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69th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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Provisional Agenda Item 8.8-A

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A. SEVENTIETH WORLD HEALTH ASSEMBLY

1. The Seventieth World Health Assembly of the World Health Organization (WHO) was held 22-31 May 2017 in Geneva, Switzerland, and attended by representatives and delegates of 191 Member States. The Presidency of the Assembly rested with the Russian Federation, represented by Professor Veronika Skvortsova. Five countries served as vice-presidents: Cabo Verde, Cook Islands, Democratic People's Republic of Korea, Somalia, and Suriname, in representation of their respective regions.

2. Mr. Patrick Pengel, Minister of Health of Suriname, 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. Hon. Molwyn Joseph, Minister of Health and Environment of Antigua and Barbuda, was elected Chairman of Commission B and led the commission's work for most of the sessions.

3. In her opening remarks, Professor Skvortsova thanked delegates for the election of the Russian Federation to preside over the World Health Assembly for the first time. She set the promotion of "health through the life course, as enshrined in the Sustainable Development Goals," as an objective for the Assembly. The President mentioned that Russia was proud of having organized the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease (NCDs) Control in 2011, which set the basis for the political declaration on control of NCDs adopted by the General Assembly of the United Nations at its special session. She expressed gratitude to Dr. Chan for her professionalism and personal dedication during her 10 years in office. In concluding her address, Dr. Skvortsova committed to do her best to ensure that the election for the next Director-General be conducted in a fair and transparent manner, and in strict compliance with the rules of procedure.

4. For her part, Dr. Margaret Chan, Director-General of WHO, addressed the Assembly for the last time as Director-General (*I*). After 10 years of service, her term concluded on 30 June 2017. She spoke briefly on how the global political and economic outlook has changed since she took office, addressing the 2008 financial crisis, international terrorism and violent extremism, and the attacks on health facilities and aid

convoys. She mentioned the need to keep monitoring avian influenza and the Zika virus. Dr. Chan acknowledged that WHO was slow in recognizing the 2014 Ebola outbreak but also remarked on how quickly the Organisation made corrections and has since brought other outbreaks under control. The Director-General stated that “the world is better prepared but not nearly well enough.”

5. Dr. Chan spoke to the relevance of WHO’s work, referring to the Prequalification Programme for low-cost generic products and the progress towards elimination of ancient neglected tropical diseases. She referred to the 2010 World Health Report on health systems financing: the path to universal coverage as “the most influential publication issued during [her] administration”. In referring to chronic noncommunicable diseases, she said that its rise was “the trend that most profoundly reshaped the mindset of public health” and that she would like to see the implementation of the recommendations made by the Commission on Ending Childhood Obesity in their report to the Assembly. Dr. Chan regarded the global initiative Every Woman Every Child as “the most game-changing strategy during [her] administration”.

6. As the future of the Organisation continues to be shaped, the Director-General offered the following advice for consideration by Member States: *a)* continue to make reductions in inequalities a guiding ethical principle; *b)* continue to strengthen systems for civil registration and vital statistics and continue to make accountability frameworks an integral part of global health strategies; *c)* protect scientific evidence, as it is the bedrock of policy; *d)* push for innovation, as meeting the ambitious health targets in the Sustainable Development Goals depends on it; *e)* safeguard WHO’s integrity in all stakeholder engagements; FENSA is a prime instrument for doing so; *f)* listen to civil society, they are the ones who can give the people who suffer the most a face and a voice; and *g)* remember the people; behind every number is a person who defines our common humanity and deserves our compassion, especially when suffering or premature death can be prevented.

7. Finally, Dr. Margaret Chan, recognizing that it was the last time addressing the World Health Assembly as the Director-General, thanked the Member States, the Regional Directors, WHO’s staff, and her family for all the support received during the last ten years.

8. Many Delegates recognized and thanked Dr. Chan for her work in the subsequent plenary sessions.

9. The elections for the new Director-General post were carried out on the second day of the Assembly, 23 May. The afternoon session started with a 15 minute statement from each of the three candidates and followed without interruption until there was a final result. During the third round of voting, Dr. Tedros Adhanom Ghebreyesus, nominated by the Government of Ethiopia, was elected WHO Director-General for a mandate of five years starting 1 July 2017. In addressing the plenary, the newly elected Director-General emphasized that “all roads lead to universal coverage in health”. He thanked Member States for their support and said he took note of their recommendations. He stressed that

he will need Member States' "voices, commitment, and support" to ensure that WHO has the resources to deliver on its mission. He committed WHO to measure its outcomes and to provide value for money. To the partners, Dr. Tedros Adhanom Ghebreyesus said that the "challenges we face are too big to be solved by one sector alone" and that WHO will work as a good partner. He indicated to that he will seek advice from WHO staff and work to create a conducive environment. In closing, Dr. Tedros Adhanom Ghebreyesus invited all to work together for a healthier world (2).

