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WORLD HEALTH ORGANIZATION



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**RESOLUTIONS AND OTHER ACTIONS OF THE 59th WORLD HEALTH
ASSEMBLY OF INTEREST TO THE PAHO REGIONAL COMMITTEE**

The Fifty-ninth World Health Assembly was held in Geneva, Switzerland, from 22 to 27 May 2006. After debating an agenda that included 22 items, the Assembly adopted 27 resolutions.

This document summarizes the resolutions of special interest to the countries of the Region of the Americas and the Regional Office.

The Directing Council is requested to take note of these resolutions and consider their implications for Region of the Americas.

1. The World Health Assembly opened with the news of the unexpected death of Dr. LEE Jong-wook, Director-General of WHO, on the morning of 22 May. The delegates observed two minutes of silence. Dr. LEE's funeral was held in Geneva on Wednesday, 24 May, with more than 1,000 people in attendance, among them the delegates to the Assembly and Organization staff.

2. The 59th World Health Assembly was held in Geneva, Switzerland, from 22 to 27 May 2006. Delegations from 32 Member States of the Americas attended. Representatives of international and nongovernmental organizations were also present. The Assembly named the following officers: Prof. P. I. Garrido, Minister of Health of Mozambique, President of the Assembly; Dr. M.S. Barría, Minister of Health of Chile, Vice-President of the Assembly; Dr. P. Mazzetti (Peru), Chairman of Committee A, and Dr. D. Carey (Bahamas), Rapporteur of Committee B. The guest speaker at the World Health Assembly was His Royal Highness, the Prince of Wales, who addressed the audience to promote comprehensive health care. In addition, Kenyan activist and poet Mr. Johnson Mwakazi, who had been invited by the Director-General, talked about the stigma endured by people living with HIV/AIDS.

3. The agenda of the 59th World Health Assembly contained 22 items, the majority of them on health policy and the rest on administrative, budgetary, and institutional matters. As in previous Assemblies, these matters were dealt with in a series of committee and plenary sessions, and in some cases, with the help of specific working groups (i.e., destruction of the reserves of smallpox virus, intellectual property rights). The Assembly adopted 27 resolutions. The full version of these resolutions, as well as other documents from the World Health Assembly, can be viewed online at http://www.who.int/gb/s/s_wha59.html.

4. The majority of these resolutions are particularly relevant to both the Member States of the Region of the Americas and the Regional Office. Seventeen of them deal with technical and health policy matters and the rest, with management and budgetary matters.

5. The tables that follow contain a summary of the respective resolutions.

Other Matters: the Executive Board

6. In a special session held on Tuesday, 23 May, the WHO Executive Board decided, pursuant to Article 113 of the Rules of Procedure of the World Health Assembly, that Dr. Anders Nordström would act as Interim Director-General until the World Health Assembly named a new Director-General.

7. The World Health Assembly elected new Member States to designate a person to serve on the Executive Board. El Salvador and the United States of America were elected from the Region of the Americas to round out the countries from the Region of the

Americas, which included Bolivia (2004-2007), Brazil (2004-2007), Jamaica (2004-2007), and Mexico (2005-2008).

8. Dr. Fernando Antezana, of Bolivia, was elected President of the WHO Executive Board, as of its 118th. Session. The United States was designated a member of the Program, Budget, and Administration Committee, and Brazil, a member of the Standing Committee on Nongovernmental Organizations.

9. The 118th. Executive Board reviewed the various options for speeding up the process for electing the next Director-General and decided on the following timetable:

- a) the Interim Director-General communicates to the Member States that they can nominate candidates for the post of Director-General: 1 June 2006;
- b) deadline for the receipt of nominations by WHO: 5 September 2006;
- c) deadline for WHO to forward nominations, curricula, and complementary information to the Member States: 5 October 2006;
- d) meeting of the Executive Board on this item: from 6 to 8 November 2006 at World Health Organization Headquarters;
- e) special meeting of the World Health Assembly in Geneva on 9 November 2006 to deal with a single item, "Director-General."

10. In addition, the Executive Board asked the Interim Director-General to study the possibility of granting staff members who are candidates paid leave based on the salary of the post they currently occupy, from 5 September 2006 until the World Health Assembly names a new Director-General.

Action by the Directing Council

11. The Directing Council is asked to take note of these resolutions and consider their implications for the Region of the Americas.

Annexes

- A. Technical and Health Policy Items
- B. Administrative and Budget Items
- C. Agenda of the 59th. World Health Assembly
- D. Resolutions of the World Health Assembly
(available at: http://www.who.int/gb/s/s_wha59.html)

Annex A: TECHNICAL AND HEALTH POLICY ITEMS

RESOLUTION	ITEM (and reference documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA59	PAHO Resolutions and Documents (2000-2006)
WHA59.1	<p>Eradication of Polio Document EB117/4, Resolution EB117/2006/REC1, Document A59/6</p>	<p>The Assembly adopted a resolution requesting fulfillment of the commitment to achieve polio eradication.</p> <p>Through this resolution it urged the Member States to act on their commitment to interrupt polio transmission through vaccination, to maintain high levels of immunization through vaccination, and to strengthen surveillance systems for the disease.</p> <p>It also requested that WHO ensure the availability of technical assistance to the States in their planning for and response to outbreaks and continue to work toward a poliomyelitis-free world in the short and long terms.</p> <p>Regional Actions (Countries and Secretariat):</p> <ul style="list-style-type: none"> - Vaccination Weeks in the Americas, directed mainly to municipalities with low coverage rates, border areas, marginal areas, and indigenous populations. - Four subregional meetings on immunization held each year. - Weekly surveillance of acute flaccid paralysis (AFP) continues to be carried out. - Evaluations of the immunization program conducted in countries with higher risk. - All countries of the region have carried out phase 1 of the polio containment project, including an inventory of laboratories that could have wild poliovirus samples, in order to take measures to eliminate these samples and prevent accidents that could spread the wild poliovirus in the region. - The Meeting of the PAHO Technical Advisory Group (TAG) on Vaccine-preventable Diseases is carried out every two years. The following recommendations were reviewed during the TAG meeting in Guatemala in July 2006: <p>The oral polio vaccine continues to be the vaccine of choice in the Americas during the final phase of global polio eradication.</p>	<ul style="list-style-type: none"> - Vaccines and Immunization: CD43.R1 - Vaccines and Immunization: CSP25/R11 - Vaccines and Immunization: CSP26/R9 - Vaccines and Immunization: CE122.R12 - Vaccines and Immunization: CE130.R7

