WORLD HEALTH ORGANIZATION
Regional Office for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
Bureau régional de la Méditerranée orientale

منظمة الصحة العالمية
المكتب الإقليمي لشرق المتوسط

Regional Committee for the Eastern Mediterranean

EM/RC58/9
September 2011

Fifty-eighth Session

Original: Arabic

Agenda item 7 (a)

Resolutions and decisions of regional interest adopted by the Sixty-fourth World Health Assembly

The Sixty-fourth World Health Assembly adopted 28 resolutions. The Regional Director presents those resolutions that are of particular interest to Member States and to the work of WHO in the Eastern Mediterranean Region. The documents and resolutions mentioned in this paper are available from the Secretariat and can also be downloaded from the Internet (http://www.who.int/gb).

The Regional Director wishes to draw particular attention to the following resolutions, which require action by Member States (operative paragraphs addressed to Member States are indicated in square brackets):

WHA64.1 [1]; WHA64.2 [2]; WHA64.4 [2]; WHA64.5 [2]; WHA64.6 [1]; WHA64.7 [1]; WHA64.8 [1]; WHA64.10 [1,2]; WHA64.11 [2]; WHA64.13 [1]; WHA64.14 [4]; WHA64.15 [1]; WHA64.16 [2,3]; WHA64.17 [1]; WHA64.24 [1]; WHA64.27 [1]; WHA64.28[2]

Contents

Resolutions of regional interest adopted by the Sixty-fourth World Health Assembly

RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SIXTY-FOURTH WORLD HEALTH ASSEMBLY

Decision/ Resolution No.	Title	Baseline situation	Action(s) to be taken
WHA64.1	Implementation of the International Health Regulations (2005)	• The Regional Office is supporting countries in assessing, building and sustaining core capacities and in strengthening partnership required for implementation of the International Health Regulations (IHR). • Countries of the Region show variability in relation to national core capacities required for IHR implementation. • Weaknesses have been observed mainly in capacities related to preparedness, human resources, points of entry, biosafety management (laboratory), food safety and chemical and radiological hazards.	• Assess the core capacities required for IHR implementation in Afghanistan, Islamic Republic of Iran, Saudi Arabia, Jordan, Libyan Arab Jamahiriya, Pakistan, Palestine, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen. • Strengthen core capacities at points of entry. • Strengthen national diagnostic capacities. • Develop appropriate national plans to meet IHR requirements by June 2012. • Deploy experts from the regional roster to assist in building capacities needed for IHR implementation.
WHA64.2	WHO reform	• The Sixty-fourth World Health Assembly endorsed the report of the Director-General on WHO reform for a healthy future and its agenda, and urged Member States to support implementation of the reform programme. It requested the Director-General to present a detailed concept paper for the November 2012 World Health Forum and to develop an approach to independent evaluation. • EB129 called for a country-driven consultative process on WHO reform. • The Secretariat prepared an overview of the proposed reform, three concept papers on governance of WHO, independent formative evaluation and World Health Forum. • The Director-General has established a task force to develop a proposal for the managerial reform process inside WHO. • The Geneva-based mission and Member States participated in a consultative process on reform.	• The Director-General will prepare a consolidated paper on different aspects of WHO reform to be submitted to the special session of the Executive Board in November 2011.
WHA64.4	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the	• Activities have been carried out throughout the past 17 years since the establishment of a WHO office in the occupied Palestinian territories. Many areas of health still require support including health promotion programmes, health service support, pharmaceuticals, epidemic and pandemic alert	• Continue to provide support to the Palestinian health and veterinary services, including capacity-building and preparing for unusual emergencies. • Submit a fact finding report on the health and economic situation in the occupied Palestinian