10. The agenda of the Assembly included 70 general items, 44 of them related to technical and health issues (one included 13 progress reports on technical subjects); and 30 administrative, budgetary, and institutional items. As on previous occasions, these matters were dealt with in committees A and B, and in the plenary sessions.

11. The documents related to this report can be consulted at the WHO website: http://apps.who.int/gb/e/e_wha70.html.

12. A list of the resolutions and decisions adopted by the World Health Assembly that are of interest to the Region, the related PAHO resolutions, some of the implications that the WHA resolutions have for the Region, and the progress that has been made on these subjects can be found in the Annex.

Other Matters: Executive Board

13. The 141st Session of the Executive Board was held on 1 June 2017. The chairmanship of the Executive Board rested with Dr. A. Hafeez, delegate of Pakistan. The following countries were elected as Vice-chairmen: Burundi, Canada, Fiji and Thailand. With the United States of America's term coming to an end, Brazil was selected to join Canada, Colombia, the Dominican Republic, Jamaica, and Mexico in occupying the six seats of the Board in representation of the Region of the Americas.

14. The agenda of the 141st Session of the Executive Board included 17 items, among them technical items such as the eradication of malaria and rheumatic heart disease; matters of management and governance including, among others, an item on governance reform and an evaluation of the election of the Director-General of WHO; and staffing matters including amendments to the Staff Regulations and Staff Rules and the statement by the representative of the WHO Staff Association.

15. Finally, the Board took note of the reports submitted and approved the date and location of the Seventy-first World Health Assembly, among other matters. It was agreed that the Seventy-first World Health Assembly will be held at the Palais des Nations, in Geneva, starting on 21 May 2018 and ending no later than 26 May 2018. The Board also decided that its 142nd Session will begin on 22 January 2018, at WHO headquarters in Geneva, ending no later than 27 January 2018; that the Programme, Budget and Administration Committee of the Executive Board will hold its 27th meeting on 18-19 January 2018, at WHO headquarters; and that its 28th meeting will be held 17-18 May 2018, at WHO headquarters in Geneva.

16. 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_eb141.html.

Action by the Pan American Sanitary Conference

17. The Conference is invited to take note of these resolutions, consider their implications for the Region of the Americas, and offer the recommendations it deems relevant.

Annex

References

1. World Health Organization. Opening address by Dr. Chan, WHO Director-General [Internet]. 70th World Health Assembly; 22 May 2017; Geneva, Switzerland. Geneva (Switzerland): WHO; 2017 (Document A70/3). Available at: http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_3-en.pdf
2. World Health Organization. World Health Assembly elects Dr Tedros Adhanom Ghebreyesus as new WHO Director-General [Internet]. 70th World Health Assembly; 23 May 2017; Geneva, Switzerland. Geneva (Switzerland): WHO; 2017 [Press Release]. Available at: <http://www.who.int/mediacentre/news/releases/2017/director-general-elect/en/>

