



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



27th PAN AMERICAN SANITARY CONFERENCE **59th SESSION OF THE REGIONAL COMMITTEE**

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Provisional Agenda Item 8.2

CSP27/INF/2 (Eng.)

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ORIGINAL: SPANISH

RESOLUTIONS AND OTHER ACTIONS OF THE SIXTIETH WORLD HEALTH ASSEMBLY OF INTEREST TO THE REGIONAL COMMITTEE

1. The Sixtieth World Health Assembly (WHA60) was held in Geneva, Switzerland, from 14 to 23 May 2007. Delegations from 32 Member States of the Americas were present. The Assembly elected Mrs. Jane Halton of Australia as President. Other officers from the Region of the Americas were: Vice-President of the Assembly, Dr. Caroline Chang, Minister of Health of Ecuador; Vice-Chairman of Committee B, Ambassador Dennis Francis, Permanent Representative of Trinidad and Tobago; and Rapporteur of Committee A, Dr. A. Funez, Vice Minister of Health of Honduras. The keynote speaker was the Prime Minister of Norway, Mr. Jens Stoltenberg, who called on the international community to develop a global plan to increase interventions that would save lives and make progress toward the attainment of the Millennium Development Goals. The Executive Director of the United Nations Population Fund (UNFPA), Mrs. Thoraya Ahmed Obaid, also addressed the Assembly.
2. The Committee on Credentials was created at the suggestion of the President, and pursuant to Article 23 of the Rules of Procedure, it was made up of the delegates of 12 Member States, among them Barbados and Guatemala from the Region of the Americas. The Committee on Nominations was also created, pursuant to Article 24 of the Rules of Procedure; of the 24 Member States that sit on the Committee, Argentina, Canada, Colombia, Panama, and Suriname were elected by the Region of the Americas. Finally, Ecuador, Cuba, Jamaica, Paraguay, and the United States of America were elected members of the General Committee.
3. Prior to the opening of the Assembly, the first meeting of Heads of Delegation from the Region of the Americas discussed the matters of greatest interest for the Region's participation in the WHA60. They included the Strategic Plan, malaria, drugs and intellectual property, and alcohol abuse. In addition, Panama's Minister of Health, Dr. Camilo Alleyne, gave a presentation summarizing the process involved in the drafting of the Health Agenda for the Americas to be launched in early June in Panama during the

OAS General Assembly; discussion of the Agenda continued the next day until its approval.

4. The World Health Assembly opened on Monday, 14 May, with an optimistic assessment of the global health situation presented by the new Director-General of the World Health Organization (WHO), Dr. Margaret Chan, who called on global leaders in the health sector to build a “health legacy” for the women and peoples of Africa. In her address, Dr. Chan noted with approval the importance accorded health and health policy worldwide: health is now considered a key area of engagement for foreign policy and a fundamental aspect of corporate social responsibility.

5. Dr. Chan described her six-item agenda for WHO: health development; health security; strengthening health systems; using evidence to define strategies and measure results; managing partnerships to get the best results in countries; and improving the performance of WHO. She also said that she awaited with interest the 15 June entry into force of the revised International Health Regulations adopted by the World Health Assembly in 2005. The underlying strategy of these Regulations is preventive risk management and its aim is to stop an event at its source, before it has a chance to become an international threat.

6. Marking one year since his tragic death, on 22 May a special tribute was paid to the memory of Dr. Lee Jong-Wook, previous Director-General of WHO.

7. Eighteen items were on the Agenda of the Sixtieth World Health Assembly, the majority of them on health policy and the rest on administrative, budget, and institutional matters. As in earlier World Health Assemblies, these matters were discussed in the Commissions and the plenary session. The Assembly adopted 30 resolutions. The full text of these resolutions, as well as other documents related to the World Health Assembly, can be accessed on the WHO website: http://www.who.int/gb/e/e_wha60.html

8. The majority of these resolutions are especially relevant for both the Member States of the Region of the Americas and the Regional Office; particularly important are the resolution on the Medium-term Strategic Plan 2008-2013, because of its implications for PAHO’s Strategic Plan 2008-2012 and its necessary coordination with the Health Agenda for the Americas, and the resolutions on Public Health, Innovation and, Intellectual Property and Pandemic Flu Preparedness: Sharing of Influenza Viruses and Access to Vaccines and Other Benefits. Other resolutions deal with technical and health policy issues, and the rest, administrative and budget matters.

