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70th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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Provisional Agenda Item 8.23-A

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A. SEVENTY-FIRST WORLD HEALTH ASSEMBLY

1. The Seventy-first World Health Assembly of the World Health Organization (WHO) was held 21-26 May 2018 in Geneva, Switzerland, and attended by representatives and delegates of 191 Member States. The President of the Assembly was Zimbabwe, represented by Dr. Pagwesese David Parirenyatwa. Five countries served as vice-presidents: Djibouti, Dominican Republic, Kazakhstan, Maldives, and the Philippines, in representation of their respective regions.

2. The Dominican Republic, represented by Dr. Rafael Sánchez Cárdenas, Minister of Public Health, served as Vice President of the Assembly, representing the Region of the Americas, and in that capacity had the opportunity to lead the plenary session of the Assembly on several occasions. Ecuador served as Vice President of Committee A and El Salvador as Rapporteur of Committee B. The Americas was represented at the General Committee by Argentina, Barbados, Cuba, and the United States of America, as well as Dominican Republic in its role as Vice President of the Assembly; and in the Committee of Credentials by El Salvador and Jamaica.

3. In his opening remarks, Dr. Tedros Adhanom Ghebreyesus, Director-General of WHO, praised those that dedicated their lives in *pro* of the health of all and dedicated his speech to Dr. Carlo Urbani, the first to identify severe acute respiratory syndrome. The Director-General spoke of the responsibility that falls upon WHO and expressed his pride in the swift response regarding the most recent Ebola outbreak in the Democratic Republic of the Congo, noting that at this time the Organisation was in a much better place to deal with an outbreak than in 2014. Dr. Tedros enumerated several initiatives aimed at strengthening health systems in which WHO is involved, including: the High-Level Commission on Noncommunicable Diseases, the initiative on climate change and health in small island developing States, the Stop TB Partnership, an aggressive new initiative to jumpstart progress in the fight against malaria, a call to action to eliminate cervical cancer, and a new initiative to eliminate trans-fats from the global food supply by 2023, among others.

4. The Director-General addressed what he believed were the keys to success in order to deliver an impact in countries and make a measurable difference in the lives of the people

served by WHO. One such key was the need for a stronger, transformed WHO, with the following as its foundation: *a)* the General Programme of Work (GPW); *b)* a transformation plan to make WHO more efficient and effective; *c)* a strong senior leadership team from all over the world; and *d)* the development of a new investment case that describes what a fully-funded WHO could achieve. In order to execute the GPW, the Director-General urged all countries to support WHO with high-quality, flexible funds, which some countries had already started doing.

5. Dr. Tedros spoke of the importance of political commitment, addressing his priority of engaging with leaders all over the world to advocate for political action on health, particularly on universal health coverage. Taking into account every country's unique journey toward universal health coverage, Dr. Tedros believed the key was "primary care that delivers the services that people say they need, rather than the services someone else decides they should have" (1) The Director-General believed the upcoming Global Conference on Primary Healthcare in Kazakhstan in October would be a vital step and a second chance to deliver on the promise and commitment of Alma-Ata in 1978, which had failed to deliver thus far as a result of a lack of political commitment. The Director-General expressed that partnerships must be even deeper and stronger and noted the myriad other organizations from around the world with the same vision as WHO, which possess additional knowledge, skills, resources, and networks.

6. Dr. Tedros closed by noting the stories of triumph and hope encountered in his first year as Director-General, expressing that each experience is a reminder that targets, plans, strategies, guidelines, and meetings are not the foundation of WHO. Rather, the reason the Organisation exists is people: "to promote health, keep the world safe, and serve the vulnerable" (1).

7. The President of Rwanda, Paul Kagame, was a special guest at the opening session of the Assembly. In his keynote address, President Kagame emphasized that universal health coverage is the world's priority and that strong political leadership would be necessary at every stage, and stressed the need to be reminded of the transformational nature of universal health coverage.

8. President Kagame continued his speech by signaling the reasons to strive for universal health coverage and highlighted: *a)* the affordability for countries at all income levels, as shown by examples throughout Africa; *b)* the early emphasis on primary healthcare as an effective strategy for rebuilding trust between citizens and government; and *c)* the forward-looking and entrepreneurship that is inspired by universal health coverage, allowing people to think of their future.