Decision/ Resolution No.	Title	Baseline situation	Action(s) to be taken
	occupied Syrian Golan	and response, biomedical equipment, mental health, nutrition and food safety. • A national policy for emergency preparedness is being formulated.	territory including east Jerusalem and the occupied Golan heights. • Continue providing technical assistance necessary to meet the health needs of the Palestinian people, including the disabled and injured. • Support the development of the health system in the occupied Palestinian territory including human resource development. • Make available the detailed report prepared by the specialized health mission to the Gaza Strip. • Report on implementation of this resolution to the Sixty-fifth World Health Assembly.
WHA64.5	Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits	• National influenza centres are available in some countries and authorized laboratories are available in the majority of countries. • Influenza surveillance is weak or nonexistent in most countries. • Sharing of pandemic influenza preparedness biological materials with WHO collaborating centres and reference laboratories is not regularly carried out and sometimes not accompanied with all required information. • Genetic sequence data on H5N1 and other influenza viruses with human pandemic potential are not regularly shared with originating laboratories and among WHO global influenza surveillance and response system laboratories. • The use of a public-access database for influenza virus genetic sequence data has been discussed; the advisory group is being consulted on the best mechanism related to the handling of genetic sequence data. • WHO in consultation with the advisory group is establishing a mechanism in order to track the movement of the pandemic influenza preparedness biological materials among all parties involved. • Information on pandemic surveillance is not timely or regularly shared with WHO.	• Establish/strengthen national influenza centres and authorized laboratories based on agreed upon terms of reference. • Establish/strengthen the influenza surveillance system to detect cases with H5N1 and other influenza viruses with human pandemic potential. • Coordinate the sharing of genetic sequence data and analyses arising from that data with the originating laboratory and among WHO global influenza surveillance and response system laboratories. • Share information on pandemic surveillance through the pandemic influenza preparedness benefit sharing system. • Enhance research to improve pandemic risk assessment and response through the public health research agenda on influenza. • Implement the global action plan to increase the vaccine supply, including building new production facilities in developing and industrialized countries and the transfer of technology and skills, especially for developing countries. • Report on the progress in the implementation of the pandemic influenza preparedness framework.

Decision/ Resolution No.	Title	Baseline situation	Action(s) to be taken
		• WHO is supporting countries in building capacity for pandemic surveillance, risk assessment and early warning. • National regulatory authorities are either weak or do not exist in several countries. • Antiviral stockpiles are available. • An influenza preparedness vaccine stockpile is available. • The potential pre-pandemic use of the WHO vaccine stockpile in affected countries is under review by WHO. • Establishment of a regional vaccine pooled procurement mechanism is under way.	
WHA 64.6	Health workforce strengthening	• Most countries have developed national strategic plans for human resources for health. However, in most cases the plans have faced serious implementation challenges. • There is a pressing regional need to develop national health workforce strategies with country-specific plans on human resources for health covering governance, education and management of the health workforce. • The Regional Office has developed a regional human resources for health strategy with a guiding framework for Member States to develop or improve existing national strategic plans and policies on human resources for health. • The Health Assembly, in resolution WHA63.16 WHO Code of Practice, requested countries are requested to report on the actions undertaken and progress. • 15 countries have either developed or are in the process of establishing national accreditation systems for medical and health professions education institutions. • A regional guide for accreditation is being developed to serve as a reference for accreditation with practical steps for establishing and sustaining national accreditation systems. • Capacity-building efforts are under way to develop national expertise in accreditation.	• Develop comprehensive and costed national human resources for health strategic plans. • Map countries of the Region in terms of migration of health workers and its effect on health systems performance and population health outcomes. • Document the magnitude of unregulated recruitment of health workers and its adverse effects for both source and destination countries. • Develop strategies and policies on health workforce migration, retention and access in remote and rural areas. • Develop and improve accreditation systems for higher health education institutions through capacity-building programmes to prepare national experts and exchange experience and lessons learned across the Region.