Annex

Table 1. Resolutions Adopted by the 70th 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
WHA70.2 Appointment of the Director-General			<p>Dr. Tedros Adhanom Ghebreyesus was appointed Director-General of the World Health Organization for a mandate of 5 years starting on 1 July 2017. Dr. Ghebreyesus accepted the appointment and signed his contract in a plenary session of the Assembly.</p>
WHA70.5 Programme budget 2018–2019	<p>Proposed programme budget 2018–2019 Documents A70/7, A70/7 Add.1 Rev.1, A70/59, A70/INF./2, A70/INF./5 and A70/INF./6</p>	<p>CE160/12 (2017) Proposed PAHO Program and Budget 2018-2019</p> <p>CD55/INF/2, Rev.1 (2016) Process for the Development of the WHO Program Budget 2018-2019</p>	<p>The implications for the Region are presented in the context of the global proposal:</p> <ul style="list-style-type: none"> • The WHO PB 2018-2019 integrated budget ceiling is proposed at US\$ 4.4 billion, representing a total budget increase of \$81.1 million or 2% from approved budget from biennium 2016-2017. • The AMRO component of the WHO Proposed Programme Budget 2018-2019 is \$190.1 million for base programs, representing a budget increase of \$12.0 million or 6.7% over the WHA approved budget of \$178.1 million for the Americas in biennium 2016-2017. • The WHO/AMRO component of the PAHO Program and Budget has increased from \$178.1 million or 29% of the \$612.8 million of PAHO Program and Budget for 2016-2017 to \$190.1 million or 31% of the \$619.6 million of Proposed PAHO Program and Budget 2018-2019.
WHA70.6 Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth	<p>Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth Document A70/18</p>	<p>CE160/18 (2017) Strategy on Human Resources for Universal Access to Health</p> <p>CD52/6 and CD52.R13 (2013) Human Resources for Health: Increasing Access to Qualified Health Workers in</p>	<p>The health sector is known as one of the largest employers around the world. SDG 8 speaks to the need for inclusive economic growth to achieve sustainable development. The regional health workforce of the Americas alone is estimated to be close to 9.4 million, and is mainly feminine. The Commission calls for strengthened actions on the prevention and efficient provision of high-quality, affordable, integrated, community-based,</p>

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		<p>Primary Health Care-based Health Systems</p> <p>CSP27/10 and CSP27.R7 (2007)</p> <p>Regional Goals for Human Resources for Health 2007-2015</p>	<p>people-centered primary and ambulatory care for underserved areas. This report has and will continue to provide important input and impetus to PAHO’s efforts in Human Resources for Health, particularly as they relate to the Regional Strategy on Human Resources for Universal Health to be presented during the 2017 Pan American Sanitary Conference.</p>
<p>WHA70.7 Improving the prevention, diagnosis and clinical management of sepsis</p>		<p>CD54.R15 (2015) Plan of Action on Antimicrobial Resistance</p> <p>CD54/12, Rev. 1 (2015) Plan of Action on Antimicrobial Resistance</p>	<p>High-level commitment is facilitating interagency collaboration in line with a “One-health” approach on the development of the National Action Plans (NAPs) including specific interventions as integrated antimicrobial resistance (AMR) surveillance. Regional collaboration among FAO, OIE and PAHO has been strengthened in several joint activities and projects. Other stakeholders such as IICA or OIRSA have been involved.</p> <p>All PAHO Member States are committed to develop their own NAPs to address AMR. Achievements and advances on assuring the quality of antimicrobials, strengthening the regulatory agencies, promotion of rational use of medicines both in human and animal health, adequate infection prevention and control practices, and integrated AMR surveillance will serve as components to build on the NAPs.</p> <p>Efforts to reduce the burden of sepsis must go hand in hand with measures to minimize antimicrobial resistance and be consistent with the Global Action Plan on Antimicrobial Resistance. PAHO/WHO will take the opportunity of the World Antibiotic Awareness Week (Nov. 13-19) to increase awareness on sepsis, highlighting the crucial importance on rapid administration of appropriate antibiotics in order to reduce deaths from sepsis. Collaboration with the Global Sepsis Alliance, professional societies and academia will provide a solid background to raise awareness on the topic.</p>

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<p>WHA70.8 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution</p>	<p>Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution Documents A70/41 and A70/60</p>		<p>Delays in the receipt of assessed contributions may adversely affect the implementation of program activities. PAHO receives monthly remittances from WHO in respect of their annual allocation to AMRO/PAHO for WHO regional activities.</p> <p>Twenty-one Member States in the AMRO Region paid their 2016 WHO assessments in full. Outstanding WHO assessed contributions as of 31 December 2016 totaled \$43.2 million for the AMRO Region.</p> <p>There were no Member States from the Americas Region that was subject to article 7 of the Constitution as of 22 May 2017. Dominican Republic has a special arrangement to pay old debts. Puerto Rico is an Associate Member with more than 10 years of unpaid contributions.</p>
<p>WHA70.9 Scale of assessments for 2018-2019</p>	<p>Scale of assessments for 2018–2019 Documents A70/42 and EB140/2017/REC/1, resolution EB140.R6</p>	<p>CE160/13 (2017) New Scale of Assessed Contributions CD54/5, Rev. 1 (2015) New Scale of Assessed Contributions</p>	<p>WHO Member States approved an overall increase of 3% in assessed contributions for the period 2018-2019. This moderate increase represents about \$28.0 million over and above the 2016-2017 assessed contributions. While this increase may have a positive impact on flexible funding allocations to the Region of the Americas, the real impact will be felt by Member States, the contributors. Based on the New Scale of Assessed Contributions, fifteen of the 35 WHO Member States from the Americas will experience an increase, 11 will experience no change, and 9 will experience a decrease in their assessments with respect to the 2016-2017 biennium.</p>
<p>WHA70.11 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 A70/27 and EB140/2017/REC/1, resolution EB140.R7</p>	<p>CE160/19 (2017) Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas CE160/INF/8-G (2017) Strategy and Plan of Action on Epilepsy: Midterm Review CD55/INF/12-C (2016) Plan of Action for the</p>	<p>The PAHO Regional NCD Plan of Action, 2013-2019 is being implemented in our Region, and in 2016 a midterm progress report was presented to the Directing Council. The report noted that almost all countries in the Region of the Americas show a stable or modest decline in premature NCD mortality, and that 14 countries and territories are on target to meet the overall regional NCD goal of a 15% reduction in premature mortality by 2019. Only about half of the countries/territories (22/38, 58%) report</p>