9. President Kagame closed by praising Dr. Tedros and WHO staff for the rapid and effective response to serious health emergencies in Africa over the past year, most recently the Ebola outbreak in the Democratic Republic of Congo.

10. During the Assembly, there was active participation and involvement from countries of the Region of the Americas in engaging in negotiations regarding resolutions

and sponsoring side events. Speaking at the plenary of the Assembly, close to 30 Member States of the Americas reaffirmed their commitment to achieving, or strengthening, universal health. In a ceremony held during the Assembly, the Pro Palliative Care Unit Foundation of Costa Rica was awarded WHO's Sasakawa Health Prize for its contribution to the rights of children with terminal illnesses.

11. The agenda of the Assembly included general items, some related to technical and health issues, as well as administrative, budgetary, and institutional items. As on previous occasions, these matters were dealt with in committees A and B, and in plenary sessions.

12. The documents related to this report can be consulted at the WHO website: http://apps.who.int/gb/e/e_wha71.html.

13. A list of the resolutions and decisions adopted by the World Health Assembly that are of interest to the Region, the related PAHO resolutions, and some of the implications that the WHA resolutions have for the Region can be found in the Annex.

Other Matters: Executive Board

14. The 143rd Session of the Executive Board was held on 28-29 May 2018. The Chair of the Executive Board was Ambassador Maria Nazareth Farani Azevêdo, of Brazil. With Canada's and the Dominican Republic's term coming to an end, Chile and the United States of America were elected to join Brazil, Colombia, Jamaica, and Mexico in occupying the six seats of the Board that represent the Region of the Americas. Furthermore, with the end of term of Dominican Republic, Brazil will occupy the second seat of the Americas in Programme, Budget and Administration Committee (PBAC). The region has two seats in the PBAC and the other is occupied by Mexico.

15. The agenda of the 143rd Session of the Executive Board included 14 items, including three on governance reform, one on hosted partnerships, and the statement by the representative of the WHO Staff Association, among others. In matters for information two items were discussed: the report on a meeting of expert committees and study groups, and the international classification of diseases.

16. Finally, the Board took note of the reports submitted and approved the date and location of the Seventy-second World Health Assembly. The Executive Board decided that the Seventy-second World Health Assembly be held at the Palais des Nations, in Geneva, starting on 20 May 2019 and ending no later than 28 May 2019. The Board also decided that its 144th Session would begin on 24 January 2019, at WHO headquarters in Geneva, and would end no later than 1 February 2019; that the Programme, Budget and Administration Committee of the Executive Board would hold its 29th meeting on 21-23 January 2019, at WHO headquarters in Geneva.

17. The full versions of these reports, as well as other related documents, can be consulted at the WHO website: http://apps.who.int/gb/e/e_eb143.html.

Action by the Directing Council

18. The Directing Council is invited to take note of the resolutions in the Annex, consider their implications for the Region of the Americas, and provide any comments it deems relevant.

References

1. World Health Organization. Opening address by Tedros Adhanom Ghebreyesus, WHO Director-General [Internet]. 71st World Health Assembly; 21 May 2018; Geneva, Switzerland. Geneva (Switzerland): WHO; 2018. Available at: <http://www.who.int/dg/speeches/2018/opening-world-health-assembly/en/>.

Annex

Table 1. Resolutions Adopted by the 71st World Health Assembly, Documents of Reference, and Implications for the Region of the Americas