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<p>WHA59.1 (<i>cont.</i>)</p>	<p>Eradication of Polio Document EB117/4, Resolution EB117/2006/REC1, Document A59/6</p>	<p>In order to reduce the risk of imports and prevent another outbreak caused by a poliovirus derived from the Sabin vaccine, countries that do not achieve 95% coverage of the oral polio vaccine in every municipality should carry out annual immunization campaigns with oral polio vaccines in children under 5, regardless of their vaccination status.</p> <p>Countries should maintain high-quality surveillance of AFP, strengthen the Poliomyelitis Laboratory Network, and complete phase I of containment of the wild poliovirus in laboratories by the end of 2006. PAHO should establish an expert panel to review reports from countries on containment of the virus in laboratories and provide suggestions regarding this effort. All countries of the Region should maintain a high level of polio vaccination coverage of at least 95% of children under 5 in each municipality.</p> <p>Countries should establish a group of experts or a national commission to investigate cases of compatible poliomyelitis without adequate stool specimens. Each of those cases should have a written report specifying the final classification and the criteria used by the group of experts to determine that classification.</p>	
<p>WHA59.2</p>	<p>Application of the International Health Regulations (2005) Document EB117/2006/JEM/1, Resolution EB117.R7 and Annex 4, A59/4 Document A59/5</p>	<p>The Assembly adopted a resolution on the application of the International Health Regulations (2005) (IHR) for strengthening pandemic flu preparedness and response.</p> <p>Recognizing that several of the provisions of the International Health Regulations (2005) would be useful for ensuring a coordinated response by the international community to the current outbreak or a future pandemic, and observing that the IHR will not enter into force until 15 June 2007, this resolution urged the Member States to comply on a voluntary basis with the provisions of the International Health Regulations on preparedness for the avian flu and the pandemic.</p> <p>It furthermore urged the States to establish a National IHR Focal Point to work with WHO on surveillance, preparedness, and response to pandemic flu.</p>	<p>- International Health Regulations: CD43.R13</p>

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WHA59.2 (cont.)	<p>Application of the International Health Regulations (2005) Document EB117/2006/JEM/1, Resolution EB117.R7 and Annex 4, A59/4 Document A59/5</p>	<p>It requested that until the IHR enters into force, WHO use the pandemic task force to advise the Organization on avian flu surveillance measures and response; collaborate with the States in the voluntary application of the Regulations, providing technical cooperation and logistical support; help strengthen the capacity of the Member States to respond to the avian flu; and continue to work to guarantee equitable access to drugs in the event of a global pandemic.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>Countries:</p> <ul style="list-style-type: none"> • Develop, strengthen, and maintain the capacity to detect, characterize, confirm, and report events (diseases or risks) of importance to public health, as well as respond efficiently and in a timely manner to them, by 2012. • Carry out an analysis of the current capacity of public health services infrastructure to meet the IHR requirements (2005) by 2009. • Evaluate all the events that could become public health emergencies of international importance; report the results in a period of 24 hours to PAHO/WHO. • Designate or establish the National IHR Focal Point and the authorities responsible for implementing the health measures in each jurisdiction in accordance with the IHR (2005). • Ensure that the basic skills at points of entry (ports, airports, and ground borders) will be developed by 2012. • Identify the competent authorities for each point of entry designated to be responsible for monitoring baggage, cargo, containers, means of transportation, goods, postal packages, and human remains leaving or arriving at affected areas. 	

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WHA59.2 (cont.)	Application of the International Health Regulations (2005) Document EB117/2006/JEM/1, Resolution EB117.R7 and Annex 4, A59/4 Document A59/5	Secretariat: 1. <i>Strengthen national preparation to respond to events regardless of their source or origin. Give the influenza pandemic high priority by:</i> i. Promoting the development of basic national capacity to detect and respond to potentially epidemic diseases such as influenza that results in development of national preparedness plans for an influenza pandemic ii. Strengthening surveillance through early warning systems. iii. Supporting the countries by making available the pandemic vaccine and antiviral drugs	
WHA59.4	Eleventh General Program of Work 2006-2015 Documents A59/25, A59/25 Add. 1 and A59/25 Add. 2	Through this resolution the Assembly adopted the Eleventh General Program of Work, 2006-2015. It urged the Member States to identify their role and the specific actions to be taken to carry out the global health agenda and encourage multidisciplinary partnerships. It invited the organizations of the United Nations system, NGOs, the private sector, and international development organizations to harmonize their work in line with this Program. It requested that WHO use the Eleventh General Program as the foundation for strategic planning and the evaluation of WHO's work during this period, and that it update the General Program to reflect the changing state of global health. Implications for the Region: During its preparation, WHO's Eleventh General Program of Work was the topic of a regional consultation in February 2005, as well as presentations at several previous meetings of the PAHO Governing Bodies. The Organization will use this Program approved in the World Assembly as a reference. Furthermore, the Program will shape the work of the Region in guiding the formulation of the Health Agenda for the Americas and, subsequently, the Regional Strategic Plan.	

RESOLUTION	ITEM (and reference documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA59	PAHO Resolutions and Documents (2000- 2006)
WHA59.11	<p>Nutrition and HIV/AIDS Document EB117/2006/JEM/1, Resolution EB117.R2 and Annex 4 Document A59/7</p>	<p>Underscoring the importance of cooperation among the organs of the United Nations system, and bearing in mind that adequate nutrition is one of the principal needs of people affected by the AIDS pandemic, this resolution urged the Member States to ensure that nutrition is an essential part of their response to HIV/AIDS, to make a political commitment to put the issue on their health agendas, and to support current interventions to improve nutrition through full implementation of the global strategy for infant and young child feeding.</p> <p>In addition, it requested that WHO help States incorporate these issues into their national policies and programs, and that they give priority to issuing recommendations on the nutrition and care of people with HIV/AIDS.</p> <p>Implications for the Region:</p> <ul style="list-style-type: none"> - Numerous documents on HIV and infant feeding have been translated into Spanish and disseminated in the Region. Among them we can mention: <ul style="list-style-type: none"> 1) Feeding of Nonbreastfed Children 6 to 24 Months of Age; 2) HIV and Infant Feeding: Guidelines for Decision-makers; 3) HIV and Infant Feeding: A Guide for Health Care Managers and Supervisors; 4) Transmission of HIV through Lactation: Review of Available Results. - A training course on HIV and infant feeding was carried out in Nicaragua. - Workshops on the Global Strategy for Infant and Young Child Feeding were held at the national (Bolivia and Guyana) and subregional (Caribbean, Central America and the Dominican Republic, and the Southern Cone [Argentina, Paraguay and Uruguay]) levels. The workshops featured presentations and discussions on HIV and infant feeding and included participation by governmental representatives on HIV as well as representatives of those working in child health and nutrition. 	