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		<p>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>CD52.R9 (2013) Plan of Action for the Prevention and Control of Noncommunicable Diseases</p> <p>CSP28.R13 (2012) Strategy for the Prevention and Control of Noncommunicable Diseases</p>	<p>having an operational, multisectoral national NCD plan, strategy or policy. Progress has been slow in establishing NCD risk factor regulations and policies, and improving health services for NCDs.</p> <p>PAHO is providing technical assistance to Member States to realize the four time-bound commitments, as well as strengthen surveillance systems to be able to prepare for the third UN HLM on NCDs in 2018. Relevant monitoring information and technical tools have been disseminated widely to assist the national NCD program managers to reach the four time bound commitments. Also, a face-to-face meeting of national NCD program managers (CARMEN network) was held by PAHO in April 2016 to discuss their progress and challenges, in order to better prepare for the third UN High-level meeting on NCDs.</p> <p>All countries from the Region have recently completed the WHO National Country Capacity Survey, which will provide up-to-date information on country infrastructure, policies, plans, and services; and will be used to report on progress during the third UN High-level meeting on NCDs.</p> <p>PAHO is contributing to the planning of the global NCD forum in Montevideo, Uruguay and has disseminated information about the forum to Member States through the country offices. To date, only twelve countries from our Region have committed to attend the Montevideo meeting, and we continue to follow up with country offices to promote this event and stimulate participation. This will be a critical opportunity to advance multi-sector collaboration on NCDs.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<p>WHA70.12 Cancer prevention and control in the context of an integrated approach</p>	<p>Cancer prevention and control in the context of an integrated approach Document A70/32</p>	<p>CE160/INF/6 (2017) Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control: Final Report</p> <p>CD48/6 and CD48.R10 (2008) Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control</p>	<p>Cancer is the second leading cause of death in most countries in the Americas. PAHO is working closely with WHO Headquarters to provide more technical assistance to Member States to realize the four time-bound NCD commitments, and 9 voluntary targets, as well as strengthen surveillance systems. Many of these commitments are directly related to cancer prevention and control, notably to reduce behavioral risk factors for cancer prevention; to increase HPV vaccination and HBV vaccination for cervical and liver cancer prevention, respectively; to strengthen screening services for cervical and breast cancer; to increase the utilization of the PAHO Strategic Fund for essential cancer medicines and other NCDs; and to improve quality and access to radiotherapy and chemotherapy services. A regional report on the progress in cervical cancer prevention and control will be presented to the PAHO Pan American Sanitary Conference in September 2017.</p> <p>PAHO welcomes the WHA resolution on cancer prevention and control. The resolution has been widely disseminated among stakeholders in the Region. Based on the needs for capacity building in the Region, PAHO is preparing to implement the actions identified in the resolution as part of the Biennial Work Plan 2018-2019. In addition, PAHO is collaborating more intensely with WHO and IARC as they develop and implement the global cancer control initiatives for roll out in our Region.</p>
<p>WHA70.13 Prevention of deafness and hearing loss</p>	<p>Prevention of deafness and hearing loss Documents A70/34 and EB139/2016/REC/1, resolution EB139.R1</p>	<p>CD53/7, Rev. 1 (2014) Plan of Action on Disabilities and Rehabilitation</p>	<p>PAHO has included initiatives on prevention of deafness and hearing loss as a priority in the life course since 2013. Several governing body documents and resolutions provide a mandate to Member States and to the secretariat to make progress in this important health topic in the life course. In 2017, 13 Member States in the Region are reporting progress in ear and hearing care.</p>