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<p>WHA71.1 Thirteenth General Programme of Work, 2019–2023</p>	<p>Draft thirteenth general programme of work 2019-2023 Documents A71/4, and EB142/2018/REC/1, resolution EB142.R2</p>	<p>CD56/INF/2 (2018) Proposed Process for Development of the PAHO Strategic Plan 2020-2025</p>	<p>The 13th General Programme of Work (GPW13) sets the strategic vision and direction for the Organization for the next five years. A results framework defining the impact and outcome goals and targets of the 13th GPW is under development and is expected to be finalized by August 2018. At the request of the Executive Committee during its 162nd Session, Item 8.5 on WHO GPW13 Indicators was added to the Directing Council agenda. WHO staff will present this agenda item.</p> <p>The implications for the Region include programmatic, budget and chronological aspects. There will be an overlap in the final year (2019) of the implementation of the current PAHO Strategic Plan 2014-2019 and approved Program and Budget (PB) 2018-2019 (any changes will require Member States approval). Given the timing of the approval of the GPW13 in May 2018, it is not possible to introduce changes to the PB in time for meaningful implementation in 2019.</p> <p>Member States of the Americas Region will have an opportunity to consider new programmatic priorities in the PAHO Strategic Plan 2020-2025 (SP 20-25) and corresponding PBs. The new PAHO Strategic Plan will respond to both the GPW13 and the priorities set for the Region by Member States in the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030). PAHO does not anticipate major issues aligning with the GPW13 at the impact and outcome levels. It will be also necessary to ensure budgetary alignment of the PB 20-21 and PB 22-23.</p>

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<p>WHA71.2 Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018</p>	<p>Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018 Documents A71/14 and A71/14 Add.1</p>	<p>CSP29/11 (2017) Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022</p> <p>CD55/INF/12-C (2016) Plan of Action for the Prevention and Control of Noncommunicable Diseases: Midterm Review</p> <p>CD53/INF/4, Rev. 1 (2014) Report on the United Nations General Assembly High-level Meeting on the Progress Achieved in the Prevention and Control of Noncommunicable Diseases</p> <p>CSP28.R13 (2012) Strategy for the Prevention and Control of Noncommunicable Diseases</p>	<p>This report describes the global NCD situation, progress in and barriers for reaching national NCD commitments, and actions needed by WHO and Member States in preparing for the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held on 27 September 2018.</p> <p>Ambassadors of Uruguay and Italy are co-facilitators of the UN High-Level Meeting. They are currently leading the negotiations for the zero draft Outcome Document, which is expected to call for greater political commitments for multi-sectoral interventions, health system strengthening, and innovative financing for NCDs.</p> <p>This High-Level Meeting will provide an opportunity to showcase progress in our Region on the four time-bound commitments of establishing national NCD plans, implementing risk factor reduction policies, improving health systems for NCD management, and surveillance.</p> <p>PAHO continues to support its Member States on NCDs, working closely with the national NCD program managers to prepare for participation in the High-Level Meeting.</p>
<p>WHA71.3 Preparation for a high-level meeting of the General Assembly on ending tuberculosis</p>	<p>Preparation for a high-level meeting of the General Assembly on ending tuberculosis Documents A71/15, A71/16, A71/16 Add.1 and EB142/2018/REC/1, resolution EB142.R3</p>	<p>CD54.R10 (2015) Plan of Action for the Prevention and Control of Tuberculosis</p> <p>CD46.R12 (2005) Regional Strategy for Tuberculosis Control for 2005-2015</p>	<p>The resolution adopted urges Member States to support the preparations of the high-level meeting and pursue the implementation of all the commitments of the Moscow Declaration to End TB. It also requests the Director General of WHO to support the implementation of the Moscow Declaration in countries and to continue providing guidance and assistance to Member States on this matter.</p> <p>Member States of the Americas adopted the End TB Strategy through the current Plan of Action for the Prevention and Control of Tuberculosis and several of them have endorsed the Moscow Declaration. The UNGA high-level</p>