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WHA59.11 <i>(cont.)</i>	Nutrition and HIV/AIDS Document EB117/2006/JEM/1, Resolution EB117.R2 and Annex 4 Document A59/7	<p><i>Actions by the Caribbean Food and Nutrition Institute (CFNI):</i> CFNI has developed and produced a manual for people living with HIV/AIDS and a manual for health professionals on the topic of nutrition and HIV/AIDS. These publications were introduced to the countries through training workshops with representatives from all of our Member States. Both publications were translated and the English versions can be found on the CFNI Web page at www.paho.org/cfni. Thematic pamphlets based on the manual are currently being prepared for the legal community, including people living with HIV/AIDS. CFNI is trying to develop guidelines on care and its companion tools in order to help integrate nutrition into medical treatment.</p> <p>In addition, a survey has been carried out of third-level institutions in the Caribbean that offer education or training for health professions in order to determine if nutrition for HIV/AIDS treatment is included in the curriculum. A report has been finished and a recommendation made for the development and implementation of a course for health professionals on nutrition and HIV/AIDS.</p> <p>CFNI has also submitted a proposal to research the effect of timely professional intervention in nutrition among people under antiretroviral treatment (ART) in order to delay the early development of diabetes and lipodystrophy.</p>	
WHA 59.12	Implementation by WHO of the Recommendations of the Global Task Force on Improving AIDS Coordination among Multilateral Institutions and International Donors Document EN117/2006/JEM/1, Resolution EB117.R8 and Annex 4 Document A59/8	<p>The Assembly welcomed the recommendations of the Global Task Force on improving AIDS coordination among multilateral institutions and international donors.</p> <p>This resolution urged the Member States to heighten efforts and identify barriers to accelerate the implementation of “The Three Ones” according to country realities.</p> <p>The Assembly requested that WHO adopt the aforementioned recommendations, draw up appropriate plans of action in coordination with UNAIDS, report on progress made in the implementation of these recommendations, and help governments strengthen their health systems to intensify future interventions.</p>	<ul style="list-style-type: none"> - Acquired Immunodeficiency Syndrome (AIDS) in the Americas : CD42.R13 - Acquired Immunodeficiency Syndrome (AIDS) in the Americas: CD43.R16 - Acquired Immunodeficiency Syndrome (AIDS) in the Americas: CSP26.R12 - Scaling up Treatment with a Comprehensive Response to HIV/AIDS: CD45.R10 - Regional Strategic Plan for HIV/AIDS/STDs 2006-2015: CD46.R15

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WHA 59.12 (cont.)	<p>Implementation by WHO of the Recommendations of the Global Task Force on Improving AIDS Coordination among Multilateral Institutions and International Donors Document EN117/2006/JEM/1, Resolution EB117.R8 and Annex 4 Document A59/8</p>	<p>Implications for the Region:</p> <p>Although the matrix on the division of labor of GTT reflects the comparative advantages of WHO at the global level, it was established without complete and timely consultation with regional entities or an analysis of mandates and comparative advantages at the regional level. For example, several of the technical areas that are fundamental to successful implementation of PAHO's <i>Regional HIV/STI Plan for the Health Sector, 2006-2015</i> were assigned to other UN agencies under the global division of labor, including</p> <ul style="list-style-type: none"> - Supply of antiretroviral treatment (ART) and other products related to HIV (leadership assigned to UNICEF) - Prevention (assigned to Joint United Nations Program on HIV/AIDS - UNAIDS) - Some aspects of medical services, such as reproductive health (assigned to United Nations Fund for Population Activities - UNFPA). <p>To resolve this situation, PAHO is trying to have the matrix on the division of labor of the Global Task Force adapted to tasks for the Region of the Americas, in collaboration with regional partners of the UN, and taking into account the established mandates and comparative advantages of each agency.</p> <p>PAHO also took the matter to the Group of Regional Directors of UNAIDS Co-sponsors in February 2006. The regional directors discussed the need to establish guidelines for the GTT, so that the specifications of our region are taken into account in the adaptation/implementation of these guidelines to technical personnel.</p> <p>A note was presented to the Executive Board in June 2006 with regard to the document entitled "<i>Implementation by WHO of the Recommendations of the Global Task Force on Improving Coordination among Multilateral institutions and International Donors</i>"(WHA59.12). The aim is to continue to make progress toward regional adaptation.</p>	

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WHA59.15	<p>Collaboration within the United Nations System and with other Intergovernmental Organizations, including United Nations Reform Process - Strategic Approach to International Chemicals Management Documents A59/37, A59/41 and A59/41 Add. 1</p>	<p>The Assembly welcomed the Strategic Approach to International Chemicals Management adopted at the International Conference on Chemicals Management in Dubai on 6 February 2006.</p> <p>Mindful of WHO's leadership in the management of these products that affect human health, it urged the Member States to participate in national, regional, and international efforts to implement the Strategic Approach and requested that in its application, they take the health aspects of chemical safety into account.</p> <p>It requested that WHO support the States in the health sector's implementation of the Strategic Approach to International Management of Chemical Products, emphasizing human health issues.</p> <p>Implications for the Region:</p> <p>The following activities have been carried out in the Region:</p> <ul style="list-style-type: none"> - Development and implementation of a Subregional Plan for Comprehensive Management of Potentially Dangerous Substances in Central America, Belize, and the Dominican Republic. The principal points of action of the plan are: (1) Development of policies on management of potentially dangerous substances, (2) Creation of interdisciplinary and intersectoral labor commissions at national and subregional levels, (3) Review and analysis of existing legislation, (4) Preparation of national profiles for comprehensive management of potentially dangerous substances, (5) Development of technical training programs for comprehensive management of potentially dangerous substances based on the needs of the countries, (6) Establishment of procedures for multisectoral coordination and coordination between countries regarding comprehensive management of potentially dangerous substances, (7) Development of information, communication, and social participation mechanisms and instruments for the management of potentially dangerous substances, (8) Preparation of the prevention, preparedness, mitigation, and response plan for emergencies and disasters caused by potentially dangerous substances, and (9) Inclusion of compulsory recording and reporting of cases/events of exposure to potentially dangerous substances within the epidemiological surveillance system or other existing information systems. 	