9. The respective resolutions and the actions taken by PAHO where appropriate are summarized in the table.

Other Matters: Executive Board

10. The 121st Session of the Executive Board opened on 24 May.
11. During that session, the new Member States empowered to designate one person to sit on the Executive Board were elected. Bahamas, Paraguay, and Peru were elected for a three year term 2007-2010, to replace Bolivia, Brazil, and Jamaica, joining Mexico (2005-2008) and El Salvador and the United States of America (2006-2009), to complete the countries from the Region of the Americas. In addition, Dr. Sada Sivan, Minister of Foreign Affairs of Singapore, was elected Chairman of the Executive Board, and Dr. José Maza Brizuela, Minister of Health of El Salvador, Vice Chairman.
12. The Agenda of the 121st Session of the Executive Board included six items on technical matters: Health Technologies; Avian Influenza; Public Health, Innovation and Intellectual property; Management, Budget, and Financial Matters; Staffing Matters; and Matters for Information. The Board adopted two resolutions: (1) Methods of Work of the Executive Board; and (2) Expert Committee on the Selection and Use of Essential Medicines: establishment of a subcommittee.
13. The full text of these resolutions, together with other related documents, can be accessed on the WHO website: http://www.who.int/gb/s/s_eb121.html

Action by the 27th Pan American Sanitary Conference

14. The Conference is requested to take note of these resolutions and of the actions that PAHO is implementing in the Region of the Americas.

Annexes

- (A) Technical and Health Policy Matters
- (B) Management and Budget Matters

Annex A: TECHNICAL AND OF HEALTH POLICY MATTERS

RESOLUTION	ITEMS (and corresponding documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA60	PAHO Resolutions and Documents (2000-2006)
<p>WHA60.1 Documents A591/10, EB120/11, EB120/11 Add.1, EB120/39, and Resolution EB120.R8</p>	<p>Smallpox Eradication: Destruction of variola virus stocks</p>	<p>The Assembly has adopted a resolution reiterating the decision that variola virus stocks should be destroyed.</p> <p>In addition, through this resolution, it requests WHO to undertake a review in 2010 of the results of the research conducted and the plans for new research, and to continue the work of the WHO Advisory Committee on Variola Virus Research, disseminate its recommendations, conduct biannual inspections of the repositories, ensure that the research undertaken does not involve genetic engineering of the virus, submit a detailed report through the Executive Board on the research to the WHA, and finally, report on the measures that promote in Member States the widest and most equitable access to the outcomes of such research, vaccines, and diagnostic tools.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>During the WHA, PAHO reiterated its commitment to the Resolution reiterating that variola virus stocks should be destroyed. Ensuring its fulfillment is the task of WHO/HQ. Variola virus is stored in the USA. PAHO has not taken specific measures to request its destruction.</p>	<p>- Vaccines and Immunization: CSP26.R9</p>
<p>WHA60.13 Document EB118/4 and Resolution EB118.R3</p>	<p>Control of Leishmaniasis</p>	<p>The Assembly has adopted a resolution urging Member States to intensify their efforts to strengthen prevention, detection, and treatment of cutaneous and visceral leishmaniasis in order to decrease the disease burden and strengthen collaboration between countries that share common foci or disease threats, as well as interinstitutional collaboration, and encourage initiatives with the private sector.</p> <p>It further urges Member States to advocate high quality affordable medicines, appropriate national drug policies, and research on the control of this disease.</p> <p>It calls on partner bodies to maintain and expand national leishmaniasis prevention and control programs.</p> <p>It requests WHO to raise awareness about the global leishmaniasis burden, strengthen collaborative efforts among multisectoral stakeholders, and basically, to define a leishmaniasis control policy, with technical support from WHO experts in this field.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>With the support of PAHO and the Ministry of Health of Brazil, a meeting of experts was held in Brasilia in November 2005 for the purpose of discussing the</p>	

