GENEVA, 26 May 2012 -- The Sixty-fifth World Health Assembly concluded Saturday after adopting 21 resolutions and three decisions on a broad range of health issues. The six days of discussions involved nearly 3000 delegates, including health ministers and senior health officials from amongst the 194 WHO Member States, as well as representatives from civil society and other stakeholders.

The agenda covered some of the biggest challenges and opportunities facing public health today.

“As challenges, let me mention noncommunicable diseases and ageing, maternal and child health, under- and over- nutrition, the eradication of polio and health demands during humanitarian emergencies,” said Dr Margaret Chan, WHO Director-General. “As opportunities, let me mention immunization, and the decade of vaccines, and the new multisectoral strategies made possible when we take a social determinants approach.”

The Health Assembly opened with delegates noting the tremendous achievements in health in recent decades and the emergence of global solidarity around health. Multiple Member States supported the concept of universal health coverage. “Universal health coverage is the single most powerful concept that public health has to offer,” added Dr Chan.

“Public health should be one of the top priorities in our development projects, because without health, no development is possible,” says Professor Thérèse N’Dri-Yoman, Minister of Health of Côte d’Ivoire and the elected President of the Health Assembly. “It was clear from all the presentations that the best and safest way to reduce inequalities in health-care delivery in our countries, either poor or rich, is by implementing universal health coverage.”

Reappointment of Dr Margaret Chan: At the World Health Assembly, Dr Margaret Chan was appointed for a second five-year term as Director-General of WHO with 98% of the Member States’ votes. Dr Chan's new term will begin on 1 July 2012 and continue until 30 June 2017. In her acceptance speech, Dr Chan pledged her continued commitment to improve the health of the most vulnerable. In addition, she said that the biggest challenge over the next five years will be to lead WHO in ways that will help maintain the unprecedented momentum for better

health that marked the start of this century.

WHO reform: Member States discussed reform proposals in three areas: programmes and priority setting, governance and management. Delegates reaffirmed support for the Director-General's reform agenda, reiterating the need for comprehensive reform, for WHO to become more effective in its normative and technical assistance role and to improve accountability and transparency. They encouraged greater focus on results and enhanced governance. Proposals around improving monitoring of WHO's work were welcomed.

Delegates expressed broad acceptance of the proposed five categories: communicable diseases, noncommunicable diseases, health through the life-course, health systems, and preparedness, surveillance and response. Member States emphasized that WHO should increase the focus on the social, economic and environmental determinants of health. The delegates requested the Secretariat to show how health determinants will be given priority in the next draft of the Organization's General Programme of Work, which will be reviewed at the year's Regional Committee meetings.

The resolutions and decisions adopted by the Member States include:

Early marriages and young pregnancies: More than 30% of girls in developing countries are married before the age of 18, and 14% before the age of 15. Many delegates requested that WHO continues raising awareness of the problem of early marriage and adolescent pregnancy and its consequences for young women and their infants.

Several Member States noted the importance of implementing laws and policies and strengthening sexuality education. Some countries said that "one size does not fit all" and that family and community social norms must be considered. The Secretariat confirmed that it will work with Regional Offices to adapt the guidelines to public health realities country-by-country.

Humanitarian emergencies: The World Health Assembly adopted a resolution reaffirming the central role of health in humanitarian response and strongly endorsing WHO's role as Health Cluster Lead Agency. It calls on Member States and donors to allocate sufficient resources for health sector activities during humanitarian emergencies and for strengthening WHO's capacity to exercise its role as Lead Agency both at global and country levels. The resolution also calls

on WHO to provide Member States and humanitarian partners with predictable support during emergencies, by coordinating rapid assessments, the development of strategies and action plans, and monitoring the health situation.

International Health Regulations: The Health Assembly reviewed the annual report on the implementation of the International Health Regulations (2005). State Parties were making fair progress in 2011 for a number of core capacities, notably surveillance, response, laboratory and zoonotic events. Most regions reported relatively low capacities in human resources and preparedness for chemical and radiological events. Many State Parties have requested or will request a two-year extension to the mid-2012 deadline for establishing core capacities under IHR. The delegates referred to difficulties in implementing measures related to points of entry and in engaging stakeholders outside the health sector.

Mass gatherings: The Health Assembly received the report by the Secretariat on “Global mass gatherings: implications and opportunities for global health security”. The discussions were led by delegates from areas which have hosted mass gatherings recently or on a regular basis. Delegates expressed the need to exchange lessons learned on preparedness and management and Member States also stressed the need for efficient preventive measures and interventions.