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WHA59.15 (cont.)	Collaboration within the United Nations System and with other Intergovernmental Organizations, including United Nations Reform Process - Strategic Approach to International Chemicals Management Documents A59/37, A59/41 and A59/41 Add. 1	<ul style="list-style-type: none"> - Development of an Andean Subregional Prevention, Preparedness, and Response Plan for chemical emergencies. The plan's principal points of action are: (1) Strengthening of legal and institutional frameworks, (2) Strengthening of knowledge and the use of information, (3) Measures to reduce risk, (4) Improvement in preparation and response, (5) Training and (6) Financial resources. - Strengthening and consolidation of networks for the exchange of information on chemical substances at the regional level (RETOXLAC) and at the country level: Argentina (REDARTOX), Brazil (RENACIAT), Chile (RITA), Mexico (RETOMEX), Panama (REPATOX). - Dissemination of information on chemical substances through the Sustainable Development and Environment Health (SDE)/Toxicology Virtual Library: http://www.bvsde.ops-oms.org/sde/ops-sde/bv-toxicol.shtml. - Design of self-instruction courses on substances and related topics: http://www.bvsde.ops-oms.org/sde/ops-sde/cursotoxi.html. - Development of distance learning courses on assessing risks of contaminated sites. - Support for projects geared toward reducing exposure to chemical substances (for example, mercury in the Amazon basin). 	
WHA59.16	Codex Alimentarius Commission: Amendments to Statutes Document A59/38	<p>The Assembly approved the amendment to Article 1 of the Statutes of the Codex Alimentarius Commission, which establishes that:</p> <p>“The Codex Alimentarius Commission shall be responsible for making proposals to, and shall be consulted by, the Directors-General of the Food and Agriculture Organization (FAO) and the World Health Organization (WHO) on all matters pertaining to the implementation of the joint FAO/WHO Food Standards Program, the purpose of which is: protecting the health of the consumers and ensuring fair practices in the food trade; promoting coordination of all food standards work undertaken by international governmental and nongovernmental organizations; determining priorities and initiating and guiding the preparation of draft standards through and with the aid of appropriate organizations; finalizing standards elaborated under the provisions above and publishing them in a Codex Alimentarius either as regional or worldwide standards; and amending published standards in the light of new developments.”</p>	

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WHA59.16 <i>(cont.)</i>	Codex Alimentarius Commission: Amendments to Statutes Document A59/38	<p>Regional Actions (Countries and Secretariat):</p> <p>Countries:</p> <ul style="list-style-type: none"> - Work is under way to strengthen national of Codex Alimentarius commissions in order to develop of national positions on this matter. <p>Secretariat:</p> <ul style="list-style-type: none"> - A FAO/WHO training course for the LAC countries was carried out in San José, Costa Rica on 4-5 December 2005. - Participation of the countries in meetings on Codex will be promoted and coordinated through the FAO/WHO Trust Fund. - Looking to cooperate in the organization of meetings on the Codex Alimentarius Commission for Latin America and the Caribbean (CCLAC). 	<ul style="list-style-type: none"> - Food Protection: CD42.R3 - Report on the 13th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA14) CD44/R7
WHA59.17	Outcome of the First Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control Documents A59/40 and A59/40 Add. 1	<p>Noting the decision of the Conference of the Parties to establish a permanent secretariat for the Framework Convention on Tobacco Control (FCTC), this resolution urged WHO to establish that secretariat within WHO (Geneva) and to continue to support the Tobacco-Free Initiative.</p> <p>It also called on Member States that had not done so to ratify, accept, approve, confirm, or accede to the Convention.</p> <p>Implications for the Region:</p> <p>As of June 2006, 17 Member States were part of the FCTC. The Region of the Americas has the lower percentage of all the WHO Regional Offices: Americas (AMRO), 49%; African (AFRO), 59%; Eastern Mediterranean (EMRO) 67%; European (EURO), 73%; South-East Asian (SEARO), 82%; and Western Pacific (WPRO), 96%.</p> <p>Several countries have made progress in carrying out their FCTC obligations. At least two additional countries have received approval from their respective governmental/political bodies, but have not yet communicated their ratification instrument to the United Nations in New York.</p>	<ul style="list-style-type: none"> - Framework Convention on Tobacco Control: CD43.R12

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WHA59.17 <i>(cont.)</i>	Outcome of the First Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control Documents A59/40 and A59/40 Add. 1	<p>Uruguay has required that all its work places (including bars and restaurants) be completely free of tobacco smoke since March 2006, and it requires that all tobacco packaging carry warning labels. Bermuda (a territory of the United Kingdom, which it is part of the FCTC) has established requirements for tobacco-free locations. Several territories and provinces in Canada have implemented laws that prohibit smoking. Approximately 80% of the Canadian population is now substantially protected from exposure to tobacco smoke in the work place.</p> <p>Jamaica's Office of Laws is developing recommendations for the Caribbean Community (CARICOM) for standards for health warnings on packages of tobacco. Panama has put major warning labels onto the packages of tobacco that will become effective in 2006.</p> <p>In May 2006, Chile promulgated comprehensive legislation that represents the first steps toward meeting FCTC obligations, and Bolivia and Honduras are currently developing comprehensive legislation.</p> <p>PAHO has provided technical cooperation to some countries through direct support for FCTC ratification and implementation. It has also participated in workshops in Argentina and Uruguay to increase awareness of the FCTC among entities charged with formulating policies, and it has held two workshops—one in Mexico for Latin America and the other in Puerto Rico for the Caribbean—on the use of data from the world survey of smoking among young people in implementing policies recommended or required by the FCTC. On 11 July 2006, PAHO held a workshop in Washington, DC with participants from 16 countries on packaging and labeling, including FCTC requirements.</p> <p>In July 2006, PAHO published a document on second-hand exposure to tobacco smoke and human rights. This document contains the FCTC obligations related to this issue, as well as those of other international legal instruments and those related to Inter-American human rights.</p> <p>Currently, there are several technical cooperation requests related to ratification and execution of the FCTC. There is particular interest in training activities to support implementation of an environment free of tobacco smoke.</p>	

