

Third report of Committee B

(Draft)

Committee B held its fourth and fifth meetings on 22 May 2015 under the chairmanship of Dr Raymond Busuttil (Malta).

It was decided to recommend to the Sixty-eighth World Health Assembly the adoption of the attached resolution and decisions relating to the following agenda items:

17. Health systems

- 17.1 Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage

One resolution

- 17.2 WHO Global Code of Practice on the International Recruitment of Health Personnel

One decision

- 17.3 Substandard/spurious/falsely-labelled/falsified/counterfeit medical products

One decision

Agenda item 17.1

Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage

The Sixty-eighth World Health Assembly,

Having considered the report on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage;¹

Recognizing that each year more than 234 million surgical procedures are performed globally for a wide range of common conditions requiring surgical care, affecting all age groups – including obstructed labour, birth defects, cataracts, cancer, diabetes, acute abdominal conditions, burns and injuries from domestic and industrial and road accidents – and that conditions for which surgery is one of the primary clinical solutions are expected to become increasingly common in the coming years;

Noting that many surgically treatable diseases are among the top 15 causes of physical disability worldwide and that 11% of the world's burden of disease stems from conditions that could be treated successfully through surgery, with low- and middle-income countries being the most affected;

Recognizing that each year more than 100 million people sustain injuries globally, 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;

Noting that more than 289 000 women die every year in childbirth and that approximately a quarter of maternal deaths, as well as infant deaths and disabilities that result from obstructed labour, haemorrhage and infection, could be avoided if safe surgery and anaesthesia were universally available;

Noting also that the sustainable provision of emergency and essential surgical care and anaesthesia is a critical part of integrated primary health care, lowers mortality and disability, reduces deaths resulting from birth defects, and prevents other adverse health outcomes arising from the burden of injuries and noncommunicable diseases;

Noting further the relevance of emergency and essential surgical care and anaesthesia in achieving the Millennium Development Goals and for attending to the unfinished business post-2015, including universal health coverage;

Recognizing the importance of timely referral and the existence of standards and protocols, such as those defined in the WHO Integrated Management for Emergency and Essential Surgical Care, in the continuum of care, and recalling that resolution WHA55.18 on quality of care: patient safety urges Member States to establish and strengthen science-based systems, necessary for improving patients' safety and the quality of health care, including the monitoring of drugs, medical equipment and technology;

¹ Document A68/31.

Recognizing also that emergency and essential surgical care and anaesthesia are a neglected but efficacious and cost-effective addition to the basic package of health services and that strengthening emergency and essential surgical capacity together with anaesthesia, particularly at the first-level referral hospitals, is a highly cost-efficient solution to the global burden of disease;

Noting the importance of analgesia in surgery and anaesthesia, and that a large proportion of the global population has limited access to opioid analgesics for pain relief, and patients with moderate and severe pain often do not receive the treatment they need, that 5500 million people (83% of the world's population) live in countries with low to non-existent access, that 250 million (4%) have moderate access, that 460 million (7%) have adequate access, and that insufficient data are available for 430 million people (7%);

Recognizing that balanced policies and regulations for improving access to controlled medicines, while preventing their misuse, have been successfully implemented in a number of countries;

Emphasizing the need for Member States,¹ with the support of the Secretariat, the United Nations Office on Drugs and Crime, and the International Narcotics Control Board, to ensure that efforts to prevent diversion and abuse of narcotic drugs and psychotropic substances under international control, pursuant to the United Nations international drug control conventions, do not result in inappropriate regulatory barriers to medical access to such medicines;²

Recalling that resolution WHA56.24 on implementing the recommendations of the *World report on violence and health* 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 on road safety and health recommended Member States to strengthen emergency and rehabilitation services for victims of road-traffic injuries;

Recognizing that 15% of the world's population live with a disability, and recalling that resolution WHA58.23 on disability, including prevention, management and rehabilitation urged Member States to promote early intervention and take necessary steps for the reduction of risk factors contributing to disabilities, especially during pregnancy and for children, and to put into practice the most effective actions to prevent disabilities, which include timely and effective surgery where required;

Aware of the critical importance of health system strengthening for providing access to quality, safe, effective and affordable emergency and essential surgical care and anaesthesia, and recalling resolution WHA60.22 on health systems: emergency-care systems, which recognized that improved organization and planning for the provision of trauma and emergency care, including surgery, is an essential part of integrated health-care delivery;

Recalling also resolution WHA64.6 on health workforce strengthening, which urges Member States to prioritize, in the context of global economic conditions, public sector spending on health, as appropriate, to ensure that sufficient financial resources are available for the implementation of policies and strategies to scale up and retain the health workforce, particularly in developing countries,

¹ And, where applicable, regional economic integration organizations.