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			<p>meeting will allow for more political commitment for TB, wider participation of stakeholders, better accountability and a push to all countries in the continent to move forward towards eliminating TB as a public health problem and be the first Region in the world to do so.</p> <p>PAHO has participated and provided comments in the discussions of the draft multisectoral accountability framework to accelerate progress to end TB by 2030. This framework will be proposed in the Declaration of the UN High Level Meeting on TB next September.</p> <p>PAHO also conducted a briefing on the UN High-Level Meeting to UN missions from the Americas in New York City on 1 June, well attended by 25 countries. Advocacy for participation of countries at the highest possible level of government was conducted.</p>
<p>WHA71.4 Cholera prevention and control</p>	<p>The Director-General's report during the WHA71 covered cholera prevention.</p>	<p>CD41/16 (1999) Emerging and Re-emerging Infectious Diseases and Antimicrobial Resistance</p> <p>CSP28/INF/3-F (2012) Implementation of the International Health Regulations</p> <p>CD51/INF/5-A (2011) Immunization: Challenges and Outlook</p>	<p>The approved resolution urges Member States to strengthen national policies and plans regarding the prevention and management of cholera among others. The resolution also requests the Director-General to increase capacity to support countries to scale up their ability to implement and monitor interventions for cholera prevention, control and elimination.</p>
<p>WHA71.5 Addressing the burden of snakebite envenoming</p>	<p>Global snakebite burden Documents A71/17 and EB142/2018/REC/1, resolution EB142.R4</p>	<p>CD55/15 and CD55.R9 (2016) Plan of Action for the Elimination of Neglected Infectious Diseases and Post-Elimination Actions 2016-2022</p> <p>RIMSA 15 (2008) Mentioned by the ministers of health and agriculture</p>	<p>The document offers a situation analysis of the issues around snakebite, such as poor availability and accessibility of appropriately manufactured and quality-assured products. Market weakness that hinders investment in research and development, particularly in relation to improving current treatments and developing the next generation of biotherapeutics to reduce cost, improve safety and increase effectiveness. WHO has included snakebite envenoming as part of the Organization's wider efforts</p>

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		<p>Consulta técnica sobre accidentes con animales ponzoñosos en latinoamerica (2007)</p>	<p>to overcome the global impact of neglected tropical diseases, a diverse group of communicable and zoonotic diseases that prevail mainly under tropical and subtropical conditions. The Assembly is invited to note the report and provide further guidance on the Organization's response to the global snakebite burden.</p> <p>This issue is of health importance for PAHO member countries because it is a neglected health problem in our Region, from the perspective of the epidemiological situation of accidents by venomous animals, as well as the distribution and production of sera and antivenoms.</p>
<p>WHA71.6 WHO global action plan on physical activity 2018–2030</p>	<p>Physical activity for health Documents A71/18 and EB142/2018/REC/1, resolution EB142.R5</p>	<p>CD56/INF/22-B (2018) Plan of Action for the Prevention of Obesity in Children and Adolescents: Midterm review</p> <p>CD53.R13 (2014) Plan of Action for the Prevention of Obesity in Children and Adolescents</p>	<p>The global action plan on physical activity contains four strategic objectives aiming at achieving a concrete 15% relative reduction on the global prevalence of physical inactivity in adults and adolescents by 2030 (using 2016 baseline): 1) creating an active society by promoting changes in social norms and attitudes towards physical activity; 2) creating active environments, spaces, and places; 3) creating and promoting access to opportunities and programs to help people engage in regular physical activity; and 4) strengthening leadership, governance, multisectoral partnerships, workforce capabilities, advocacy, and information systems to enable better governance of all physical activity related policies and its respective policy makers and leading sectors.</p> <p>All current and previous PAHO action plans and strategies on the prevention of obesity, NCDs, healthy cities, etc., are aligned with this global action plan on physical activity. The plan will help strengthening the policies and actions that had been put in place by PAHO and its Member States, and mainly, improve the governance of the required actions, as many of the structural actions to reduce the prevalence of physical inactivity are led by other sectors of the government.</p>

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<p>WHA71.7 Digital health</p>	<p>mHealth Document A71/20</p>	<p>CD51/13 (2011) eHealth Strategy and Plan of Action (2012-2017)</p> <p>CD55/INF/12-A (2016) Strategy and Plan of action on eHealth: Midterm review</p>	<p>The report A71/20 looks to increase Member States' capacity to implement digital health solutions to accelerate progress towards achieving universal health coverage. The report also puts focus on access, integration, optimization, and prioritization of digital technologies for health, including health information systems.</p> <p>This report is pertinent and it is aligned with PAHO's priorities on this topic. According to the International Telecommunication Union (ITU), the Americas Region has a penetration of 108 mobile lines per 100 inhabitants, which presents an opportunity for the Region to take advantage of this kind of technology for improving health.</p> <p>These documents are aligned with PAHO's work on e-Health and health information systems, through the initiative Information Systems for Health (IS4H), that introduces a framework of action and a common understanding of the specific components of information systems for health.</p> <p>It is aimed at improving decision and policy making mechanisms in the countries through health systems that will ensure universal, free and timely access to quality and open data, and strategic information using the most cost-effective ICT tools.</p>
<p>WHA71.8 Improving access to assistive technology</p>	<p>Improving access to assistive technology Documents A71/21 and EB142/2018/REC/1, resolution EB142.R6</p>	<p>CD53.R12 (2014) Plan of Action on Disabilities and Rehabilitation</p>	<p>This resolution on Assistive Technology (AT) includes devices such as wheelchairs, hearing aids, eye glasses and communication software which help people with difficulties in functioning to maintain or increase their independence and optimize well-being. Therefore, it has the potential to impact a significant number of people across the Region including people with disabilities, older people, people with chronic diseases, or people with short-term injuries or impairments.</p>

