to country's health needs;

Recognizing also the recommendations contained in the Global Independent Commission report on "Health professionals for a new century: transforming education to strengthen health systems in an interdependent world";

Appreciating the ongoing initiatives to strengthen health workforce education and training in various regions; including but not limited to the Medical and Nursing Education Partnership Initiative, in-service training of health workers in sub-Saharan Africa supported by Japan in line with the Toyako G8 Summit commitment and the Asia Pacific Network on Health Professional Education Reform,

1. URGES Member States:<sup>1</sup>

- (1) to further strengthen policies, strategies and plans as appropriate, through intersectoral policy dialogue among the relevant ministries that may include ministries of education, health and finance in order to ensure that health workforce education and training contribute to achieving universal health coverage;
- (2) to consider conducting comprehensive assessments of the current situation of health workforce education with the application of, as appropriate, standard protocols and tools once developed by WHO;
- (3) to consider formulating and implementing evidence-based policies and strategies, taking into account the findings from the assessment in the previous paragraph, in order to strengthen and transform the health workforce education and training, including but not limited to the promotion of inter-professional, community-based and health systems-based education, linkages of pre-service education to continuous professional development, and the accreditation system to ensure quality of training institutes and competency of health workforces; with a view to better responding to the health needs of people, taking into account the special needs of some Member States that have limited economy of scale in local training;

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<sup>1</sup> And, where applicable, regional economic integration organizations.

(4) to provide adequate resources and political support to implement policies and strategies as appropriate for the strengthening and transformation of health workforce education;

(5) to share best practices and experiences on health workforce education;

2. REQUESTS the Director-General:

(1) to develop a standard protocol and tool for assessment that may be adapted to country context;

(2) to support Member States as appropriate in conducting comprehensive assessments of the current situation of health workforce education using the protocol;

(3) to provide technical support to Member States in formulating and implementing evidence-based policies and strategies to strengthen and transform their health workforce education;

(4) to consult regionally to review findings of country assessments and produce a report with clear conclusions and recommendations on these findings, which will be submitted, through the Executive Board, to the Sixty-ninth World Health Assembly;

(5) to develop, based on the report, global and regional approaches that may include strategies to transform health workforce education, and to submit these, through the Executive Board, for consideration by the Seventieth World Health Assembly.



**Agenda item 17.5****eHealth standardization and interoperability**

The Sixty-sixth World Health Assembly,

Having considered the report by the Secretariat;<sup>1</sup>

Recalling resolution WHA58.28 on eHealth;

Recognizing that information and communication technologies have been incorporated in the Millennium Development Goals;

Recognizing that the Regional Committee for Africa adopted resolution AFR/RC60/R3 on eHealth in the African Region and that the 51st Directing Council of the Pan American Health Organization adopted resolution CD51.R5 on eHealth and has approved the related Strategy and Plan of Action;

Recognizing that the secure, effective and timely transmission of personal data or population data across information systems requires adherence to standards on health data and related technology;

Recognizing that it is essential to make appropriate use of information and communication technologies in order to improve care, to increase the level of engagement of patients in their own care, as appropriate, to offer quality health services, to support sustainable financing of health care systems, and to promote universal access;

Recognizing that the lack of a seamless exchange of data within and between health information systems hinders care and leads to fragmentation of health information systems, and that improvement in this is essential to realize the full potential of information and communication technologies in health system strengthening;

Recognizing that, through standardized electronic data: health workers can gain access to fuller and more accurate information in electronic form on patients at the point of care; pharmacies can receive prescriptions electronically; laboratories can transmit test results electronically; imaging and diagnostic centres have access to high-quality digital images; researchers can carry out clinical trials and analyse data with greater speed and accuracy; public health authorities have access to electronic reports on vital events in a timely manner, and can implement public health measures based on the analysis of health data; and individuals can gain access to their personal medical information, which supports patient empowerment;

Recognizing that advances in medical health care, coupled with an exponential increase in the use of information and communication technologies in the health sector and other related fields, including environment, have brought about a need to collect, store and process more data about patients and their environment in multiple computer and telecommunication systems and, therefore,

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<sup>1</sup> Document A66/26.

ehealth standardization and interoperability should address standardization and interoperability issues related to hardware, systems, infrastructure, data and services;

Recognizing that the electronic collection, storage, processing and transmission of personal health data require adherence to the highest standards of data protection;

Recognizing that the electronic transmission of personal or population data using health information systems based on information and communication technologies requires adherence to standards in health data and technology in order to achieve a secure, timely and accurate exchange of data for health decision-making;

Emphasizing that scientific evaluation of the impact on health care outcomes of health information systems based on information and communication technologies is necessary to justify strong investment in such technologies for health;

Highlighting the need for national eHealth strategies to be developed and implemented, in order to provide the necessary context for the implementation of ehealth and health data standards, and in order that countries undertake regular, scientific evaluation;

Recognizing that it is essential to ensure secure online management of health data, given their sensitive nature, and to increase trust in eHealth tools and health services as a whole;

Emphasizing that health-related global top-level domain names in all languages, including “.health”, should be operated in a way that protects public health, including by preventing the further development of illicit markets of medicines, medical devices and unauthorized health products and services,

1. URGES Member States:

(1) to consider, as appropriate, options to collaborate with relevant stakeholders, including national authorities, relevant ministries, health care providers, and academic institutions, in order to draw up a road map for implementation of ehealth and health data standards at national and subnational levels;

(2) to consider developing, as appropriate, policies and legislative mechanisms linked to an overall national eHealth strategy, in order to ensure compliance in the adoption of ehealth and health data standards by the public and private sectors, as appropriate, and the donor community, as well as to ensure the privacy of personal clinical data;

(3) to consider ways for ministries of health and public health authorities to work with their national representatives on the ICANN Governmental Advisory Committee (GAC) in order to coordinate national positions towards the delegation, governance and operation of health-related global top-level domain names in all languages, including “.health”, in the interest of public health;

2. REQUESTS the Director-General, within existing resources:

(1) to provide support to Member States, as appropriate, in order to integrate the application of ehealth and health data standards and interoperability in their national eHealth strategies

through a multistakeholder and multisectoral approach including national authorities, relevant ministries, relevant private sector parties, and academic institutions;

(2) to provide support to Member States, as appropriate, in their promotion of the full implementation of ehealth and health data standards in all eHealth initiatives;

(3) to provide guidance and technical support, as appropriate, to facilitate the coherent and reproducible evaluation of information and communication technologies in health interventions, including a database of measurable impacts and outcome indicators;

(4) to promote full utilization of the network of WHO collaborating centres for health and medical informatics and eHealth in order to support Member States in related research, development and innovation in these fields;

(5) to promote, in collaboration with relevant international standardization agencies, harmonization of eHealth standards;

(6) to convey to the appropriate bodies, including the ICANN GAC and ICANN constituencies, the need for health-related global top-level domain names in all languages, including “.health”, to be consistent with global public health objectives;

(7) to continue working with the appropriate entities, including the ICANN GAC and ICANN constituencies as well as intergovernmental organizations, towards the protection of the names and acronyms of intergovernmental organizations, including WHO, in the Internet domain name system;

(8) to develop a framework for assessing progress in implementing this resolution and report periodically, through the Executive Board, to the World Health Assembly, using that framework.

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