² See resolution WHA67.19.

and to recognize it as an investment in the health of the population that contributes to social and economic development, including access to emergency and essential surgical and anaesthesia services;

Recalling further resolution WHA66.10 on the follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which calls for action to prevent and control cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, and noting the important role of surgical care for diagnosis, treatment and cure of a significant portion of these diseases;

Aware of the critical importance of access to and responsible use of effective antimicrobial agents for safe surgery, and recalling resolution WHA67.25 on antimicrobial resistance, which urges Member States to take urgent action to combat antimicrobial resistance;

Recalling resolution WHA67.19 on strengthening of palliative care as a component of comprehensive care throughout the life course, which urges Member States¹ to promote collaborative action to ensure adequate supply of essential medicines in palliative care, and requests the Director-General to explore ways to increase the availability and accessibility of medicines used in palliative care through consultation with Member States relevant networks and civil society, as well as other international stakeholders, as appropriate;

Acknowledging the work already done by WHO Global Initiative for Emergency and Essential Surgical Care in the WHO programme for emergency and essential surgical care, the World Alliance for Patient Safety and the Alliance's second global patient safety challenge: safe surgery saves lives;

Concerned that inadequate investment in the infrastructure of health systems, inadequate training of the surgical care health workforce, and the absence of a stable supply of surgical equipment and necessities in many countries impede progress in improving delivery of emergency and essential surgical care and anaesthesia;

Recognizing that relevant, meaningful and reliable measures of safe emergency and essential surgery and anaesthesia are needed for assessment and monitoring, and to foster political and public support;

Acknowledging that many countries are unable to meet the threshold of 2.28 skilled health professionals per 1000 population, and many surgical procedures, including basic suturing, episiotomies and draining of abscesses, can be successfully completed by other trained health care workers through task-sharing at the district and sub-district levels;²

¹ And, where applicable, regional economic integration organizations.

² The world health report 2006. Working Together for Health. Geneva: World Health Organization; 2006.

Considering that additional efforts are required globally to strengthen the provision of emergency and essential surgical care and anaesthesia so as to ensure timely and effective delivery to those who need such care in the overall context of the health system, and related health and health-promotion initiatives,

1. URGES Member States:¹

- (1) to identify and prioritize a core set of emergency and essential surgery and anaesthesia services at the primary health care and first-referral hospital level, and to develop methods and financing systems for making quality, safe, effective and affordable emergency and essential surgical care and anaesthesia services accessible to all who need them, including promoting timely referral and more effective use of the health care workforce through task-sharing, as appropriate, as part of an integrated surgical care network in order to achieve universal health coverage;
- (2) to integrate emergency and essential surgical care and anaesthesia in primary health care facilities and first-referral hospitals, and to promote emergency and essential surgery and anaesthesia capacity as components integral to achieving universal health coverage;
- (3) to promote the provision of emergency and essential surgical care and anaesthesia and ensure that health ministries take a lead role in, and intersectoral coordination mechanisms, including among all health care providers, are in place for, reviewing and strengthening the provision of such care;
- (4) to promote access to essential medicines, including controlled medicines, antibiotics, medical devices and diagnostics used in anaesthesiology and surgery that are of quality, safe, efficacious, affordable, and are used responsibly and appropriately and in line with WHO guidelines;
- (5) to carry out regular monitoring and evaluation of the emergency and essential surgical care and anaesthesia capacity of health care facilities in order to identify unmet infrastructural needs, human resource needs, training and supply needs;
- (6) to collect and compile data on number, type and indications of surgical procedures performed, referrals and perioperative mortality in their respective countries, and to share such data as appropriate;
- (7) to strengthen infection prevention and control as a critical element of ensuring quality and safety of emergency and essential surgical care and anaesthesia;
- (8) to develop and implement surgical care and anaesthesia policies to assure minimum standards for a skilled workforce, adequate equipment, infrastructure and supplies, and documenting, monitoring, and evaluation of access to and quality of services, to be embedded in programmes and legislation based on current knowledge and considerations promoting the right to the enjoyment of the highest attainable standard of health;

¹ And, where applicable, regional economic integration organizations.