Decision/ Resolution No.	Title	Baseline situation	Action(s) to be taken
WHA64.7	Strengthening nursing and midwifery	• Nurses and midwives form the majority of the health workforce in many countries. • There have been many calls for establishing comprehensive programmes for the development of human resources that support recruitment and retention of a competent motivated nursing and midwifery workforce, which is crucial to a well functioning health system. • Without allocation of adequate resources to the nursing and midwifery services in the countries and at all levels of WHO, it will be difficult to move this agenda forward. • The global strategic directions for strengthening nursing and midwifery services have been updated for the period 2011–2015. The document seeks to provide policy-makers, practitioners and other stakeholders at every level with a flexible framework for broad-based, collaborative action to enhance the capacity of nurses and midwives to contribute to universal coverage, policies affecting their practice and working conditions, and the scaling up of national health systems to meet global goals and targets.	• Translate the strategic directions 2011–2015 into Arabic and French. • Develop a regional strategy for nursing and midwifery 2012–2020, in line with Regional Committee resolution EM/RC55/R.5 (2008).
WHA64.8 (EB128.R12)	Strengthening national policy dialogue to build more robust health policies, strategies and plans	• Major concerns with respect to strategic planning and policy development in the Region include unclear national benchmarks and/or targets and limited involvement of key stakeholders. • WHO is engaged in a global learning programme that aims to enhance the skills and competencies needed for WHO country office staff to support the development of country national health policies, strategies and plans. It builds on existing WHO training programmes including various courses in specific policy and planning areas such as those on costing/financing, aid effectiveness. • The Regional Office has developed a training package for policy dialogue and strategic planning that is directed at the country health sector stakeholders. • WHO contributes to countries in their planning process through working with concerned departments in the Ministry of Health.	• Develop and disseminate tools to measure progress in consolidating national health policies and strategic plans. • Develop special mechanisms for supporting countries in crisis to adopt policies and plans responsive to the changing needs of their populations.

Decision/ Resolution No.	Title	Baseline situation	Action(s) to be taken
WHA64.10 (EB128.R1)	Strengthening national health emergency and disaster management capacities and resilience of health systems	• During 2010 the Region experienced a number of disasters, including a small-scale earthquake in the Islamic Republic of Iran and large scale floods in Pakistan that seriously disrupted the health system and reversed developmental gains. • The Regional Office has collaborated with partners and actively contributed to the development of the Disaster Risk Reduction Strategy for African and Arab countries 2010–2020, where health has been underscored as a priority area. • Regionally, WHO support aims to maximize community-based disaster risk reduction and ensure linkages between recovery and emergency preparedness on one hand and disasters and development on the other. • In 20% of countries joint International Health Regulations and all-hazards assessments were conducted with the aim of bridging the gaps in national emergency preparedness efforts. • By the end of 2010, 6 (28%) countries began the institutionalization of emergency preparedness and response based on real-time risk profile with an all-hazards approach at national, subnational and community levels. • 3 (15%) countries have launched emergency preparedness and response programmes within the Ministry of Health for better coordination and harmonization of activities. • Safe hospital programmes have been taken up as a priority by almost 60% of countries. The first phase of assessment has been completed in line with the global programme in most of these countries. In a few others the work is ongoing. • Emergency preparedness and disaster risk reduction have been included in WHO's global learning programmes targeting capacity-building for WHO staff, and training has been conducted for 25% of countries.	• Strengthen emergency preparedness and response capacity through a systematic pragmatic approach that relies on evidence based information for translating policy into action. • Develop a programme for action to support the implementation of the Disaster Risk Reduction Strategy for African and Arab countries. • Integrate health facilities safety assessment with health system assessment to harmonize structural, functional and health workforce capacity-building in a sustainable fashion. • Develop risk profiles for all countries. • Develop emergency preparedness programmes in countries based on thorough assessments. • Develop and conduct national training on public health emergency management. • Develop a regional roster of human resources for effective and timely support response within the Region.