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			<p>The resolution calls on Members States to increase policies and programs ensuring access to AT. It also calls for increased research, data, and international and regional collaboration. There is a request for a global report on AT in 2021.</p> <p>Thirty-two countries in the Region have ratified the UN Convention on the Rights of Persons with Disabilities, which includes ensuring access to assistive technology. Many countries, however, do not have plans or strategies relating to rehabilitation or the provision of assistive technologies, and those that do can often find the cost of procuring materials prohibitively expensive.</p> <p>In the regional Plan of Action on Disabilities and Rehabilitation 2014-2019, there is a target to ensure that at least 20% of countries in the Region include AT as part of their service delivery systems. As of the mid-term review in 2017, 26% had achieved this target.</p> <p>Provision of AT has both a technical and logistical component. Trained professionals such as prosthetists and orthotists and occupational therapists are required for production and/or delivery of AT. There is a general gross shortage of these professionals.</p> <p>Logistically there is also an urgent need to consider how AT products and or materials are procured within the Region, with many lessons that can be learned from the existing structures within the medicines and other health technologies sectors.</p>
<p>WHA71.9 Infant and young child feeding</p>	<p>Maternal, infant and young child nutrition Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report Document A71/22</p>	<p>CD53.R13 (2014) Plan of Action for the Prevention of Obesity in Children and Adolescents</p> <p>CSP28.R20 (2012) Strategy and Plan of Action for Integrated Child Health</p>	<p>Document A71/22 describes the progress made in carrying out the comprehensive implementation plan on maternal, infant and young child nutrition. It also provides information on the status of the national measures to give effect to the International Code of Marketing of Breast Milk Substitutes, adopted in resolution WHA34.22 (1981) and updated through subsequent relate WHA resolutions and</p>

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	Safeguarding against possible conflicts of interest in nutrition programmes Document A71/23	CD51/12 and CD51.R12 (2011) Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity CD50.R11 (2010) Strategy and Plan of Action for the Reduction of Chronic Malnutrition CD48.R4, Rev. 1 (2008) Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care	<p>describe the progress made in drawing up technical guidance on ending the inappropriate promotion of food for infants and young children, as welcome with appreciation by the WHA resolution WHA69.9 (2016).</p> <p>The document can strengthen PAHO's work on protecting food and nutrition policies from industry interference. The document offers a thorough decision-making process, so another implication of the document for the Americas is that PAHO will be able to use the document as a reference to produce concrete tools that will help government officials and also PAHO focal points to establish safeguards against conflicts of interest in nutrition policies and programs at country and subregional level.</p> <p>Document A71/23 presented a tool to analyze possible conflicts of interests at country level, when countries want to engage in partnerships with non-State Actors. It was developed at WHO and will be piloted in each Region (Brazil in the Americas).</p>
WHA71.13 Reform of the global internship programme			<p>The resolution calls for improvements to the internship programme.</p> <p>Currently, PAHO participates in the Global Call for Interns to build on its roster of diverse candidates and continue to establish agreements with universities for the recruitment of interns.</p>
WHA71.14 Rheumatic fever and rheumatic heart disease	Rheumatic fever and rheumatic heart disease Documents A71/25 and EB141/2017/REC/1, resolution EB141.R1	No regional resolutions on this topic.	<p>This is a report to the World Health Assembly that describes the global situation on rheumatic fever and rheumatic heart disease, the public health strategies for its prevention, control and potential elimination, challenges to reduce the burden of RHD, and recommended actions for Member States and WHO to improve the public health response to RHD.</p> <p>In the Americas, there are approximately 12,846 deaths from RHD per year,</p>