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WHA59.19	<p>Prevention and Control of Sexually Transmitted Infections: Draft Global Strategy Documents A59/11 and A59/11 Add. 1</p>	<p>The Assembly adopted a resolution welcoming the Global Strategy for the Prevention and Control of Sexually Transmitted Infections and recognized that age-appropriate interventions are those that best respond to people's health and development needs.</p> <p>The Assembly urged the States to adopt and draw on this Strategy as appropriate to their national circumstances.</p> <p>It requested that WHO draw up an action plan in support of the countries, in collaboration with other organizations of the United Nations system, in order to implement the strategy at the global, regional, and national levels.</p> <p>Implications for the Region:</p> <p>The Regional HIV/STI Plan for the Health Sector 2006-2015 defines the intermediate goals and objectives for prevention and control of sexually transmitted infections (STI). This plan has been approved by the Member States and is being implemented to meet the above-mentioned goals at the regional, subregional, and country levels.</p>	<p>- Acquired Immunodeficiency Syndrome in the Americas: CD42.R13</p> <p>- Acquired Immunodeficiency Syndrome in the Americas: CD43.R16</p> <p>- Acquired Immunodeficiency Syndrome in the Americas: CSP26.R12</p> <p>- Scaling Up Treatment with a Comprehensive Response to HIV/AIDS: CD45.R10</p> <p>- Regional Strategic Plan for HIV/AIDS/STI 2006-2015: CD46.R15</p>
WHA59.20	<p>Sickle Cell Anemia Document EB117/2006/REC1, Resolution EB117.R3 and Annex 4 Document 59/9</p>	<p>Concerned about the absence of official recognition of sickle cell anemia as a public health priority, this resolution urged the Member States where the disease is a public health problem to develop, implement, and reinforce integrated national programs for the prevention and management of sickle cell anemia; to guarantee access to appropriate care for people living with this disease, and to promote international cooperation and collaboration to combat sickle cell anemia.</p> <p>Furthermore, it requested that WHO provide technical assistance and advice through the framing of policies and strategies for the prevention of sickle cell anemia; promote equitable access to health services; and draft guidelines for the prevention and treatment of the disease.</p>	

RESOLUTION	ITEM (and reference documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA59	PAHO Resolutions and Documents (2000-2006)
WHA59.20 <i>(cont.)</i>	Sickle Cell Anemia Document EB117/2006/REC1, Resolution EB117.R3 and Annex 4 Document 59/9	<p>Implications for the Region:</p> <p>This health problem is relevant to the Region of the Americas because the hemisphere has almost 200 million people of African ancestry. Available information shows that in some countries, a high percentage of the population is comprised of people of African descent with the HbS gene: 7% in Barbados, 11.9% in Colombia, 6.2% in Brazil, 8.1% in Costa Rica, 6.1% in Cuba, 10% in Dominica, 13.1% in Jamaica, 13.2% in Haiti, 8% in the United States, and 16% in Panama. Although this information needs to be updated, it reveals that the HbS gene was brought to the Region of the Americas by the African population during the 17th and 18th centuries. Today, Brazil, Cuba, Jamaica, and the United States have already adopted and implemented national policies to treat sickle cell anemia.</p> <p>Considering the importance of the disease and the WHO resolution, PAHO is organizing a Regional Meeting at the end of 2006 with experts and authorities from Ministries of Health to discuss a regional policy with an integrated approach to the issue. The purpose of this regional activity is to follow up on WHO recommendations to share country experiences and best practices and to promote the adoption of comprehensive programs in those countries that still do not have them.</p>	
WHA59.21	Infant and Young Child Nutrition Document A59/13	<p>Through this resolution, the Assembly reiterated its support for the Global Strategy for Infant and Young Child Feeding and welcomed the Call for Action of the Innocenti Declaration of 2005 on Infant and Young Child Feeding as a step toward attainment of the Millennium Development Goal of reducing child mortality.</p> <p>It urged the Member States to support the measures in the Call for Action, to renew their commitment to policies and programs related to implementation of the International Code of Marketing of Breast-milk Substitutes, and to revitalize the Baby Friendly Hospital Initiative to protect and promote breast-feeding.</p> <p>It requested that international donors and financial institutions support these activities of the Member States and that WHO support countries in the application and monitoring of the Code and Assembly resolutions on this issue.</p>	- Child Health: CD42/R12

RESOLUTION	ITEM (and reference documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA59	PAHO Resolutions and Documents (2000-2006)
WHA59.21 <i>(cont.)</i>	Infant and Young Child Nutrition Document A59/13	<p>Implications for the Region: In the Region, national (Bolivia and Guyana) and subregional (Caribbean, Central America and the Dominican Republic, and the Southern Cone [Argentina, Paraguay, and Uruguay]) workshops were held on the Global Strategy for Infant and Young Child Feeding, which included presentations and discussions on the strategy and other technical aspects relevant to breast-feeding and complementary feeding. Governmental representatives in nutrition and child health participated in order to ensure that the activities were fully integrated.</p> <p>The countries developed plans for activities to implement specific aspects of the global strategy.</p> <p>Follow-up visits also were made to Bolivia, Honduras, and Nicaragua. As part of the plan to implement the global strategy, Honduras undertook activities directed toward implementing a national code that was adopted in August 2005.</p> <p>The International Baby Food Action Network's (IBFAN) document on the International Code of Marketing of Breast-milk Substitutes, subsequent resolutions relevant to the WHS, the Declaration Innocenti, a summary of the Global Strategy for Infant and Young Child Feeding, and the Declaration Innocenti + 15 were translated into Spanish, and 15,000 copies were printed for dissemination during World Breastfeeding Week.</p> <p>A press release and a letter for signature by the Director were prepared to be sent to the Representative Offices to mark celebrations of World Breastfeeding Week.</p> <p>Work is being carried out jointly with UNICEF to revitalize the Baby Friendly Hospital Initiative, which involves finalizing new mechanisms for the evaluation and self-evaluation of hospitals.</p>	
WHA59.22	Emergency Preparedness and Response Documents A59/20 and A59/20 Add. 1	<p>The Assembly adopted this resolution requesting the Member States to further strengthen national emergency mitigation, preparedness, and response programs, with an emphasis on health system recovery.</p> <p>It requested that WHO support the countries in the task of strengthening their disaster preparedness and response systems, ensure an effective WHO response to emergencies and crisis, and participate in logistical and supply management mechanisms that guarantee the immediate mobilization of vital supplies in crisis situations.</p>	<ul style="list-style-type: none"> - Report on Reducing the Impact of Disasters on Health Facilities: CD45.R8 - Disaster Preparedness in the Region of the Americas: CD46.R14