Decision/ Resolution No.	Title	Baseline situation	Action(s) to be taken
WHA.64.11	Preparations for the High-level Meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases, following on the Moscow Conference	• Noncommunicable diseases pose one of the greatest challenges to health and development and contribute to more than 50% of deaths in the Region. • The UN General Assembly meeting in May 2010 resolved to hold a high-level meeting of heads of state and government in New York on 19–20 September 2011. • This is a key milestone in placing noncommunicable diseases high on the political and development agenda and galvanizing action to tackle the health, development and socioeconomic impacts of the major noncommunicable diseases. • In preparation for the UN high-level meeting, a regional consultation, hosted by the Islamic Republic of Iran, took place 25–27 October 2010 in Tehran. The outcome document represents the regional position for all follow-up meetings. • The first global ministerial conference on healthy lifestyles and noncommunicable disease control was organized in Moscow by the Russian Federation and WHO and aimed at supporting countries in developing and strengthening policies and programmes that promote healthy lifestyles and help prevent noncommunicable diseases. • The conference took place in Moscow on 28–29 April. Eighteen countries of the Region and 6 ministers attended the Moscow Conference. The regional contributions included in the Moscow Declaration will serve as a basis and platform to be considered for the UN high-level meeting.	• Ensure smooth implementation of the regional noncommunicable diseases action plan and national programmes. • Organize briefing sessions and discussion at all relevant meetings and consultations to sensitize the various stakeholders (governmental and private sectors) in order to strengthen regional contributions to UN high-level meeting in September 2011. • Facilitate representation of head of states and regional leaders.
WHA 64.12	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,	• During 2010 some countries of the Region experienced multiple and interrelated crises which have increased vulnerabilities and inequalities and adversely affected development gains, particularly in low-income countries facing complex emergencies. • By end of 2009, the regional under-5 mortality rate had dropped by 30% since 1990. Egypt, Lebanon and Oman have already surpassed the target for MDG4 and the Islamic Republic of Iran, Morocco, Syrian Arab Republic, Tunisia and	• Strengthen intersectoral collaboration and civil society involvement in achieving the MDGs, mainstream the monitoring, generation, analysis and use of disaggregated data, especially in low-income and middle-income countries. • Establish a regional pooled vaccine procurement mechanism to support introduction of the new lifesaving vaccines in middle-income countries. • Promote gender equality, the empowerment of

Decision/ Resolution No.	Title	Baseline situation	Action(s) to be taken
	September 2010)	United Arab Emirates are on track to achieve MDG4. However, achieving this goal in other countries is compromised by many factors including poverty, unequal distribution of resources and insufficient political commitment. • 16 countries in the Region have achieved 90% measles vaccination coverage with first dose below 1 year of age, and 3 countries are close to reaching it. • An estimated 52 000 women and 510 000 newborns die every year in the Region due to complications of pregnancy and childbirth. 50% of newborns are still delivered away from health care facilities in the Region, and 40% of deliveries are not attended by skilled health personnel.	women, women's full enjoyment of all human rights and the eradication of poverty. • Support the delivery of the family practice package of health and nutrition services including universal coverage with well known cost effective interventions for children and mothers such as IMCI and safe pregnancy. • Scale up and improve prevention, treatment, care and support interventions for HIV/AIDS, tuberculosis and malaria so as to achieve universal access, in particular for seriously affected populations and vulnerable groups. • Advocate for advancing related research and remove obstacles that block access to interventions and impediments to their use and quality.
WHA64.13	Working towards the reduction of perinatal and neonatal mortality	• There are wide gaps in the availability of skilled health workers where and when they are most needed and of functioning quality perinatal and neonatal health care delivery systems. • Information on major determinants of perinatal and neonatal morbidity and mortality is still too weak to enable evidence-based programme development and implementation. • Access to quality life-saving services for newborns is limited in many countries of the Region. • Currently 52 000 mothers, 480 000 newborn babies (41.7% of under-five mortality) and 1 150 000 children under 5 years die every year in the Region. Total perinatal mortality in the Region is estimated at 768 000.	• Build national capacity in maternal and neonatal health care. • Strengthen monitoring and evaluation measures of maternal and neonatal health programmes. • Strengthen national policies and programmes aimed at promoting healthy dietary habits and healthy lifestyles; avoiding risky practices; promoting premarital and pre-conceptual screening and examinations and regular antenatal care; and expanding micronutrient supplementation programmes, especially with folic acid.
WHA64.14	Global Health Sector Strategy on HIV/AIDS	• The regional strategy for health sector response to HIV/AIDS 2011–2015 was endorsed by the Regional Committee in 2010. It was based on and in line with the draft global strategy, which was still under development at that time.	• Focus on planning for priority actions by WHO, partner agencies and countries in terms of the implementation of the regional strategy.
WHA.64.15	Cholera: mechanism for prevention and control	• In 2010, cholera outbreaks were reported from Afghanistan, Djibouti, Iraq, Pakistan, Somalia, Sudan and Yemen. • Cholera is on list A of notifiable diseases in all countries of the	• Establish inter-ministerial committees for all related sectors to ensure provision of safe drinking-water, development of detailed national preparedness