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<p>WHA60.14 Document EB120/4, Rev.1 and Resolution EB120.R1</p>	<p>Poliomyelitis: Mechanism for Management of Potential Risks to Eradication</p>	<p>strengthening of visceral leishmaniasis prevention systems in the countries of the Americas. The conclusions were that leishmaniasis in all its forms is having an impact on the Region and that incidence of the visceral form has increased in recent years. Furthermore, it was confirmed that surveillance systems are deficient, and that there are no trained human resources for diagnosis and treatment activities or for implementing control measures. The lack of appropriate drugs is another obstacle.</p> <p>PAHO, in collaboration with people from the WHO Program, prepared an action plan for 2007-2009, which proposes determining the leishmaniasis disease burden, standardizing diagnostic techniques for the countries of the Region that have the greatest disease burden, and strengthening human resources training and epidemiological surveillance of the disease. The action plan points out the need to promote decentralization of the activities of the national leishmaniasis prevention and control programs, integrate them into primary care services, empower the community, and forge strategic partnerships to fight the disease.</p>	<ul style="list-style-type: none"> - Vaccines and immunization: CD42.R8 - Vaccines and Immunization: CD43.R1 - Regional Strategy for Sustaining National Immunization Programs in the Americas: CD47. R10 - Vaccines and Immunization: CSP26.R9 - Poliomyelitis Outbreak: SPP35/Other matters.
		<p>The Assembly has adopted a resolution urging Member States to enhance their political commitment to and engagement in polio eradication activities, to update national recommendations on immunization against poliomyelitis to reduce the risk of the international spread of the disease, to maintain the level of immunization coverage at higher than 90%, to strengthen surveillance, and finally, to prepare for long-term biocontainment of the poliovirus by implementing the measures contained in the WHO action plan for laboratory containment of the wild poliovirus .</p> <p>It requests WHO to continue providing technical support to the Member States where poliomyelitis is still prevalent, to mobilize financial resources to eradicate poliomyelitis from the areas where the poliovirus is circulating, to work with other organizations of the United Nations system on security issues; and to examine and disseminate measures that reduce the risk and international spread of the virus, including the recommendations within the framework of the IHR 2005.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>The last case of poliomyelitis in the Americas occurred in 1991 and the Region was certified free from indigenous circulation of wild poliovirus in 1994. Since then and up to the present:</p>	

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		<ul style="list-style-type: none"> • Polio immunization coverage has remained higher than 90%. • Surveillance of acute flaccid paralysis continues and surveillance indicators remain similar to those reached at the time that eradication was certified. • The continuing polio-free status of the Region and the countries is discussed every year at the Technical Advisory Group meetings or at the Subregional meetings. • The countries continue to hold National Polio Vaccination Campaigns or District Days in areas with coverage lower than 95%. • Polio laboratories are accredited annually. • The Regional Commission for Laboratory Containment of Poliovirus has been created. The commission will meet for the second time in 2008. • Countries of the Region have initiated or completed phase I of the Containment Plan. • The Region participates in the discussions that analyze progress toward the global eradication of polio. <p>The Region of the Americas has initiated support for Africa to complete polio eradication. A Technical Cooperation Plan between the Americas and Africa and a Memorandum of Understanding are being prepared.</p>	
WHA60.15 Document EB120/14 and Resolution EB120.R15	WHO's Role and Responsibilities in Health Research	Recalling the Ministerial Summit on Health Research and role and responsibilities of WHO in health research, through this resolution the Assembly urges Member States to consider implementing the recommendation made by the Commission on Health Research for Development in 1990 that a proportion of the national health budget be devoted to research and research capacity strengthening; and that a percentage of project and program aid from development aid agencies be earmarked for research and research capacity strengthening. <p>It furthermore urges the States to integrate research in national program activities and plans, strengthen ethics committees, train and encourage professionals in this field, and strengthen national research capacity in different areas.</p> <p>It requests the international community to lend support for health, medical, and behavioral research.</p> <p>It requests WHO to promote and advocate research in neglected areas, develop a reporting system on WHO's activities in health research, improve the coordination of such activities, review the use of research evidence for decision-making, advise Member States on the organization of research systems, provide support for the development of capacities for health systems research and health</p>	- Report of the Advisory Committee on Health Research: CD47/19, CD45/15, CD43/28 - Report of the Commission on Intellectual Property Rights, Innovation, and Public Health: CD47/20 - Public Health, Health Research, Production and Access to Essential Medicines: CD47.R7

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		<p>policy, and finally, convene a Ministerial Conference on Health Research open to all Member States in Bamako, in November 2008.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>The PAHO Research Promotion and Development Unit (HSS/RC) has carried out the following actions on this issue:</p> <ul style="list-style-type: none"> • Solidifying the Advisory Committee on Health Research (ACHR) for the design of the strategy for monitoring resolution EB120.R15. • Strengthening the PAHO/WHO Research Ethics Committee and training personnel in the Brazil, Guatemala, Paraguay, Trinidad and Tobago, and Barbados country offices; the U.S.-Mexico Border Field Office (FO/USMB); and PAHO Headquarters personnel. The training was done in coordination with WHO, the Latin American Forum of Ethics Committees in Health Research (FLACEIS), and Harvard University. • Participating in the WHO International Clinical Trials Registry. • Preparing mapping of the research governance function in the health sector for the countries of the Region of the Americas. • Planning the inventory of PAHO research. • Designing the EVIPNet project for the Region of the Americas and beginning the planning stage with participants from Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, Mexico, Paraguay, Puerto Rico, and Trinidad and Tobago, with the support of participants from Argentina, Canada, Chile, Colombia, Mexico, the United States, and WHO. • Evaluating the health research assistance program for countries in the Region of the Americas. • Evaluation of guidelines in PAHO. • A selection of global and regional initiatives and networks, and their interest in supporting PAHO's efforts to promote the use of research findings in the Region. <p>Convening meetings aimed at strengthening networks and scientific capabilities for the English-speaking Caribbean, in the University of the West Indies.</p>	

