



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



152nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 17-21 June 2013

Provisional Agenda Item 7.8

CE152/INF/8 (Eng.)

7 June 2013

ORIGINAL: SPANISH

A. SIXTY-SIXTH WORLD HEALTH ASSEMBLY

1. The 66th World Health Assembly of the World Health Organization (WHO) was held on 20-28 May 2013 in Geneva (Switzerland) and attended by representatives and delegates of 188 Member States. Dr. Shigeru Omi (Japan) acted as President of the Assembly. Five countries served as vice-presidents: Angola, Haiti, Nepal, Oman, and Ukraine, in representation of their respective regions. Dr. Florence Duperval Guillaume, Minister of Health of Haiti, replaced the President during the fifth plenary session of the General Assembly.

2. At the opening of the Assembly, Dr. Margaret Chan, Director-General of WHO, called attention to the outbreak of two new diseases: infections in human beings caused by a new coronavirus and by the influenza H7N9 virus. She emphasized that both diseases are a reminder to the entire world that the threat of emerging and epidemic-prone diseases is omnipresent. She also underlined the importance of maintaining strict surveillance and of immediate notification to WHO, as well as strict fulfillment of the obligations of the Member States settled in the International Health Regulations (2005).

3. She reported on the progress of the debate about the place that health should occupy on the post-2015 development agenda and urged Member States to fight strongly to ensure that health is placed high on the new development agenda. She presented information on the scope of the health-related Millennium Development Goals (MDG) and acknowledged the efforts made by countries to fulfill the MDGs, but urged them to redouble their efforts to overcome certain obstacles that hinder the delivery of services.

4. She emphasized that despite the achievements, the task is not easy, in particular the fight against noncommunicable diseases, especially since the risk factors are amplified by very economically powerful products and forces. She emphasized that WHO would never have good relations with the tobacco industry, but recognized that it would be possible to work with other industries that could play a role in reducing the

risks of noncommunicable diseases, while always ensuring that WHO avoids conflicts of interest.

5. She made special mention of the commitment made by all to achieve universal health coverage and said that both WHO and the Member States were on the right path.

6. The Credentials Committee comprised of 12 Member States, was appointed, with the delegates of Canada and Nicaragua representing the Region of the Americas.

7. The Chairman of the Executive Board, Dr. Joy St. John, Director General of Health of Barbados, submitted her report on the subjects reviewed during the 131st and 132nd sessions of the Executive Board, highlighting the resolutions adopted by the Council.

8. The agenda of the Assembly included 23 general items, most of them related to technical and health matters; 13 progress reports on technical subjects; and 17 administrative, budgetary, and institutional items. As on previous occasions, these matters were dealt with in committees A and B and in the plenary sessions. The Assembly adopted 24 resolutions and made 13 decisions.

9. The full versions of these resolutions and decisions, along with other documents related to the World Health Assembly, can be consulted on the WHO website: http://apps.who.int/gb/e/e_wha66.html.

10. Table 1 contains a list of the resolutions adopted by the World Health Assembly that are of interest to the Region and the related PAHO resolutions, as well as the implications that the WHA resolutions have for the Region and the progress that has been made on these subjects¹.

Other Matters: Executive Board

11. The 133rd meeting of the Executive Board was held on 29-30 May. The Presidency of the Executive Board rested with Australia. Argentina, Brazil, and Suriname were selected to be Executive Board members, complementing Cuba, Mexico, and Panama as the six members of the Region.

12. The agenda of the 131st Session of the Executive Board included 13 items, among them WHO reform; comprehensive and coordinated efforts for the management of autism spectrum disorders; psoriasis: a report by the Secretariat to provide a basis for discussion; a report by the Secretariat suggesting an approach for the evaluation of the global strategy

¹ A more exhaustive analysis of the implications of the WHO Resolutions for the Region will be presented during the 52nd Directing Council of PAHO to be held from 30 September to 4 October 2013.

and plan of action on public health, innovation, and intellectual property; a report on improving the health of patients with viral hepatitis, based on the framework for global action. The Board made 10 decisions and adopted 3 resolutions at this session.

13. Finally, the Board took note of the reports submitted and approved the date and location of the 67th World Health Assembly, among other matters. It was agreed that the 67th World Health Assembly would be held at the Palais des Nations, in Geneva, starting on 19 May 2014 and ending no later than 24 May. The Board also decided that its 134th meeting will begin on Monday 20 January 2014, at WHO headquarters in Geneva, ending no later than 25 January; that the Programme, Budget, and Administration Committee of the Executive Board will hold its 19th meeting 16-17 January 2014, at WHO headquarters, and that its 20th meeting will be held 15-16 May 2014, at WHO headquarters in Geneva.