Millennium Development Goals: Member States endorsed the report on the progress and achievements of the health-related Millennium Development Goals and health goals after 2015. While the pace of progress has accelerated in many Member States, it was also acknowledged that more still needs to be done in the remaining three years to achieve the goals.

A second report on The Commission on Information and Accountability for Women’s and Children’s Health, established at the request of the United Nations Secretary-General’s in the context of the Global Strategy for Women’s and Children’s Health, presented 10 recommendations to improve accountability in countries and globally. The focus is on the 75 countries which together account for more than 95% of all maternal and child deaths in the world. Many countries and global partners have made specific commitments to accelerate action towards the achievement of MDG 4 (reduce child mortality) and 5 (improve maternal health).

Noncommunicable diseases: The Health Assembly adopted several resolutions and

decisions on noncommunicable diseases (NCDs):

· Delegates approved the development of a global monitoring framework for the prevention and control of NCDs, including indicators and a set of global targets. Member States agreed to adopt a global target of a 25% reduction in premature mortality from noncommunicable diseases such as cardiovascular disease, cancer, diabetes and chronic respiratory diseases by 2025.

· Another resolution focuses on strengthening NCD policies to promote active ageing. The resolution urges Member States to encourage the active participation of older people in society, increase healthy ageing and promote the highest standard of health and well-being for older persons by addressing their needs.

· The building of partnerships at national and global levels are essential components of multisectoral action against NCDs. Member States discussed ways to prevent NCDs through action involving other sectors than health to prevent premature deaths and to reduce exposure to risk factors for NCDs, mainly tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity.

· Delegates also received a report on the progress of the implementation of the global action plan for the prevention of avoidable blindness and visual impairment.

· Member States acknowledged the need for a comprehensive, coordinated response to addressing mental disorders from health and social sectors at the country level. The delegates recognized this includes approaches such as programmes to reduce stigma and discrimination, reintegration of patients into workplace and society, support for care providers and families, and investment in mental health from the health budget.

Occupied Palestinian territory: The World Health Assembly adopted a resolution on the health conditions in the occupied Palestinian territory including east Jerusalem, and in the occupied Syrian Golan. The need for full coverage of health services was reaffirmed while recognizing that the acute shortage of financial and medical resources is jeopardizing access of the population to curative and preventive services.

Pandemic influenza preparedness: Member States acknowledged that the pandemic influenza preparedness (PIP) framework is a crucial development for global health security, based on the lessons from the 2009 influenza pandemic. Delegates recognized that industry and other partners play important roles in the development of vaccines to counter outbreaks. |

Delegates agreed on a 70% and 30% share of resources between preparedness and response respectively, but that this would be regularly reviewed. They welcomed the role of the framework's advisory group, but stressed the need for extra resources – both human and financial – to support WHO capacity and leadership.

Intensification of the global polio eradication initiative: The delegates acknowledged that polio eradication is at a tipping point between success and failure and necessary funding is essential to ensure success. In this regard, Member States declared the completion of polio eradication a programmatic emergency for global health.

Research and development: The Health Assembly welcomed the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination containing recommendations for securing new funds for health research and development on diseases that affect people in developing countries. It adopted a resolution to hold Member States' consultations at national, regional and global levels to analyze the report and the feasibility of the recommendations.

Schistosomiasis: Delegates adopted a resolution to support countries in evaluating interruption of transmission and preventing its re-emergence during the post-elimination phase. They also discussed the need for a health-systems approach, involving public-private partnerships, to ensure availability of drugs and their development.

Social determinants of health: The Health Assembly endorsed the Rio Political Declaration and its recommendations. It approved measures to support the five priority actions recommended in the declaration to address social determinants of health. The measures will lead to, among other things, greater collaboration between UN and partner agencies and more support for Member States to adopt an inclusive 'health-for-all' approach.

Substandard/spurious/falsely-labelled/falsified/counterfeit medical products: Delegates approved a draft resolution on a new Member State mechanism proposing international cooperation on substandard, spurious, falsely-labelled, falsified or counterfeit (SSFFC) medical products. Many countries stressed the need for strengthening regulatory authorities and the critically important role that WHO plays in enhancing regional and international networking among the regulators. Emerging channels of distribution such as Internet sales pose a significant threat and require specific solutions. Representatives of NGOs and the pharmaceutical sector expressed their support for the mechanism.

Progress reports: The delegates also received progress reports in six areas: strengthening of health systems; disease eradication, prevention and control; reproductive health; food safety initiatives; climate change and health; partnerships and multilingualism.

The World Health Assembly is held annually in Geneva, Switzerland and is the decision-making body of the WHO. It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General in election years, supervise financial policies, and review and approve the proposed programme budget.