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<p>WHA60.16 Documents EB118/6, EB120/7, EB120/37 and Resolution EB120.R12</p>	<p>Progress Made in the Rational Use of Medicines</p>	<p>The Assembly has adopted a resolution urging Member States to invest financial and human resources to strengthen the institutional capacity to ensure the appropriate use of medicines in both the public and private sector, to consider the possibility of establishing or strengthening a national drug regulatory authority and a full national program in this area; to study the possibility of promoting or strengthening the application of an essential medicines list in the benefits package of insurance funds, and finally, to develop and implement policies and programs to improve the use of medicines.</p> <p>It requests WHO to strengthen its promotion and coordination activities to promote the rational use of medicines; to strengthen its technical support to Member States and the coordination of international technical and financial support for the rational use of medicines; and to promote research and discussion on the rational use of medicines among health authorities, professionals, and patients.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>In this area, support is being provided for development and updating of the national essential drugs list and formulary, implementation of standards and programs for monitoring adverse drug effects, training of trainers in several countries on the rational use of drugs, independent information, regulation of good pharmacy practices, and pharmaceutical care for chronic diseases. In addition, studies have been done to evaluate antibiotic use patterns at the national level.</p>	<ul style="list-style-type: none"> - Access to Medicines: CD45.R7 - WHO Proposal for Revising the Model List of Essential Drugs: Discussion of the Process for Involving Member States: CD43/5 - Drug Regulatory Harmonization: CD42.R11 - Access to Medicines: SPP38/6 - Pharmaceutical Regulatory Harmonization: SPP34/8
<p>WHA60.17 Document EB120/10 and Resolution EB120.R5</p>	<p>Oral Health: Action Plan for Promotion and Integrated Disease Prevention</p>	<p>The Assembly has adopted a resolution urging Member States to adopt measures to ensure that oral health is incorporated into policies for the integrated prevention and treatment of chronic noncommunicable and communicable diseases and into maternal and child health policies; to study mechanisms for providing basic oral health care to populations; to incorporate oral health into the framework of primary health care; to ensure the prevention of oral disease associated with HIV/AIDS and the promotion of oral health among people living with the virus; to implement national noma programs within integrated management of childhood illness programs; and to increase the budgetary provisions for these policies and strengthen partnerships among relevant stakeholders.</p> <p>It requests WHO to provide advice and technical support for Member States that request it; to promote international cooperation and interaction with partners in the application of oral health action plan, and to strengthen WHO's technical</p>	<ul style="list-style-type: none"> - Proposed 10-year Regional Plan on Oral Health for the Americas: CD47.R12

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		<p>leadership in this area, including increasing human and budgetary resources.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>Great strides have been made in improving oral health and oral health care. Data from national health surveys has shown a marked decline of dental caries and a dramatic improvement is evident in almost every country. These improvements can largely be attributed to national preventative programs including cost-effective salt and water fluoridation, greater awareness of proper oral hygiene, and better oral health care practices. Policies, tools and training resulted in sustainable preventive programs and best practice models that will serve as learning opportunities for other countries. A new oral health strategy for the Region was approved by the 47th Directing Council, with an integrated approach to address critical gaps and access to care among the most vulnerable groups and integrate oral health into the primary health care services.</p>	
<p>WHA60.18 Document EB120/5, Resolution EB120.R16 and EB120.R16 Corr.1</p>	<p>Malaria, including Proposal for Establishment of World Malaria Day</p>	<p>The Assembly has adopted a resolution urging Member States to apply the evidence-based policies, strategies, and instruments recommended by WHO and performance-based monitoring and evaluation to expand coverage with the major preventive and curative interventions for populations at risk. Furthermore, to assign resources for the provision of technical support to ensure that the appropriate strategies are applied to the different populations and to increase access to basic health services, antimalarial drugs, and prevention technologies to reduce the disease burden.</p> <p>It requests the international organizations and financing bodies to provide support for capacity building in the developing countries to expand the use of reliable diagnostics and treatments; to increase funding for malaria control, and adjust their policies so as to progressively cease to fund the provision and distribution of oral artemisinin monotherapies; and to join in campaigns to prohibit the production of counterfeit antimalarial medicines.</p> <p>It requests WHO to provide support for the development of tools for diagnostics, therapy, prevention, and control of the disease; to estimate the burden of disease and determine trends; and to build up WHO's current research on malaria and those of the special program on tropical diseases; and to provide technical support to Member States and mobilize resources. Finally, it requests that WHO support sound management of DDT use for vector control and share data on such use with the Member States.</p>	<p>- Roll Back Malaria in the Region of the Americas: CD42.R15</p> <p>- Report on the Status of Malaria Programs in the Americas (based on 2000 data): CD43/INF/1</p> <p>- Status Report on Malaria Programs in the Americas (based on 2002 data): CD44/INF/3</p> <p>- Malaria and the Internationally Agreed upon Development Goals, including Those Contained in the Millennium Declaration: CD 46.R13</p> <p>- Status Report on Malaria Programs in the Region: CSP26/INF/3</p>