14. The full versions of these reports, as well as other related documents, can be consulted on the WHO website: http://apps.who.int/gb/e/e_eb133.html.

Action by the Executive Committee

The Executive Committee is invited to take note of these resolutions, consider their implications for the Region of the Americas, and offer the recommendations they deem relevant.

Table 1: Technical and Health Policy Matters

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
WHA66.1 Twelfth General Programme of Work, 2014–2019	A66/6 Draft twelfth general programme of work A66/4 WHO reform High-level implementation plan and report	CE152/10 Proposed PAHO Strategic Plan 2014-2019	The WHO Twelfth General Programme of Work, 2014-2019 calls for an alignment financial resources with WHO priorities: <ol style="list-style-type: none"> advancing toward universal health coverage; addressing the problems that remain to be solved and those which may arise in the future with regard to the health-related Millennium Development Goals; addressing the challenges of non-communicable diseases; implementing the provisions of the International Health Regulations; increasing access to essential medical products, and; addressing the social, economic, and environmental determinants of health. The program has been taken as the framework for preparation of the PAHO Strategic Plan for 2014-2019.
WHA66.2 Programme budget 2014–2015	A66/7 PROPOSED PROGRAMME BUDGET 2014–2015	CE152.SS.R1 Allocation of Funds by WHO to the Region of the Americas CE152/11 Proposed PAHO Program and Budget 2014-2015	The Bureau will prepare a detailed analysis of the implications of this resolution for the Member States of the Americas in the document to be presented at the 52nd Directing Council.
WHA66.3 Amendments to the Financial Regulations and Financial Rules	A66/33 Amendments to the Financial Regulations and Financial Rules	CE152/18 Amendments to the Financial Regulations	<ul style="list-style-type: none"> The WHA has approved the amendments to the WHO Financial Regulations, effective 1 January 2014. The main changes concern Regulation V. Provision of Regular Budget Funds, since this is now extended to cover both assessed and voluntary sources to finance the entire budget. Furthermore, Regulation VII. Working Capital Fund and Internal Borrowing is revised to address the way in which

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			<p>the budget may be financed through the Working Capital Fund and internal borrowing, prior to the receipt of the assessed contributions.</p> <ul style="list-style-type: none"> Although PAHO's Regulations do not require the Director to raise Voluntary Contributions, estimates of Voluntary Contributions are included as part of the Program and Budget and are reported to the Governing Bodies. The change to the Working Capital Fund is in line with PAHO's current Financial Regulations. PAHO has its own Financial Regulations; therefore, the changes to the WHO Financial Regulations do not have a major impact on PAHO.
<p>WHA66.4 Towards universal eye health: a global action plan 2014-2019</p>	<p>A66/11 Draft action plan for the prevention of avoidable blindness and visual impairment 2014-2019 Towards universal eye health: a global action plan 2014-2019</p>	<p>CD49.R11 Plan of Action on the Prevention of Avoidable Blindness and Visual Impairment</p> <p>CD49/19 Plan of Action on the Prevention of Avoidable Blindness and Visual Impairment</p> <p>CE152/INF/7 (F) Towards the Elimination of Onchocercosis (River Blindness) in the Americas</p> <p>CD48.R12 Towards the Elimination of Onchocerciasis (River Blindness) in the Americas</p>	<p>Considering that PAHO has approved an action plan for the prevention of blindness and avoidable visual deficiencies, it would be advisable to review it in the light of the global action plan 2014-2019.</p>
<p>WHA66.6 Financial report and audited financial Statements for the period 1</p>	<p>A66/29 Financial Report and Audited Financial Statements for the year ended 31 December 2012</p>	<p>Official Document No. 344 Financial Report of the Director and Report of the External Auditor for 2012</p>	<ul style="list-style-type: none"> PAHO also received an unqualified audit opinion on its 2012 Financial Statements. PAHO's External Auditors provided a Letter of Comfort to the WHO External Auditors with regard to the WHO funds administered