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<p>WHA70.14 Strengthening immunization to achieve the goals of the global vaccine action plan</p>	<p>Global vaccine action plan Document A70/25</p>	<p>CE160/16 (2017) Plan of Action for the Sustainability of Measles, Rubella and congenital Rubella Syndrome Elimination in the Americas</p> <p>CD55/INF/10, Rev. 1 (2016) Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas: Final Report</p> <p>CD54/7, Rev. 2 and CD54.R8 (2015) Plan of Action on Immunization</p> <p>CD52.R5 (2013) Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement</p> <p>CD52.R14 (2013) Evidence-based Policy-making for National Immunization Programs</p>	<p>In 2015 the Regional immunization Action Plan (RIAP) was approved by PAHO Member States at the 54th Directing Council as the adaptation of the GVAP for the America’s Region. The Plan provides Member States with the rationale, guiding principles, strategic lines of action, objectives, and indicators to align the Region of the Americas with the Global Vaccine Action Plan 2011-2020 (GVAP).</p> <p>The Region of the Americas was the first one to eliminate Rubella and Congenital Rubella Syndrome (April 2015) and measles (2016).</p> <p>Despite this progress, there is still inequality in immunization coverage, both between countries and within each country. In 2015, the regional coverage for DPT3 was 91% but out of a total of nearly 15,000 municipalities of Latin America and the Caribbean, 8,456 (56%) reported vaccination coverage with DPT3 below 95%.</p> <p>To face these challenges and to sustain these gains the 29th Pan American Sanitary Conference will review the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023 and the Midterm Review of the Plan of Action on Immunization. The recommendations of these documents are aligned with the WHA70.14 and reinforce among others <i>a)</i> to coordinate across health systems, integrate routine immunization programs and other relevant sectors to achieving immunization goals and universal health coverage; <i>b)</i> to allocate adequate financial and human resources to immunization programs; and <i>c)</i> to strengthen mechanisms for monitoring immunization coverage with the purpose of guiding strategic and programmatic decisions that protect all populations.</p>
<p>WHA70.15 Promoting the health of refugees</p>	<p>Promoting the health of refugees and migrants</p>	<p>CD55/11, Rev.1 and CD55.R13 (2016)</p>	<p>In the Region of the Americas, migration is a growing phenomenon. PAHO resolution on Health of Migrants</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
and migrants	Document A70/24	Health of Migrants	(CD55.R13) proposes to formulate and implement health policies that are inclusive of these social groups. Document A70/24 explicitly mentions and highlights Resolution CD55.R13 when it describes the situation in the Region of the Americas. Furthermore, it assumes a position consistent with this resolution in identifying the main future priorities that should be assumed by the Member States, partners, and other strategic actors involved in the health of migrants.
WHA70.16 Global vector control response – an integrated approach for the control of vector borne diseases	Global vector control response Documents A70/26 Rev.1 , A70/26 Rev.1 Add.1 and A70/26 Rev.1 Add.2	CD55/16 and CD55.R6 (2016) Strategy for arboviral disease prevention and control CD55/15 and CD55.R9 (2016) Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022 CD55/13 and CD55.R7 (2016) Plan of action for malaria elimination 2016-2020	Resolution WHA70.16 urges Member States to develop and sustain capacities and strategies that are highly relevant in the context of the Americas and correspond to the main gaps in the vector control response in the Region. Likewise, the actions that the resolution requests from the Secretariat respond to areas that PAHO has prioritized and included in the agenda of technical cooperation with its regional partners, WHO and countries. Dengue remains the most prevalent arboviral disease in the Region, however the Americas has been particularly affected by the emergence of Chikungunya and Zika. The emergence and spread of arboviruses depends on the presence and abundance of vectors, which in turn is linked to various social, economic, and environmental factors on a regional and global scale. Strengthening countries' capacities in terms of neglected infectious disease entomology for the application of integrated vector management will contribute to achieving the public health goals of control or elimination of vector borne diseases such as Chagas disease, leishmaniasis and lymphatic filariasis, as established in PAHO's Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022. The Strategic Line of Action 3 of this Plan is to "Strengthen integrated vector management." Malaria remains a major public health

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
			problem for vulnerable populations in the endemic countries of the continent; however, the massive reduction in disease transmission over the past 15 years demonstrates the viability of Member States' commitment to malaria elimination. In this context, closing the gaps in the vector control component in malaria is also a priority for the malaria response in the Region.