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<p>WHA60.19 Document EB120/8 and Resolution EB120.R3</p>	<p>Tuberculosis Control: Progress and Long-term Planning</p>	<p>This resolution furthermore resolves that World Malaria Day be held on 25 April of every year, or on such other day or days as each State may decide, to provide education on the disease.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>PAHO is monitoring Resolution CD46.R13 (2005), in which the Member States requested that Malaria Day be instituted in order to highlight efforts toward achieving the goals of the Roll Back Malaria (RBM) initiative and meeting the United Nations Millennium Development Goals. It should be pointed out that in 2005, investigators and representatives from different key malaria groups in the 21 countries where this disease is endemic developed the Regional Strategic Plan for Malaria for the Americas 2006–2010, which is aligned with the global efforts, but which also responds to the particular characteristics of malaria in the Region, countries, and communities. A more detailed report on the progress made in PAHO can be found in Document CSP27/9.</p>	
		<p>Aware of the need to build on progress and overcome constraints to reaching the international targets for tuberculosis control for 2015 set up by the Stop TB Partnership, the Assembly urges Member States to develop and implement long-term plans for tuberculosis prevention and control in line with the Global Plan to Stop TB 2006-2015, in collaboration with other programs (particularly those on HIV/AIDS, child health, and the strengthening of health systems); to accelerate progress toward the international targets for tuberculosis control for 2015, and full and rapid implementation of the Stop TB strategy, with particular attention to vulnerable groups highly at risk; to accelerate improvement of health information systems; to increase access to quality-assured second-line drugs at affordable prices through the Stop TB Partnership's Green Light Committee; and to accelerate collaborative interventions against HIV infection and tuberculosis.</p> <p>It requests WHO to intensify support to Member States in expanding implementation of the Stop TB Strategy by developing capacity and improving the performance of the national tuberculosis control programs, particularly the quality of DOTS activities, and by implementing infection control precautions within the broad context of strengthening health systems, in order to achieve the international targets for 2015.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>In 2005, the PAHO Regional Strategic Plan for Tuberculosis Control, 2006-2105 was prepared in close collaboration with the countries. It includes a commitment</p>	<p>- Regional Strategy for Tuberculosis Control: CD46.R12</p>

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<p>WHA60.20 Documents EB118/6, EB120/7 and EB120/37, and Resolution EB120.R12 and EB120.R13</p>	<p>Better Medicines for Children</p>	<p>to implement or strengthen TB/HIV collaboration activities and specific strategies for vulnerable populations, with the goal of achieving a tuberculosis-free Region. PAHO also encourages the national TB control programs to respond with innovative initiatives aimed at greater access to health services, adequate case detection, and positive treatment outcomes. Such initiatives require a combination of intersectoral commitment, social mobilization, and the use of internationally recognized strategies.</p> <p>Through this resolution, the Assembly urges Member States to take steps to determine appropriate dosage forms and strengths of medicines for children and to encourage their manufacture and licensing; to investigate whether currently available medicines could be formulated to make them suitable for use in children; to conduct surveillance of resistance to locally available antimicrobial drugs commonly prescribed for children; to encourage the development of appropriate medicines for diseases that affect children and ensure that high-quality clinical trials for these medicines are conducted in an ethical manner; and to promote access to essential medicines for children through the inclusion of these drugs in national medicine lists and procurement and reimbursement schemes.</p> <p>It requests WHO to promote the development, harmonization, and use of standards for clinical trials of medicines for children; to review and regularly update the Model List of Essential Medicines to include missing essential medicines for children; to ensure that all relevant WHO programs, including that of essential drugs, contribute to making safe and effective medicines as widely available for children as for adults; to promote the development of international norms and standards for the quality and safety of formulations for children and of the regulatory capacity to apply them.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>A program is being designed for appropriate prescribing, dispensing, monitoring, and evaluation of drug use in pediatrics, particularly antiretrovirals, including proposed standards for clinical trials in this population.</p>	<p>- Access to Medicines: CD45.R7 - Public Health, Health Research, Production, and Access to Essential Medicines: CD47.R7 - Access to Medicines: SPP38/6</p>