RESOLUTION	ITEM (and reference documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA59	PAHO Resolutions and Documents (2000-2006)
WHA59.22 <i>(cont.)</i>	Emergency Preparedness and Response Documents A59/20 and A59/20 Add. 1	<p>Implications for the Region:</p> <ul style="list-style-type: none"> - The Regional Health Sector Disaster Response Team has been formed. Two workshops were held and 80 people were trained in disaster response and risk mitigation. A field manual was prepared for the response team. - The State of Mitigation and Disaster Preparedness in the Health Sector was reviewed. - The DiMAG (Disaster Mitigation Advisory Group) was established, comprised of volunteer experts whose objective is to provide technical assistance on disaster mitigation to Ministries of Health. - A Safe Hospitals Evaluation Guide was written that includes a scale that measures the operational capacity of hospitals in the event of disasters. - Personnel from disaster programs were involved in preparedness plans for pandemic influenza. Simulation exercises were carried out and countries received support from PAHO's Area on Emergency Preparedness and Disaster Relief (PED) in the preparation of action plans in the event of a pandemic emergency. - A survey and database on the countries' preparedness in the event of a disaster are being developed. PAHO is providing support to WHO in the preparation of a global survey on the topic. - Professionals are being trained in the use of the Humanitarian Supply Management System/Logistic Support Systems (SUMA/LSS), an inventory system for humanitarian support. - Work is under way on creation of a regional response team for health problems, with participation of member countries. - Through PAHO's subregional offices, work is under way to strengthen national programs to address health system disasters. This includes preparation by PAHO to assume coordination of the United Nations Health Group. - Support is being provided to the countries to promote a safe hospital policy so that they can attain the goal they set for 2015. 	

RESOLUTION	ITEM (and reference documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA59	PAHO Resolutions and Documents (2000-2006)
WHA59.23	Rapid Scaling up of Health Workforce Personnel Documents A59/18 and EB117/36	<p>In light of the challenge posed by the international migration of health personnel and the need for national plans and policies on human resources for health, the Assembly adopted this resolution urging the Member States to affirm their commitment to train their resources; to explore mechanisms to mitigate the adverse impact created by a shortage of human resources; and to promote the creation of planning teams tasked with formulating a national strategy for the health workforce.</p> <p>It requested that WHO provide technical support to Member States in their efforts to revitalize training institutions for health personnel and help rapidly increase the availability of human resources.</p> <p>Implications for the Region:</p> <p>As a partner for the Americas in the Global Health Workforce Alliance, PAHO has developed the network of Observatories of Human Resources in Health. As part of this initiative, and in accordance with several resolutions of the Directing Council that provide details, along with Resolution 59.3 of the World Health Assembly, a regional initiative was launched this year to promote the development of institutional capacity in Ministries of Health for participatory human resources planning through research on staffing and professional training based on health needs.</p> <p>The Region has defined five strategic challenges:</p> <ol style="list-style-type: none"> 1. Define policies and plans to adapt the workforce to changes in health systems and to develop the ability to implement these changes and regularly review and adjust them. 2. Place the right people in the right places through effective allocation of personnel in the neediest areas with the abilities necessary to meet the health needs of those populations. 3. Manage the movement and placement of health workers in such a way as to ensure that the entire population has access to health care. 4. Promote healthy work environments and encourage a commitment among workers to the institutional mission to guarantee quality health services to the entire population. 5. Develop mechanisms for cooperation between training institutions and health services in order to adapt the education of health workers to meet the health needs of the entire population. 	<ul style="list-style-type: none"> - Development and Strengthening of Human Resources Management in the Health Sector: CD43.R6 - Observatory of Human Resources in Health: CD45.R9

RESOLUTION	ITEM (and reference documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA59	PAHO Resolutions and Documents (2000-2006)
WHA59.23 <i>(cont.)</i>	Rapid Scaling up of Health Workforce Personnel Documents A59/18 and EB117/36	<p>In 2005, the countries and agencies of the Region decided to work together with a shared vision known as the Toronto Call for Action. It spells out a collaborative environment based on:</p> <ul style="list-style-type: none"> • Institution building for the development of human resources in health; • Advocacy and promotion of the importance of health workers; • The financing necessary for health staff development; • Improvement of the technical capacity for management and the training of human resources; and • Expansion of the availability of data and information on human resources in health. 	
WHA59.24	Public Health, Innovation, Essential Health Research, and Intellectual Property Rights: Towards a Global Strategy and Plan of Action Documents A59/16, A59/16 Add. 1 and A59/16 Add. 2 Document EB117/2006/REC1, Resolution EB117/R13 and Annex 4 and A59/17	<p>The Assembly noted that the Ministerial Declaration of Doha on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and Public Health states that the Agreement should be interpreted and applied so that it supports the rights of WHO Members to protect public health.</p> <p>Through this resolution the Assembly welcomed the report of the Commission on Intellectual Property Rights, Innovation, and Public Health and decided to establish an intergovernmental working group open to all interested Member States, in order to draw up a global strategy and plan of action that would lay the groundwork for research and development activities.</p> <p>It requested that WHO invite all interested parties to participate as observers, allocate resources for this task, and continue to publish research and development reports based on public health considerations.</p> <p>Regional Actions:</p> <ul style="list-style-type: none"> - Training workshops are being held jointly with WHO, the Ford Foundation, the United Nations Development Program (UNDP), the Ministry of Health, and the University of Buenos Aires (Buenos Aires, March 2006). - A debate on the issue was held at the International Health Seminar (Brasilia, June 2006). - A Joint United Nations Program on HIV/AIDS (UNAIDS) workshop was held with the UCCs (Panama, July 2006). 	<ul style="list-style-type: none"> - Regional Program on Bioethics: CD42.R6 - Access to Medicines: CD45.R7