Decision/ Resolution No.	Title	Baseline situation	Action(s) to be taken
		Region. However, notifications to the Regional Office are irregular and often late. • At-risk countries do not have access to standardized diagnostic and treatment protocols. • Cholera is not among the priority health conditions for resource mobilization in many countries of the Region. • The high number of internally displaced persons and refugees comprises a large at-risk community in the Region. • Community awareness of the route of transmission of cholera is inadequate in many countries. • Overreaction to reported cholera outbreaks is a common practice among many countries in the Region. • None of the countries use cholera vaccine routinely.	plans with clear roles and responsibilities, and common funding mechanisms. • Support comprehensive risk assessment for epidemic diarrhoeal diseases through combining data from the health sector with environment, water and sanitation and food sectors. • Promote timely reporting and minimize overreaction through advocacy and capacity-building. • Establish disease early warning and response systems with particular attention to thresholds and disease seasonality. • Strengthen diagnostic capacities and further characterization of circulating Vibrio bacteria to understand the dynamics of the disease and contribute to the regional database. • Develop mechanisms to support continuous sharing of information and data (especially during high-risk season) between the health sector, water and sanitation, food sector and WHO. • Ensure stockpiling of oral rehydration salts and appropriate antibiotics and access to trained health care providers. • Improve public knowledge and practices on cholera prevention and treatment through advocacy and health education activities. • Ensure cholera vaccine is not used during outbreaks and is confined to travelers from non-endemic to endemic areas as an additional prophylactic measure among others. • Promote research on improving the current cholera vaccine.
WHA64.16 (EB128.R6)	Eradication of dracunculiasis	• Dracunculiasis has been eliminated from Pakistan, Sudan and Yemen. However, it is still endemic in South Sudan • The disease is now limited to 18 of the 80 counties in South	• Enhance the rate of decline in new cases by increasing the detection rate before worm emergence or within 24 hours of worm emergence