Table 2. Decisions Adopted by the 70th 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
WHA70(9) Poliomyelitis: polio transition planning	Poliomyelitis Documents A70/14 y A70/14 Add.1 <ul style="list-style-type: none"> • Poliomyelitis update • Polio transition planning 	CE160/INF/8-F (2017) Plan of Action on Immunization: Midterm Review CD54/7, Rev. 2 and CD54.R8 (2015) Plan of Action on Immunization CD50.R5 (2010) Strengthening Immunization Programs	The last case of wild polio virus in the Region of the Americas was in 1991, and this Region was declared polio-free in 1994. 36 countries and territories in the Americas participated in the global switch from tOPV to bOPV. All countries have submitted at least one report on Phase I of GAP III: containment of WPV2/VDPV2 and Sabin2 polioviruses. Transition Planning: In the Americas, countries do not receive funds for contracting personnel, as in other regions. Therefore the reduction of funding will not impact health personnel in the Region. The support from GPEI and WHO to PAHO was crucial to the successful implementation of the introduction of the inactivated poliovirus vaccine (IPV) and the switch from trivalent to bivalent oral polio vaccine. The funds PAHO receives from GPEI and WHO each year are very important for the program, particularly for the strengthening of acute flaccid paralysis (AFP) surveillance, in order to detect poliovirus emergence or low density transmission and

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
			maintain general outbreak response capacity; as well as for implementing strategies to maintain and achieve >95% polio3 vaccination coverage. There should be continued advocacy to keep GPEI support until the world has achieved certification of polio eradication.
WHA70(10) Review of the Pandemic Influenza Preparedness Framework	Review of the Pandemic Influenza Preparedness Framework Documents A70/17 and A70/57	CD45.R8 (2004) Disaster Preparedness and Response CD44.R8 (2003) Influenza Pandemic: Preparation in the Hemisphere	<p>The Nagoya Protocol's provisions overlap considerably with the access and benefit sharing system under the PIP Framework, its implementation may introduce uncertainty in relation to the sharing of influenza viruses, since numerous bilateral transactions could be required to be negotiated, which could delay the access to viruses.</p> <p>Regional implications will be known only after the completion of the WHO special study assessing the implications of the Nagoya Protocol on the sharing of influenza viruses.</p> <p>Regional implications of the PIP Framework include that the regional has benefited from more than US\$ 1 million being invested annually to strengthen influenza surveillance from the PIP Framework Partnership Contribution and the region's 28 National Influenza Centers are sharing seasonal influenza viruses on an annual basis.</p>
WHA70(11) Implementation of the International Health Regulations (2005)	Implementation of the International Health Regulations (2005) Documents A70/15 and A70/16	CD55/12, Rev. 1 (2016) Implementation of the International Health Regulations (IHR) CD54/INF/4 (2015) International Health Regulations and Ebola Virus Disease (Hyperlink to the PAHO Web page on Ebola) CD54/INF/4, Add. I (2015) Regional Consultation on the IHR Monitoring Scheme post-2016	<p>Only one of the two main points regarding actions at WHO Governing Bodies level, which emerged from the Formal Regional Consultation on the IHR (held in Miami, USA, 1-3 August 2016), endorsed through Decision CD55(D5), seems to have been captured by the WHA Document A70/16:</p> <ul style="list-style-type: none"> - The five-year global strategic plan to be submitted to the 71st WHA in 2018. Member States of the Region of the Americas had stressed the importance of: <i>a)</i> focusing the plan on national core capacities; <i>b)</i> bridging the gap between capacity building under the IHR and health system strengthening; and <i>c)</i> having the plan considered for adoption by the WHA in order to foster country ownership. - With respect to the second point—