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WHA60.21	Sustaining the Elimination of the Iodine Deficiency Disorders	<p>Concerned that iodine deficiency can prevent the development of children's brains, through this resolution the Assembly urges Member States to redouble their efforts to reach people not yet protected from iodine deficiency disorders and sustain successful programs on a continuous basis; and to implement the recommendation to establish multidisciplinary national coalitions in order to monitor the state of iodine nutrition every three years.</p> <p>It requests WHO to strengthen its cooperation with other organizations to support the Member States in fighting iodine deficiency and to report on the situation every three years.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>PAHO has participated in technical consultations for discussing or reviewing the program's monitoring and evaluation systems. In 2004, together with UNICEF, ICCIDD, and the Iodine Network, it was involved in organizing the Regional Meeting Optimal Iodine Nutrition in the Americas. Through INCAP, technical cooperation has been provided to the countries of Central America on implementation, monitoring, and evaluation of the salt iodization program. It has collaborated with WHO on updating the Global Database on Iodine Deficiency. In 2007, a survey began at the country level to update information on the programs. PAHO intends to review and update iodization standards in the countries.</p>	
WHA60.22 Document EB120/7, EB120/38, EB120/38 Add.1 and Resolution EB120.R4	Health Systems: Emergency-care Systems	<p>The Assembly has adopted a resolution urging Member States to assess comprehensively the prehospital and emergency care context; to ensure the involvement of ministries of health in the review and strengthening of trauma and emergency care, and to that end, the availability of a mechanism for intersectoral coordination; to develop methods for assuring and documenting that such services are provided appropriately to all who need them; to consider creating incentives for training and to improve working conditions for the health care providers concerned; to ensure that data are sufficient to monitor objectively the outcome of efforts to strengthen trauma and emergency-care systems; and finally, to review and update relevant legislation, including, the financial mechanisms and management aspects so as to ensure that a core set of trauma and emergency-care services are accessible to all people who need them.</p> <p>It requests WHO to devise standardized tools and techniques for assessing the need for prehospital and facility-based capacity in trauma and emergency care; to develop techniques for reviewing policy and legislation related to the provision of emergency care, and use such institutional capacity to provide support to Member States, on request, for reviewing and updating their policies and legislation. In</p>	-Health Systems Performance Assessment CD43/18

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<p>WHA60.23 Document EB120/22 and Resolution EB120.R17</p>	<p>Prevention and Control of Noncommunicable Diseases: Implementation of the Global Strategy</p>	<p>addition, to offer guidance for the creation and strengthening of mass-casualty management systems; work with the Member States to design strategies for providing, on a regular basis, optimal, non-emergency and emergency care to all those in need, and provide support for mobilizing adequate resources from donors and development partners to achieve this goal.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>In 2003, PAHO published the document “Emergency Medical Services Systems Development: Lessons Learned from the United States of America for Developing Countries.” This publication was preceded by an analysis of the development of emergency medical services in Latin America and the Caribbean that concluded in the development of a proposal for strengthening national and local capability.</p> <p>In 2007, we participated in the review of the proposed resolution to which this Annex refers, suggesting some changes. Several of PAHO’s observations were accepted and included in the final resolution.</p> <p>In April 2007, a proposal was prepared and presented for implementing a project for the Improvement of Pre-Hospital Care in Bolivia within the framework of an AECI project for ambulance procurement.</p> <p>PAHO is currently preparing a proposal for an initiative to do the following: 1) conduct a situation analysis of emergency medical services in the Region, emphasizing good practices; 2) hold a regional meeting of experts to prepare recommendations on the development of emergency medical systems; and 3) prepare a resolution for the PAHO Directing Council.</p>	
			<p>- Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet and Physical Activity: CD47.R9 - Cardiovascular Disease, Especially Hypertension: CD42.R9 - Public Health Response</p>