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January 2012–31 December 2012			<p>by PAHO.</p> <ul style="list-style-type: none"> • PAHO will present its 2012 audited Financial Statements and the Report of the External Auditor to PAHO's 152nd Executive Committee in June 2013. <p>The following important aspects of the WHO financial report may be of interest to the Region:</p> <ul style="list-style-type: none"> • Overall financial situation improved, but concerns remain. • Accounting surplus of \$214m includes funds to be made available for 2013 (<i>PAHO has a similar net surplus, but because it is the interim, funds remain available for the second year of the biennium</i>); however some areas of the budget are underfunded. • PBAC noted unfunded long term liabilities, specifically staff health insurance of \$823m, which WHO anticipates funding by 2042 (<i>PAHO will also show a net liability for ASHI – this will be highlighted and explained in the presentation of the Financial Report of the Director for 2012 to the ExCom in June. However, a 30 year funding scenario poses challenges for the Organization</i>). • PBAC noted imbalance between earmarked and unearmarked (8%) VC (the vast majority of PAHO VC funds are earmarked). • PBAC emphasized importance of showing meaningful budgetary comparisons against expenditure in Statement 5 (<i>As the budget is biennial and the financials are annual, there is a theoretical constraint – PAHO has chosen to show the full budget against the annual expenditure which illustrates the balance of funds to be implemented in the biennium</i>). • PBAC emphasized the need for a healthy cash surplus and recommended that estimated staff

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			<p>costs be covered for a biennium (<i>PAHO has similar cash flow challenges due to the concentration of contributions in a few large member states – currently, PAHO has depleted its working capital fund and is using internal resources to fund the Regular Budget pending the receipt of assessments</i>).</p>
<p>WHA66.7 Implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children</p>	<p>A66/14 Follow-up actions to recommendations of the high-level commissions convened to advance women’s and children’s health</p>	<p>CE152/INF/7(A) Regional Strategy and Plan of Action for Neonatal Health within the continuum of Maternal, Newborn, and Child Care (2008-2015): Mid-term Evaluation</p> <p>CD48.R4, Rev. 1 Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care</p>	<p>Through the regional programs, following up on the commitment made in Resolution WHA66.__ to provide the population, especially the poorest population, with access to the 13 life-saving commodities:</p> <ul style="list-style-type: none"> • Commodities for maternal health: <i>Oxytocin</i> – puerperal hemorrhage; <i>Misoprostol</i> – post-partum haemorrhage; <i>Magnesium sulfate</i> – eclampsia and severe preeclampsia. • Commodities for neonatal health: <i>Injectable antibiotics</i> – neonatal septicemia; <i>Antenatal corticosteroids (ANCs)</i> – respiratory distress syndrome in premature neonates; <i>Chlorhexidine</i> – care of the umbilical cord; <i>Resuscitation devices</i> – asphyxiation in newborns. • Commodities for child health: <i>Amoxicillin</i> – pneumonia, <i>Oral rehydration salts</i> – diarrhea; <i>Zinc</i> – diarrhea. • Commodities for reproductive health: <i>Female condoms</i>; <i>Contraceptive implants</i> – family planning and contraceptive methods; <i>Contraceptive emergency methods</i> – family planning and contraceptive methods.
<p>WHA66.8 Comprehensive mental health action plan 2013-2020</p>	<p>A66/10 Rev.1 Draft comprehensive mental health action plan 2013-2020</p>	<p>CD49.R17 Strategy and Plan of Action on Mental Health</p> <p>CD49/11 Strategy and Plan of</p>	<p>Considering that PAHO approved a Strategy and Plan of Action on Mental Health, it would be advisable to review it in the light of the global action plan 2013-2020.</p>

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		Action on Mental Health	
WHA66.9 Disability	A66/12 Disability	CD50.R8 Health and Human Rights CD50/12 Health and Human Rights	The recommendations of the <i>World Report on Disability</i> should be studied to determine the steps to be taken in the Region, based on the Report and Resolution WHA66.9
WHA66.10 Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases	A66/8 Draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases. Formal Meeting of Member States to conclude the work on the comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of noncommunicable diseases. A66/9 A66/9 Corr.1 Draft action plan for the prevention and control of noncommunicable diseases 2013-2020 Documents A66/8 and A66/9. Resolution 66/2 of the United Nations General Assembly.	CD51/INF/4 Report on the United Nations High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases	By Resolution WHA66.10 the Member States decided to: adopt the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020; and adopt the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases, including all its goals and indicators. Member States were urged to accelerate implementation by Parties of the WHO Framework Convention on Tobacco Control, and to give high priority to the implementation of the Global Strategy on Diet, Physical Activity, and Health (WHA57.17), the global strategy to reduce the harmful use of alcohol (WHA63.13), and the recommendations on the marketing of foods and non-alcoholic beverages to children (WHA63.14), as being integral to making progress in this matter. Member States were also urged to strengthen engagement with other sectors and with civil society. The Director was requested to prepare draft terms of reference for a global coordination mechanism of an intersectoral nature, and to conduct regional consultations. The Bureau will prepare a more detailed analysis of the implications of this resolution for the Member States of the Americas in the document to be presented at the 52nd Directing Council.