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
		<p>CD53/14 (2014) Advancing toward a Regional Position on International Health Regulations</p> <p>CD52/10 (2013) Implementation of the International Health Regulations</p> <p>CSP28/INF/3-F (2012) Implementation of the International Health Regulations</p> <p>CSP27.R13 (2007) International Health Security: Implementing the International Health Regulations (IHR [2005])</p>	<p>presenting the IHR Monitoring and Evaluation Framework as a separate document for approval by the World Health Assembly as mandated by Article 54 of the IHR—the 70th World Health Assembly was divided. Thus, Decision WHA70(11) defers further consideration to the WHO Regional Committees for the third year in a row.</p> <p>In a subsequent formal IHR Regional Consultation (held in Sao Paulo, Brazil, 17-19 July 2017) countries agreed to request to the 29th Pan American Sanitary Conference/69th Regional Committee of WHO for the Americas, to once again, formally reiterate and transmit to WHO Governing Bodies, the position of States Parties in the Americas regarding the course of action of the IHR Monitoring and Evaluation Framework. Member States from the Americas have stressed the importance of complying with Article 54 of the IHR in order to implement a more robust and collectively accepted IHR Monitoring and Evaluation Framework, including compulsory (State Party Annual Report) and voluntary (after Action Review, Simulation exercises, Joint External Evaluation) components.</p> <p>Failing to separate the courses of the Five-year Global Strategic Plan and the IHR Monitoring and Evaluation Framework could undermine the confidence of States Parties in the IHR, and, unnecessarily, further protract and deepen the polarization of WHO Member States with respect to the application of Article 54 at Governing Bodies level.</p>
<p>WHA70(15) Appointment of representatives to the WHO Staff Pension Committee</p>			<p>The Assembly appointed Dr. Gerardo Lobin Burgos of Colombia as representative (of the Americas) to the WHO Staff Pension Committee until May 2019.</p>

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
WHA70(16) Infrastructure fund	Proposed Infrastructure Fund (consolidating the Real Estate Fund and IT Fund) Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventieth World Health Assembly Documents A70/54 and A70/65		PAHO Master Capital Investment Fund (MCIF) already includes information technology as a sub fund. The Fund also includes: Real estate maintenance and improvements; Vehicle replacement; Purchase of new premises or real estate; and Human resources strategy. PAHO's MCIF is currently financed by ad hoc contributions from surpluses, as compared to WHO's proposal to fund from POC and PSC.
WHA70(17) Draft global action plan on the public health response to dementia	Draft global action plan on the public health response to dementia Documents A70/28 and EB140/2017/REC/1, decision EB140(7)	CE160/INF/8-H (2017) Plan of Action on Mental Health: Midterm Review CE160/INF/8-I (2017) Plan of Action on Disabilities and Rehabilitation: Midterm Review CD54/8, Rev.1 and CD54.R11 (2015) Strategy and Plan of Action on Dementias in Older Persons CD49.R15 (2009) Plan of Action on the Health of Older Persons, Including Active and Healthy Aging	PAHO has approved an Action Plan on Dementia in Older Adults in 2015. The identified strategic areas of action are similar, with WHO's having a broader scope – not only older adults –, and specific emphasis in research and innovation; and awareness and friendliness, not explicitly mentioned in PAHO's plan. The global attention on dementia should contribute to move ahead the Regional agenda. PAHO is involved in most of the initiatives listed under the draft global action plan. PAHO contributed in the development of the Inter-american convention on protecting the human rights of older persons (a-70). A regional workshop on dementia to follow up and monitor these two plans will be organized in collaboration with WHO.
WHA70(18) Public health dimension of the world drug problem	Public health dimension of the world drug problem Document A70/29	CD55/INF/12-E (2016) Plan of Action on Psychoactive Substance Use and Public Health: Midterm Review CD52/INF/4-E (2013) Progress Report: Plan of Action on Psychoactive Substance Use and Public Health	The decision can potentially strengthen WHO activities in promoting public health strategies and interventions in addressing the world drug problem, particularly in the areas of prevention and treatment of drug use disorders where the last WHA resolution was adopted more than 25 years ago. A focus of PAHO activities in this area is on health system and services responses, which is complementary to the UNODC and OAS relevant activities. A memorandum of understanding between