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<p>WHA60.24 Document EB120/12 and Resolution EB120.R14</p>	<p>Health Promotion in a Globalized World</p>	<p>to reduce the incidence of obesity in children and adults, together with measures to prevent and control diabetes mellitus;</p> <p>It requests WHO to prepare an action plan, to be submitted to the 61st World Health Assembly, that sets out priorities, actions, a time frame, and performance indicators for prevention and control of noncommunicable diseases between 2008 and 2013 at global and regional levels, and to provide support when needed for elaboration, intensified implementation, and monitoring of national plans for prevention and control of noncommunicable diseases, including the further development of an intervention to manage the conditions of people at high risk of such diseases; raise further awareness among the Member States of the importance of drawing up, promoting, and funding national multisectoral coordination and surveillance mechanisms, health promotion programs and plans for prevention and control of noncommunicable diseases; to strongly promote dialogue among Member States with a view to implementation of concrete actions to prevent obesity and diabetes mellitus within the framework of resolution WHA53.17 on prevention and control of noncommunicable diseases and of the Global Strategy on Diet, Physical Activity, and Health.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>There has been active collaboration with WHO Geneva to define the PAHO/AMRO part of the NCD action plan, based on the regional strategy. Target countries for intensified action have been identified. Highlights: The CARMEN network of countries is being strengthened including participation of the Policy Observatory on NCDs in Canada. Existing partnerships being strengthened and Partnership with Private sector being developed. Surveillance with Pan Am STEPs is being implemented. Technical support is being provided to the CARICOM Secretariat Summit of Heads of State on NCDs. A Cervical cancer plan for the region was developed. Trans fat-free Americas.</p>	<p>to Chronic Diseases: CSP26.R15</p> <ul style="list-style-type: none"> - Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases, Including Diet, Physical Activity, and Health: SPP40/11 - Obesity, Diet, and Physical Activity: SPP37/8 - Public Health Response to Chronic Diseases: SPP36/10
		<p>Considering the recommendations set out in the Bangkok Charter and based on the Declaration of Alma-Ata for health promotion, the Assembly has adopted this resolution urging Member States to increase investments in health promotion as an essential component of equitable social and economic development and to establish mechanisms for a multisectoral and interministerial approach to address effectively the social, political, economic, and environmental determinants of health; to foster the engagement of all actors in health promotion; and to reorient national public health systems towards healthier lifestyles.</p> <p>It requests WHO to strengthen its capacity for health promotion in order to provide support to Member States to strengthen national health systems,</p>	<p>- Health Promotion: Achievements and Aspirations Contained in the Ottawa and Bangkok Charters: CD47.R20</p> <ul style="list-style-type: none"> - Health Promotion in the Americas: CD43.R11 - Strengthening Health Promotion Planning for Action in the Americas: SPP35/9

RESOLUTION	ITEMS (and corresponding documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA60	PAHO Resolutions and Documents (2000-2006)
		<p>encourage the convening of conferences and multisectoral forums on health promotion, evaluate progress, and finally, promote regulatory and socioeconomic policies that impact positively on health.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>PAHO is strengthening health promotion capacity at headquarters and in the Member States, in order to better respond to the needs of Member States. The methodology for mainstreaming health promotion strategies throughout the organization.</p> <p>Training workshops are being held for Ministry of Health and PAHO Health Promotion staff in Member States to strengthen national health capacity, with a focus on Primary Health Care. The English-speaking Caribbean will be hosting a one-day meeting of the Heads of Government to address Noncommunicable diseases on 15 September 2007. Additionally, Health Promotion is being incorporated as a key topic in other conferences and meetings being held within the Region.</p> <p>Health Promotion capacity mapping exercises have been carried out in 26 Member States.</p>	
<p>WHA60.25 Document EB120/6 and Resolution EB120.R6</p>	<p>Integrating Gender Analysis and Actions into the Work of WHO: Draft Strategy</p>	<p>The Assembly has adopted a resolution urging Member States to include gender analysis and planning in strategic and budget planning; to formulate national strategies for addressing gender issues in health policies, programs, and research; to ensure that a gender-equality perspective is incorporated in all levels of health-care delivery and services; to collect and analyze sex-disaggregated data; to conduct research on the factors underlying gender disparities, and finally, to use the results to inform policies and programs.</p> <p>It requests WHO to assess and address gender differences and inequalities in the planning, implementation, monitoring, and evaluation of WHO's work; to include the gender perspective in all normative and programming activities in WHO; and to provide support to the Member States to build their capacity in this regard.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>PAHO has been working on the development of tools and dissemination of evidences related to gender approaches:</p> <ul style="list-style-type: none"> • Elaboration and publication of basic indicators to analyze gender equity in health and publication of basic indicators on gender, health and development (2003, 2005); 	<p>- PAHO Gender Equality Policy: CD46.R16</p> <p>- Women, Health, and Development: SPP36/9</p> <p>- Women, Health, and Development: CSP26.R21</p>