Decision/ Resolution No.	Title	Baseline situation	Action(s) to be taken
		Sudan. The number of villages with indigenous cases (locally transmitted and not imported) decreased from 584 in 2009 to 227 in 2010 (more than 60% reduction). The number of new cases decreased from 2733 in 2009 to 1698 in 2010 (38% reduction). • The major challenge in South Sudan is the relatively large number of new cases being reported that need to be detected early and fully contained, while simultaneously sustaining and strengthening surveillance in formerly endemic areas and known guinea-worm free areas of Sudan. The lack of strong health infrastructure, still evolving disease surveillance system, insecurity due to local conflicts and movement of populations continue to be the primary constraints. • The 26% increase in number of new cases reported in the first quarter of 2011 as compared to 2010 in South Sudan is a cause of concern. A thorough epidemiological assessment and closer supervision are needed. • Sudan has been free from dracunculiasis since 2003. However, its status has not yet been certified by the International Commission for the Certification of Dracunculiasis Eradication.	and subsequent case containment rate from the present 78%. • Sustain strong political commitment to the dracunculiasis elimination programme. • Continue to monitor the dracunculiasis situation on a monthly basis and provide the necessary technical support as required. • In Sudan, sustain, strengthen and document an adequate guinea-worm disease surveillance system in formerly endemic areas. This will provide the evidence that will allow Sudan to be (after 3 years) certified as free from dracunculiasis by the International Commission for the Certification of Dracunculiasis Eradication.
WHA 64.17	Malaria prevention and control: sustaining the gains and reducing transmission	• Recent malaria indicator surveys showed an increase in the coverage of artemisinin-based combination therapies (ACTs) and long-lasting insecticidal nets (LLINS) and rapid diagnostic tests and microscopy, but there is still a huge gap to reach the target of 80% coverage by 2015. • Ownership of insecticide-treated bednets and coverage of indoor residual spraying are still far below the target of 80%. • Recent nationwide malaria surveys in Sudan (2009) showed that ownership of LLINs was 40.3% in northern states and 50.6% in southern states. In Afghanistan, Djibouti, Pakistan and Yemen, the percentage of households that had at least one LLIN were 9.9, 30.2, 15.0 and 4.3 respectively.	• Review programmes in all endemic countries to measure the progress and identify strengths and weaknesses including capacity at all levels. • Conduct immediate in-depth assessment of the capacity of malaria programmes to implement needed strategies to provide parasitological confirmation of all suspected cases by quality microscopy or rapid diagnostic tests. • Raise awareness to improve usage of vector control tools, especially LLINs. • Ensure adequate and sustained national commitment to malaria with increased domestic expenditures.

Decision/ Resolution No.	Title	Baseline situation	Action(s) to be taken
		• Usage rates of available LLINs are very low in many countries. • Recent studies to monitor efficacy of antimarials in countries (Afghanistan, Islamic Republic of Iran, Sudan and Yemen) showed adequate response data to ACTs. • Recent data are missing from Pakistan and Somalia and efficacy studies are under way for the 2011 transmission season. • Insecticide resistance is a real challenge in some countries. It is well documented in Gezira state in Sudan, and signals of resistance are reported from Afghanistan and the Islamic Republic of Iran. A contributing factor may be use of poor quality insecticides, improper use by other sectors and lack of effective strategies for insecticide resistance management.	• Continue supporting the regional networks for monitoring drug resistance. • Enforce the ban on use of artemisinin montherapy (Pakistan). • Implement strict measures to limit the use of injectable artemisinin to severe malaria cases and prevent its irrational use in uncomplicated malaria. • Develop strong national policies to enforce procurement of good quality antimalarials, monitor medicine quality and prevent the importation and usage of poor quality medicines. • Ensure use of WHOPES-recommended insecticides by prequalified manufacturers and proper planning for procurement of appropriate insecticide based on the results of insecticide resistance monitoring. • Develop national strategies for prevention and management of insecticide resistance in collaboration with the agriculture sector and other relevant agencies.
WHA 64.24	Drinking water, sanitation and health	• According to the WHO/UNICEF Joint Monitoring Programme on the Water and Sanitation Sector (2010 report), with the exception of Afghanistan, Somalia, Sudan and Yemen, by 2008 improved water supply services were available to over 90% of the urban populations and over 80% of the rural population. Improved sanitation services were available to over 85% of the urban population and well above 75% of the rural population. • Population growth, urbanization and climate change are expected to adversely and significantly affect the availability, quality and sustainability of water and sanitation services. • Countries of the Region are among the world's most water scarce. Water scarcity is a serious concern for human health as it may cause decline in the safety and availability of drinking-water supplies. Securing water supplies for basic health needs	• Develop national protocols on water and sanitation for health within the national public health strategies. • Plan and monitor national programmes on extending water supply and sanitation services to the un-served population and sustaining existing services in the face of climate change. • Develop and implement national policies on securing minimum water quantity requirements for public health protection. • Strengthen water safety management systems based on the preventive water safety management framework approach recommended in the third and fourth edition of WHO Guidelines for drinking-water quality.