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	Resolution 66/288 of the United Nations General Assembly.		
<p>WHA66.11 Health in the post-2015 UN development agenda</p>	<p>A66/47 Health in the post-2015 UN development agenda</p> <p>A66/13 Monitoring the achievement of the health-related Millennium Development Goals</p> <p>A66/15 Social determinants of health</p>	<p>CE152/INF/6 Health in the Post-2015 Development Agenda: Report on the Panel Preparations</p> <p>PAHO website that includes a set of tools to support Member States: http://new.paho.org/mdgpost2015/</p>	<p>Resolution WHA66.11 urges the Member States to ensure that health is central to the post-2015 UN development agenda and to actively engage in discussions in order to accomplish this; to honor their commitments toward the MDGs and to support the countries at risk of not achieving them; it asks the Director-General to include the discussion of health in the post-2015 UN development agenda as an agenda item in the meetings of the WHO regional committees.</p> <p>The subject is already in the agenda both of the Executive Committee and the Regional Committee of the Americas.</p>
<p>WHA66.12 Neglected tropical diseases</p>	<p>A66/20 Neglected tropical diseases Prevention, control, elimination and eradication</p>	<p>CD49.R19 Elimination of Neglected Diseases and Other Poverty-Related Infections</p>	<p>The Bureau will prepare a detailed analysis of the implications of this resolution for the Member States of the Americas in the document to be presented at the 52nd Directing Council.</p>
<p>WHA66.13 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>A66/30 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>CE152/16, Rev. 1 Report on the Collection of Assessed Contributions</p>	<p>In the Region of the Americas at the time of the opening of the 66th World Health Assembly, the voting rights of Grenada were suspended. Antigua and Barbuda would be in the same situation if their quotas have not been paid by the 67th Assembly.</p>
<p>WHA66.18 Follow-up of the report of the Working Group on the Election of the</p>	<p>A66/41 Follow-up of the report of the Working Group on the Election of the</p>	<p>CE150/INF/1 Process for the Election of the Director of the Pan American Sanitary Bureau and the</p>	<p>Among other aspects, Resolution WHA66.18 establishes a candidates' forum, similar to that of the Region of the Americas, as well as a standard, limited-length form for the submission</p>

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Director-General of the World Health Organization	Director-General of the World Health Organization	Nomination of the Regional Director of the World Health Organization for the Americas	candidates' curriculum vitae. This form could be considered by the Member States of the Region as an innovative tool for the procedure of choosing the Regional Director.
WHA66.20 Agreement between the World Health Organization and the South Centre	A66/46 Agreements with intergovernmental organizations Agreement between the World Health Organization and the South Centre	CE152/15 Cooperation among Countries for Health Development in the Americas	<p>The South Centre is an intergovernmental organization of developing countries established by an Intergovernmental Treaty which came into force on 31 July 1995. The organization is made up of 51 countries from the five regions of the World Health Organization.</p> <p>The objectives of the South Center relevant to cooperation with WHO are: to promote South solidarity and South-South action and cooperation in order to improve mutual understanding and cooperation between the South and the North; and to foster convergent views and approaches, in particular with regard to development.</p> <p>The Bureau will prepare a detailed analysis of the implications of this resolution for the Member States of the Americas in the document to be presented at the 52nd Directing Council.</p>
WHA66.23 Transforming health workforce education in support of universal health coverage	A66/24 Universal Health Coverage	CE152/12, Rev. 1 Social Protection in Health	<p>Among other aspects, Resolution WHA66.23 urges the Member States to further strengthen policies, strategies and plans through intersectoral policy dialogue among the relevant ministries (education, health, and finance) in order to ensure that health workforce education and training contribute to achieving universal health coverage; and to provide adequate resources and political support for the implementation of policies and strategies as appropriate for the strengthening and transformation of health workforce education.</p> <p>The Bureau will prepare a detailed analysis of the implications of this resolution for the Member States of the</p>

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			Americas in the document to be presented at the 52nd Directing Council.
WHA66.24 eHealth standardization and interoperability	A66/26 eHealth and health Internet domain names	CD51.R5 Strategy and Plan of Action on eHealth	The Bureau will prepare a detailed analysis of the implications of this resolution for the Member States of the Americas in the document to be presented at the 52nd Directing Council.

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