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			WHO and UNODC on this matter, was submitted in February 2017. This agreement provides specific areas of intervention that could be addressed by PAHO in partnership with UNODC and OAS.
<p>WHA70(19) Report of the Commission on Ending Childhood Obesity: implementation plan</p>	<p>Report of the Commission on Ending Childhood Obesity: implementation plan Document A70/31</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>CD51/12 and CD51.R12 (2011) Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity</p> <p>CD50.R11 (2010) Strategy and Plan of Action for the Reduction of Chronic Malnutrition</p>	<p>PAHO and Member States' work in the Region has been providing leadership to tackle the obesity epidemic. Hence the recommendations of the Commission came out very well aligned with PAHO's Plan of action for the prevention of obesity in children and adolescents, issued two years before the EChO report. Actions and policies implemented by Member States include fiscal measures (e.g. taxation of sugary drinks), regulation of labeling (e.g. nutritional warning labels), marketing, and settings (e.g. schools, workplaces), plus actions to promote (e.g. education, campaigns), support (e.g. legislation to extend maternity leave) and protect (e.g. regulation of the marketing of breastmilk substitutes) breastfeeding.</p> <p>The EChO report (2016) corroborated and strengthened the technical-scientific and political basis of PAHO's plan of action and work, and this new document (A70/31) is expected to exert similar effect, in confirming the path taken by PAHO and its Member States, and in supporting the expansion and acceleration of actions and policies in place or about to be taken into effect.</p>
<p>WHA70(20) Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control</p>	<p>Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control Document A70/33</p>	<p>CE160/19 (2017) Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas</p>	<p>It is crucial that there continue to be efforts to strengthen synergies between the WHA and the COP to the WHO FCTC; especially that COP decisions are presented at WHA.</p> <p>It should be noted that Parties of our Region had opposite positions. Efforts to have a regional position in support of the countries that had voluntarily presented declarations of conflict of interest forms did not reach consensus. It would be important to strengthen the dialogue among AMR Member States in order to advance on this important matter.</p>

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WHA70(21) Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products	Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products Documents A70/23 , A70/23 Add.1 and EB140/2017/REC/1, decision EB140(6)		PAHO has been providing technical cooperation in the field of SSFFC through the Regional Network of SSFFC focal points within the Pan-American Network for Drug Regulatory Harmonization (PANDRH). The network members developed technical guidance documents and a workshop model aimed at building national multi-institutional capacity Countries of the Americas have been increasing capacity in the field.
WHA70(22) Progress in the implementation of the 2030 Agenda for Sustainable Development	Progress in the implementation of the 2030 Agenda for Sustainable Development Document A70/35	CE160/14 (2017) Sustainable Health Agenda for the Americas 2018-2030 CD55/INF/6 (2016) Implementation of the Sustainable Development Goals in the Region of the Americas	The Region of the Americas has been a leader in promoting equity-focused public health programming in recent decades. PAHO has published a document, “Preparing the Region of the Americas to achieve the SDG on Health”, designed to support Member States in aligning the targets and indicators under SDG 3 to existing frameworks. The new Sustainable Health Agenda for the Americas 2018-2030, being developed by Member States, articulates how the Region will achieve the health-related SDGs by 2030. The next PAHO Strategic Plan (2020-2025) will even more explicitly incorporate SDG targets into the Organization’s corporate objectives.
WHA70(23) The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond	The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond Documents A70/36 and A70/36, Add. I	CD55/INF/6, Add. I (2016) Report on the Development of the Roadmap on: The Role of the Health Sector in the Strategic Approach to International Chemicals Management Towards the 2020 Goal and Beyond	A report on the development of the draft road map was included in the agenda of the 55th Directing Council of PAHO/68th Session of the Regional Committee of WHO for the Americas as an information document (Report on the Development of the Roadmap on the Role of the Health Sector in the Strategic Approach to International Chemicals Management – SAICM towards the 2020 Goal and Beyond). The PAHO Virtual Campus has been used for virtual communication on policy and capacity building to strengthen the role of the health sector in chemical safety, including a regional dialogue to discuss Resolution WHA69.4.

Resolutions and Decisions Adopted by the 141st Executive Board, 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>EB141.R1 Rheumatic fever and rheumatic heart disease</p>	<p>EB141/4 Rheumatic heart disease</p>	<p>None specific to rheumatic heart disease, but cardiovascular diseases is one of the four NCDs addressed in the regional NCD plan of action: CD52.R9 (2013) Plan of Action for the Prevention and Control of Noncommunicable Diseases</p>	<p>Although the Region of the Americas is not among the regions with very high rates of rheumatic heart disease, PAHO will join the WHO's global response for the prevention, control and elimination of rheumatic heart disease. Plans to contribute to the development and implementation in the Region of the technical documents and guidelines on clinical management and provide technical support to Member States as needed.</p> <p>Cardiovascular disease prevention and control is a high priority in our Region, given that it is the leading cause of death. PAHO is providing technical support to Member States to reduce risk factors and to strengthen diagnosis, treatment and management of persons with cardiovascular diseases, with a focus on hypertension control. In this context, PAHO will integrate rheumatic heart disease prevention and control activities as part of its technical cooperation activities on CVD.</p>