Decision/ Resolution No.	Title	Baseline situation	Action(s) to be taken
		(hygiene, food preparation and sanitation) is a public health requirement. • Water quality management systems are reactive and often not responsive enough to prevent a decline in drinking water safety and to control the resulting outbreaks of water-borne diseases. • Public health surveillance of drinking-water safety is a critical component of water safety management and is a public health function. Yet surveillance of water safety remains weak in the majority of countries and a renewed mandate and efforts by health agencies are needed. • Uncontrolled wastewater use in agriculture is a common practice which presents serious health risks.	• Strengthen the surveillance of water safety as a public health function. • Regulate the use of wastewater to ensure safety and reduce health risks as per WHO guidelines on wastewater use.
WHA.64.26	International Agency for Research on Cancer: amendments to Statute	• Article VIII.8 of the Statute of the International Agency for Research on Cancer (IARC) states that: "The funds and assets of the Agency shall be treated as trust funds under Regulation IX (9.1 and 9.2) of the Financial Regulations of the World Health Organization. They shall be accounted for separately from the funds and assets of the World Health Organization and administered in accordance with the financial regulations adopted by the Governing Council." • In May 2011, the Governing Council adopted an amendment deleting the above text in Article VIII.8. The deletion is needed because, under the International Public Sector Accounting Standards, IARC is not considered a "WHO controlled entity". Accordingly, IARC's accounts will no longer be shown as a trust fund in the World Health Organization's annual and biennial financial statements.	• The amendment has no implications for WHO, either at headquarters or in the regions.
WHA64.27 (EB128.R15)	Child injury prevention	• Unintentional injuries are one of the leading causes of death and disability among children under 20 years in the Region. • According to the *World report on child injury prevention*, about 12% of all unintentional injury deaths worldwide among the population under 20 years occurred in the Region. More than 95% of these deaths occurred in low-income and middle-	• Finalize the Regional framework for the implementation of recommendations of the *World report on child injury prevention*.

Decision/ Resolution No.	Title	Baseline situation	Action(s) to be taken
		income countries of the Region. • The regional death rate due to unintentional injury is higher than the global rate (45.5 versus 38.8 deaths per 100 000 population under 20 years). • The Regional Office is producing advocacy materials and developing a framework for the implementation of the recommendations of the *World report on child injury prevention.*	
WHA64.28	Youth and health risks	• Adolescent health has not been acknowledged as a priority within the health agenda of countries of the Region. • Nine countries have established adolescent health programmes on task forces within the Ministry of Health structure, though with inadequate human and financial resources. • Adolescent health-related data disaggregated by age and sex are scarce and not sufficiently reliable to enable planning and decision-making. • Baseline information on major determinants of adolescent health is not sufficient to enable evidence-based programme development and implementation. • Existing packages that address adolescent and youth health are mainly disease-oriented. • The current health cadres who deal with adolescents and youth are not adequately qualified to address their needs. • In the past, adolescents have not participated in health development and were regarded as end users and receivers of services.	• Conduct advocacy at the highest political level to place adolescent health as a priority for the health agenda. • Establish adolescent health programmes within ministries of health and equip them with adequate human and financial resources. • Develop national health policies and strategies on adolescent health that include specific targets and indicators. • Introduce adolescent health-related indicators (age- and sex-disaggregated) into the existing health information system and design mechanisms for data collection and reporting. • Ensure regular data collection on adolescent and youth health-related behaviours including adoption of the regional survey on adolescent health. • Use the regional guide on adolescent health situation analysis to conduct national adolescent health situation analysis. • Develop a comprehensive package that addresses the promotive and preventive aspects of adolescent health as well as the curative aspects. • Build the capacity of health cadres to provide appropriate and good quality services to adolescents and youth to meet their needs. • Establish mechanisms that ensure the participation and empowerment of adolescents and youth as key stakeholders in health development.