RESOLUTION	ITEM (and reference documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA59	PAHO Resolutions and Documents (2000-2006)
WHA59.24 <i>(cont.)</i>	Public Health, Innovation, Essential Health Research, and Intellectual Property Rights: Towards a Global Strategy and Plan of Action Documents A59/16, A59/16 Add. 1 and A59/16 Add. 2 Document EB117/2006/REC1, Resolution EB117/R13 and Annex 4 and A59/17	<ul style="list-style-type: none"> - A workshop for the Caribbean countries will be held jointly with WHO, UNAIDS, and UNDP in September and October of 2006. - Monitoring is being carried out on the impact of the North American Free Trade Agreement (NAFTA) on health in the Region. <p>It is considered necessary that PAHO request participation (Observer) in the Intergovernmental Working Group.</p>	
WHA59.25	Prevention of Avoidable Blindness and Visual Impairment Document EB117/2006/JEM/1, Resolution EB117.R4 and Annex 4 and Document A59/12	<p>Many of the Member States support the Global Initiative for the Elimination of Avoidable Blindness, known as Vision 2020: The Right to Sight.</p> <p>This resolution adopted by the Assembly urged the Member States to set up national Vision 2020 plans; to include the prevention of blindness and visual impairment in development plans and goals; and to encourage national and regional partnerships for activities to prevent these conditions.</p> <p>It requested that WHO give priority to the prevention of avoidable blindness and visual impairment; provide technical support for Member States; strengthen global and regional activities for the prevention of blindness; and ensure that these conditions are addressed in the activities of the Eleventh General Program of Work.</p> <p>Implications for the Region:</p> <p>PAHO's Regional Eye Care Program, in collaboration with national and regional partners, has encouraged and helped Member States establish national Vision 2020 committees and plans. In 2005, six new national Vision 2020 committees were established in the Region. Eighteen national Vision 2020 committees have been working in the Region of the Americas during 2006, and 15 countries have a Vision 2020 national action plan. Most of the other countries in Latin America and the Caribbean have attended or organized courses on eye care and are in various stages of development in setting up a national committee for the prevention of blindness, with the active participation of several NGOs and technical support from PAHO.</p>	

RESOLUTION	ITEM (and reference documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA59	PAHO Resolutions and Documents (2000-2006)
WHA59.25 <i>(cont.)</i>	Prevention of Avoidable Blindness and Visual Impairment Document EB117/2006/JEM/1, Resolution EB117.R4 and Annex 4 and Document A59/12	<p>In collaboration with national and international partners, PAHO conducted and analyzed eight rapid evaluations of surgical cataract services (population-based surveys) in eight different countries in order to determine the prevalence of blindness, the proportion of blindness due to cataracts, the coverage of services, and the quality of services and barriers to access. The purpose of these studies is to support the planning process and to advocate on behalf of eye care plans in the Region.</p> <p>The indicator most used to measure the delivery of eye care services is the rate of cataract surgery. Of the 23 countries that reported on their rate of cataract surgery in 1999, three had an annual rate of less than 500 cataract surgeries per million inhabitants, and four countries had an annual rate of more than 1,500 such surgeries per million inhabitants. In 2006, only one of the 29 countries that reported had an annual rate of less than 500 cataract surgeries per million inhabitants, and 13 of the 29 countries reported more than 1,500 such surgeries annually per million inhabitants. These figures represent a significant achievement within a period of six years.</p> <p>PAHO has mobilized resources to provide financial support for the regional and national activities. This program has the support of national and regional entities such as Sight Savers International and other donor organizations such as the Caribbean Council for the Blind (CCB), Christian Blind Mission (CBC), ONCE Foundation for Latin America (FOAL), Lions, Rotary, Light House, and Help the World See. Since Vision 2020 was established, the International Agency for Prevention of Blindness (IAPB) has been the official partner for carrying out the activities of the initiative, and the international and national ophthalmology societies are a key part of advocacy efforts on behalf of eye care.</p> <p>PAHO's Regional Eye Care Program has focused on providing technical cooperation at the national level through the formation of the committees and national ocular health plans. Over the past three years, the Regional Eye Care Program has provided technical cooperation through visits to 20 countries. (Mexico, Guatemala, Belize, El Salvador, Costa Rica, Colombia, Ecuador, Peru, Venezuela, Chile, Brazil, Argentina, Barbados, Dominica, Grenada, Saint Lucia, Jamaica, Haiti, Cuba, and Guyana).</p>	

RESOLUTION	ITEM (and reference documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA59	PAHO Resolutions and Documents (2000-2006)
WHA59.26	International Trade and Health Document EB117/2006/JEM/1, Resolution EB117.R5 and Annex 4 and Document A59/15	<p>The Assembly adopted a resolution on trade and health that urged the Member States to promote dialogue and the adoption of policies that address international trade issues as they relate to health, and to set up mechanisms for coordinating with relevant parties to address these issues.</p> <p>It requested that WHO support Member States in their efforts to strengthen their capacity to address these issues through relevant policies or legislation.</p> <p>Implications for the Region:</p> <p>Please note that the actions related to this Resolution are described in Resolution WHA 59.24.</p>	
WHA59.27	Strengthening Nursing and Midwifery WHA54.12	<p>Recognizing the centrality of human resources for health in the operation of national health systems, the Assembly urged the Member States to strengthen nursing and midwifery; establish programs for human resources development; and actively involve health personnel in the development, framing, planning, and application of health policies.</p> <p>It requested that WHO support the participation of nurses and midwives in the integrated planning of human resources for health; help the States strengthen the contribution of these resources to the implementation of health policies and meet the Millennium Development Goals in health; and hire nurses and midwives in WHO programs to ensure their input to Organization policies.</p> <p>Implications for the Region:</p> <p>- Area 1: Health planning, advocacy, and political commitment</p> <ul style="list-style-type: none"> • A regional study on nursing cadres in the region, indicating a shortage of nurses in Latin America and the Caribbean. • International symposia on nursing policies and regulations. • Technical support for countries in the design and implementation of strategic plans and policies for nursing, regulation, and management. Most countries of the region have national plans to this effect developed in cooperation with PAHO. • Start of a regional study on migration of nurses. 	<ul style="list-style-type: none"> - Development and Strengthening of Human Resources Management in the Health Sector: CD43.R6 - Observatory of Human Resources in Health: CD45.R9