(9) to ensure that appropriate core competencies are part of relevant health curricula, training and education of students from various relevant disciplines such as medical, nursing, midwifery, and other surgical care providers, as well as continuing education for professionals involved in provision of surgical care and anaesthesia;

2. REQUESTS the Director-General:

(1) to foster multisectoral networks and partnerships, multidisciplinary policies and action plans, and support national, regional and global efforts to develop science-based approaches to prevention, screening, and implementation of emergency and essential surgical care and anaesthesia and to enhance teaching and training programmes;

(2) to facilitate collaboration among Member States¹ to share and exchange information, skills and technology essential to strengthening surgery and anaesthesia services;

(3) to raise awareness of cost-effective options to reduce morbidity, mortality and prevent or treat disability and deformity through improved organization and planning of provision of anaesthesia and surgical care that is appropriate for resource-constrained settings, and continue to organize regular expert meetings to further technical exchange and build capacity in this area;

(4) to establish mechanisms to collect emergency and essential surgical and anaesthesia case log data in order to increase understanding of unmet needs and improve the global capacity for surgery and anaesthesia in the context of universal health coverage;

(5) to devise relevant, meaningful and reliable measures of access to and safety of emergency and essential surgery and anaesthesia, and make available a means of performing risk adjustment of indicators such as the perioperative mortality rate, and reporting and benchmarking of these measures;

(6) to collect, assess and report related cost data on the delivery of emergency and essential surgical care and anaesthesia, as well as the economic impact of their availability;

(7) to support Member States¹ in the development and implementation of policies and regulations for ensuring access to quality, safe, efficacious and affordable-essential medicines, including controlled medicines for pain management, medical devices and diagnostics that are used in emergency and essential surgical care and anaesthesia;

(8) to continue, through WHO's access to controlled medicines programme, to support Member States in reviewing and improving national legislation and policies with the objective of ensuring a balance between the prevention of misuse, diversion and trafficking of controlled substances and appropriate access to controlled medicines, in line with United Nations international drug control conventions;

(9) to work with the International Narcotics Control Board, the United Nations Office on Drugs and Crime, health ministries and other relevant authorities at global, regional and national levels in order to promote the availability and balanced control of controlled medicines for essential and emergency surgical care and anaesthesia;

¹ And, where applicable, regional economic integration organizations.

(10) to further cooperate with the International Narcotics Control Board to support Member States¹ in establishing accurate estimates in order to enable the availability of medicines for emergency and essential and surgical care and anaesthesia, including through better implementation of the guidance on estimating requirements for substances under international control;

(11) to support Member States¹ to devise policies and strategies that enhance the skills of the appropriate health workforce for emergency and essential surgical care and anaesthesia, especially at primary health care and first-referral hospital level;

(12) to set aside adequate resources for the Secretariat, in line with the Proposed programme budget 2016–2017 and the Twelfth General Programme of Work, 2014–2019 for strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage;

(13) to work with Member States and other relevant partners to design strategies that provide support to Member States for mobilizing adequate resources to achieve the objectives of strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage;

(14) to report back to the Seventieth World Health Assembly in 2017 on progress in the implementation of this resolution.

¹ And, where applicable, regional economic integration organizations.

Agenda item 17.2

WHO Global Code of Practice on the International Recruitment of Health Personnel

The Sixty-eighth World Health Assembly, having reviewed the report of the Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010),¹

- (1) recognized the relevance of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010) in the context of growing regional and interregional labour mobility, and demographic and epidemiological transition that increases demand for health workforce;
- (2) urged Member States and other stakeholders to expand awareness and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), in particular by strengthening of institutional capacity and resources to complete the second round of national reporting by July 31, 2015;
- (3) requested the Secretariat at the global, regional and country levels to expand its capacity to raise awareness, provide technical support and promote effective implementation and reporting of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010) within the approved programme budget;
- (4) decided that the further assessment of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010) should be considered in line with the third round of national reporting in 2018 and the scheduled progress report to the Seventy-second World Health Assembly in 2019.

¹ Document A68/32 Add.1.

Agenda item 17.3

Substandard/spurious/falsely-labelled/falsified/counterfeit medical products

The Sixty-eighth World Health Assembly, having considered the report on substandard/spurious/falsely-labelled/falsified/counterfeit medical products¹ and decision EB136(1) of the Executive Board, decided to postpone the review of the Member State mechanism by one year, to 2017, as proposed by the mechanism in its report.²

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¹ Document A68/33.

² Document A68/33, Annex.