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			<p>representing 0.19% of all deaths. People in marginalized communities, including indigenous populations are disproportionately affected by this disease.</p>
<p>WHA71.16 Poliomyelitis – containment of polioviruses</p>	<p>Eradication of poliomyelitis Documents A71/26, A71/26 Add.1 and A71/26 Add.2</p>	<p>CSP29/16 (2017) Situation Update on the Challenges of Supplying Inactivated Polio Vaccine to Maintain Eradication of the Disease in the Region of the Americas</p> <p>CSP29/INF/7(F) (2017) Plan of Action on Immunization: Midterm Review</p> <p>CD54/7, Rev. 2 and CD54.R8 (2015) Plan of Action on Immunization</p> <p>Regional Plan for Containment of Poliovirus in the Americas. Regional-GAPIII (2015)</p> <p>CD50.R5 (2010) Strengthening Immunization Programs</p>	<p>The resolution WHA71.16 urges Member States to accelerate the containment of poliovirus activities to prepare and secure a lasting polio-free world.</p> <p>Countries of the Americas have advanced with the Regional Plan for Containment of Poliovirus in the Americas (Regional-GAPIII), that was endorsed by the Technical Advisory Group of Immunization in 2015 and it's aligned with the WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use (GAPIII).</p> <p>Regional-GAPIII includes an inventory of facilities with wild and Sabin polioviruses types 1, 2, and 3. All countries of the Region have presented at least two national reports on the survey process, inventory of facilities and final disposal of the materials identified.</p> <p>By the 9th Regional Certification Commission (RCC) meeting held in February 2018, a total of seven countries had designated 32 poliovirus essential-facilities (PEFs). By June 2018 the number of PEF was reduced to 20 and it is expected to continue decreasing.</p> <p>Five countries have already nominated their National Authority for Containment (NAC). Each candidate facility must formally engage in the CCS to retain poliovirus type 2 and submit to their NAC an application for participation, which is the first step of the global certification process, as soon as possible and no later than 31 December 2019.</p>

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			<p>The RCC requested that all countries submit updated containment reports by August 2018, with a complete inventory for type 2 polioviruses and advance with inventories for polioviruses types 1 and 3, and destroy all unneeded type 1, 2, and 3 materials. These updated country reports will be reviewed at the 10th RCC meeting planned for October 2018.</p> <p>PAHO staff will continue working with all countries of the Region promoting the containment of all polioviruses, and implementation of the resolution WHA71.16 to minimize the risk of reintroduction of poliovirus.</p>

Table 2. Decisions Adopted by the 71st World Health Assembly, Documents of Reference, and Implications for the Region of the Americas