RESOLUTION	ITEM (and reference documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA59	PAHO Resolutions and Documents (2000-2006)
WHA59.27 (cont.)	Strengthening Nursing and Midwifery WHA54.12	<p>- Area 2: Adequate management of health workers for nursing and midwife services</p> <ul style="list-style-type: none"> • A study on working conditions in nursing was carried out in a Southern Cone country and is being expanded. • Development of a methodology for the analysis of nursing tasks and staffing. • Leadership Program for Change in cooperation with the CIE. • Two new regional studies on nursing personnel are being designed: one on staffing and distribution and another on nursing regulation. It is hoped that the studies will produce mechanisms for guidelines. <p>- Area 3: Improvement of health systems and practices</p> <ul style="list-style-type: none"> • The experiences of 10 countries were compiled and published, revealing that initiatives to professionalize nursing auxiliaries and technical personnel help to alleviate the nursing shortage. • Coordination and development of an up-to-date program of mental health nursing with new areas of work and new partners. Participation of 17 countries and 20 institutions. • Regional report on the profile of midwifery services. Directives for skilled maternal care and delivery. • Development of specialty or in-service education programs on maternal and child health in such countries as El Salvador, Haiti, Nicaragua, and Bolivia. <p>- Area 4: Education of health workers</p> <ul style="list-style-type: none"> • Design and implementation of programs for basic and continuing nursing education and the development of nursing education networks in public health, primary health care, mental health, maternal health, child health, and health of the elderly. • Publication of a study on the teaching of nursing for child health at nursing schools in Latin American countries. • Adaptation of Integrated Management of Adult and Adolescent Illness (IMAI) materials for Latin America by a regional multidisciplinary group, with a view to expanding coverage. • Design of a website of decentralized nursing based on networks. • Updating of the bibliographic collection of the Expanded Textbook and Instructional Materials Program (PALTEX) and support for scientific nursing events in the subregions, including scientific activity related to human resources in nursing. • Promotion of the Collaborative Partnership for Nursing and Midwifery for implementation of guidelines, especially on maternal-child care. 	

RESOLUTION	ITEM (and reference documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA59	PAHO Resolutions and Documents (2000-2006)
WHA59.27	Strengthening Nursing and Midwifery WHA54.12	<p>- Area 5: Steering Role and Governance</p> <ul style="list-style-type: none"> • Strengthening of regional nursing groups and linkages with levels of government. These groups are effective in the promotion and organization of nursing and midwifery in the region. • Participation in the Global Nursing Review Initiative in order to address the shortage and migration of nurses. <p>With the Pan-American Federation of Nursing Professionals (FEPPEN): Program for nursing quality and standards in care of pregnant women, to be carried out in selected member countries by FEPPEN.</p>	

ANNEX B: ADMINISTRATIVE AND BUDGETARY ITEMS

RESOLUTION	ITEM (and reference documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA59	PAHO Resolutions (2000-2006)
WHA59.5	<p>Status of Quota Contributions, and Member States in Arrears in the Payment of the Contributions to an extent which would Justify Invoking Article 7 of the Constitution</p> <p>Documents A59/26 and A59/INF.DOC./2</p>	<p>The Assembly considered the continued suspension of the voting privileges of 14 countries (among them, Antigua and Barbuda, Argentina, and the Dominican Republic) during the 59th Assembly, invoking Article 7 of the Constitution.</p> <p>It further resolved that, if as of the opening of the 60th World Health Assembly, two countries (among them, Dominica) continued to be in arrears in their contributions, their voting privileges would be suspended as of that opening.</p>	
WHA59.9	<p>Special Arrangements for the Settlement of Arrears (Dominican Republic)</p> <p>Document A59/26</p>	<p>The World Health Assembly decided to restore the voting privileges of the Dominican Republic at the 59th World Health Assembly and to accept that the Dominican Republic would pay its outstanding contributions totaling US\$1,019,572, in 15 annual installments in each of the years 2006 to 2020, in addition to the annual contributions due during the period.</p>	
WHA59.13	<p>Financial Report on the Accounts of WHO for 2004-2005</p> <p>Documents A59/28, A59/28 Add. 1 and A59/29</p>	<p>The World Assembly accepted the financial report of the Director-General and the audited financial statements for the period 1 January 2004–31 December 2005, as well as the report of the External Auditor.</p> <p>Implications for the Region:</p> <p>The financial report of the WHO Director-General was accepted by the World Assembly, which means that the financial status of WHO is solid or strong and that it can continue with its programs as indicated by the countries.</p>	

RESOLUTION	ITEM (and references documents)	SUMMARY OF THE RESOLUTIONS ADOPTED IN WHA59	PAHO Resolutions (2000-2006)
WHA59.14	Salary of Staff in Ungraded Posts and of the Director-General	The World Assembly set the annual salary of the Regional Director at US\$160,574 before staff assessment, resulting in a net salary of US\$117,373 (dependency rate) or US\$106,285 (single rate).	
WHA59.18	Rules of Procedure of the World Health Assembly. Article 14: Dispatch of Documents Document A59/27	<p>The World Assembly decided to amend Rule 14 of its Rules of Procedure, in accordance with Rule 121 of those Rules, so that Rule 14 would henceforth read as follows:</p> <p>RULE 14</p> <p>Copies of all reports and other documents relating to the provisional agenda of any session shall be made available on the Internet and sent by the Director-General to Members and Associate Members and to participating intergovernmental organizations at the same time as the agenda or not less than six weeks before the commencement of a regular session of the Health Assembly; appropriate reports and documents shall also be sent to nongovernmental organizations admitted into relationship with the Organization in the same manner.</p> <p>Implications for the Region:</p> <p>The national or regional contributions required to prepare the documents for the World Health Assembly should be transmitted to WHO, taking into account the new time period established in this Resolution.</p>	