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<p>WHA71(8) Addressing the global shortage of, and access to, medicines and vaccines</p>	<p>Addressing the global shortage of, and access to, medicines and vaccines Documents A71/12 and EB142/2018/REC/1, decision EB142(3)</p>	<p>CSP29/16 (2017) Situation Update on the Challenges of Supplying Inactivated Polio Vaccine to Maintain Eradication of the Disease in the Region of the Americas</p> <p>CD55/10, Rev. 1 and CD55.R12 (2016) Access to and rational use of strategic and high-cost medicines and other health technologies</p>	<p>The new global strategy on access to medicines will build on previous WHO Medicines Strategies, integrate existing resolutions, and lay the foundation for the future work.</p> <p>Member States can avail of the PAHO Strategic Fund to resolve, in so far as possible regional shortage of medicines. The Strategic Fund can pool demand, identify potential suppliers, and work with NRAs of Regional Reference in ensuring quality. Very positive experience in this area has been achieved with Benzimidazole and Benzathine Penicillin, and strengthening the Strategic Fund mechanism to access high-cost medicines.</p>
<p>WHA71(9) Global strategy and plan of action on public health, innovation and intellectual property: overall programme review</p>	<p>Global strategy and plan of action on public health, innovation and intellectual property Documents A71/13 and EB142/2018/REC/1, decision EB142(4)</p>	<p>CD51/INF/5-B (2011) Implementation of the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property</p> <p>CD48.R15 (2008) Public Health, Innovation and Intellectual Property: A Regional Perspective</p>	<p>The document reports the activity of the expert review panel approved by resolution WHA68.18 to conduct an overall program review of the global strategy and plan of action, its aims and objectives, and recommend a way forward, including details of what elements or actions should be added, enhanced or concluded until 2022.</p> <p>The report includes recommendations for each of the 8 elements of GSPOA for the period of 2018-2022 and with an estimated budget of US\$31.5 million (US\$ 16.3 million for the high priority actions). The budget is not covered within existing resources.</p> <p>The priority actions include many important measures that would be very useful in the Region.</p>
<p>WHA71(11) Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other</p>	<p>Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits</p>	<p>CD45.R8 (2004) Disaster Preparedness and Response</p> <p>CD44.R8 (2004) Influenza Pandemic: Preparation in the Hemisphere</p>	<p><i>Progress in the Region</i></p> <ul style="list-style-type: none"> - There are currently more than 100 hospitals in 20 countries conducting routine sentinel surveillance for influenza - There are currently 25 National Influenza Centers (NICs) and one

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benefits			<p>WHO Collaborating Center (CC) for Influenza Surveillance in the Region</p> <ul style="list-style-type: none"> - More than 20 countries routinely share epidemiologic/virologic data with PAHO to determine patterns of influenza circulation - More than 1,000 samples are submitted from Latin American and the Caribbean NICs and national laboratories to the WHO CC at CDC Atlanta for characterization annually - 14 countries are routinely reporting epidemiologic data to the global data sharing platform FluID <p>Implications for the Region</p> <ul style="list-style-type: none"> - PAHO as a regional office has received PIP Framework Partnership Contribution Funds annually since 2014 and in 2018, and a total of eight countries in the region are receiving Framework funds (Bolivia, Colombia, Costa Rica, Dominican Republic, El Salvador, Haiti, Nicaragua, and Suriname). <p>Additionally, all Member States in the Region must comply with the WHA resolution adopted in 2011 to support virus and benefit sharing.</p>
<p>WHA71(15) Implementation of the International Health Regulations (2005): five-year global strategic plan to improve public health preparedness and response, 2018–2023</p>	<p>Documents A71/7, A71/8 and Decision EB142(1)</p>	<p>CD56/INF/9 (2018) Implementation of the International Health Regulations (IHR)</p> <p>CSP29/INF/6 (2017) Implementation of the International Health Regulations (IHR)</p> <p>Report of the Formal Regional Consultation on the International Health Regulations, Sao Paulo, Brazil, 17-19 July 2017</p> <p>CD55/9 (2016) Resilient Health Systems</p>	<p>The Five-Year Global Strategic Plan to Improve Public Health Preparedness and Response, 2018-2023 (5Y-GSP, presented as Annex to Document A71/8) was welcomed. PASB will continue to provide support to States Parties in their efforts to apply, implement, and comply with the IHR according to the following governance documents:</p> <ul style="list-style-type: none"> - PAHO Program and Budget 2018-2019, Official Document 354, adopted by Member States through Resolution CSP29.R6; - Sustainable Health Agenda for the Americas 2018-2030, Document CSP29/6, Rev. 3, adopted by Member States through Resolution CSP29.R2;

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
		<p>CD55.R8 (2016) Resilient Health Systems</p>	<p>- WHO Programme budget 2018–2019, Document A70/7, adopted by Member States through Resolution WHA70.5;</p> <p>- WHO Thirteenth General Programme of Work, 2019–2023, Document A71/4, and adopted by Member States through Resolution WHA71.1.</p> <p>In terms of States Parties' IHR related reporting obligations to the World Health Assembly, the States Parties Annual Report remains the only IHR requirement, pursuant to Article 54.1 and Resolution WHA61.2. The revised proposed format, resulting from a global consultative process, is available at: http://www.who.int/ihr/publications/WHO-WHE-CPI-2018.16/en/.</p>

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