RESOLUTION	ITEMS (and corresponding documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA60	PAHO Resolutions and Documents (2000-2006)
		<ul style="list-style-type: none"> • Analytical publication on gender inequities and health (2004); • Elaboration of guidelines for analyzing and monitoring gender equity in health policies in Latin America and the Caribbean; • Preparation of a book on conceptual and methodological issues regarding measuring and imputing value to the unpaid work in the households, with emphasis in health care. This book includes experiences from the Region. <p>At country level, PAHO has strengthened national capacities to integrate a gender perspective, with a diversity approach, in collection, analysis, and utilization of health statistics:</p> <ul style="list-style-type: none"> • Inter-institutional working groups - working with their plans of work developed in a participatory manner, in five countries, namely Belize, Costa Rica, Guatemala, Honduras, and Nicaragua; • Six countries have developed and published their national profiles on men and women's health (Chile, Costa Rica, Guatemala, Honduras, Panama, and Peru) and four countries have published their statistical brochures on gender, health and development (Belize, Costa Rica, Guatemala, and Peru) • As a result of actions from the PAHO projects as well as national interest, Central American countries currently have policies, laws, and effective programs for comprehensive attention to intra-family violence and have begun to work on the issue of gender equity in health as a priority of public health. 	
<p>WHA60.26 Document EB120/28 Rev.1</p>	<p>Workers' Health: Global Plan of Action</p>	<p>Having considered the draft global plan of action on workers' health 2008-2017, the Assembly endorses the plan through this resolution.</p> <p>It urges Member States to collaborate in the implementation of the Global Plan of Action and to establish mechanisms for its implementation, monitoring, and evaluation; to guarantee full coverage of all workers; to establish and strengthen national capacities with regard to human resources; to develop guidelines for the establishment of health services and surveillance mechanisms that address risks and diseases; to encourage the incorporation of workers' health in national and sectoral policies for sustainable development; to encourage the development of mechanisms for regional, subregional, and national cooperation; and finally, to encourage the development of strategies aimed at reintegrating sick and injured workers into society.</p> <p>It requests WHO to promote implementation of the Global Plan at national and international levels with a definite timeline and indicators for the establishment of occupational health services at the global level; to intensify collaboration with ILO and other organizations; and to stimulate joint efforts in this area.</p>	

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		<p>Regional Actions (Countries and Secretariat):</p> <p>The regional level solidified the Strategic Partnership for Workers' Health among the Health, Work, Environment, Education, and Agriculture Sectors, adopted by the 45 CD and included in the Declaration and Plan of Action from the IV Summit of the Americas of the OAS. In this context, the national level (El Salvador and Costa Rica) is implementing projects at the district and healthy cities level as an example of the Strategic Partnership in action. Furthermore, intersectoral and inter-program implementation has begun for the Initiative on health, safety, and working conditions in the health sector launched during the WHO World Health Day dedicated to human resources in health. Also of note is the technical cooperation agreement with the ILO for analyzing the lack of stability in the health sector, which will soon be signed. So far, the following instruments resulting from this effort are available: Health and Safety of Health Sector Workers; Manual for Managers and Administrators; Virtual Course on Health, Safety, and Working Conditions; Needle-Stick Prevention Toolkit; Hemispheric Survey to Evaluate the Human Resources Situation. In this context, at the national level, Ecuador and Venezuela are implementing this initiative. Moreover, progress is being made toward the inclusion of hepatitis B vaccination for health workers during Vaccination Week in the Americas.</p> <p>In the Region, 24 countries have National Workers' Health Plans, based on the Regional Workers' Health Plan adopted by CD/PAHO in 1999, with different levels of implementation. An evaluation instrument is being worked on for monitoring, updating, and/or modifying the plans in a coordinated, systematic manner, in the framework of the Global Action Plan.</p> <p>Implementation of the WHO-ILO Global Program for the Elimination of Silicosis in the Americas started, with the collaboration of the Collaborating Centers in Brazil, Chile, and the United States. National Implementation Plans were prepared for these three countries.</p> <p>For the purpose of aligning and strengthening the work with the WHO/PAHO CC network, a technical meeting will be held in September 2007. Noteworthy is the series of virtual planning and coordination meetings held via Elluminate in recent months.</p>	

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<p>WHA60.27 Document EB118/16 and Resolution EB118.R4</p>	<p>Strengthening of Health Information Systems</p>	<p>Acknowledging that health information is critical in decision-making on interventions targeting those who need them most, the Assembly has adopted this resolution urging Member States to mobilize the necessary scientific, technical, social, political, human, and financial resources in order to recognize, establish, and operationalize health information systems as a core strategy for strengthening their national health systems; to develop, implement, consolidate, and assess plans to strengthen their health information systems through collaboration between health and statistics sectors and other partners.</p> <p>The resolution also calls upon the health information and statistical communities, international organizations, the private sector, and civil society to provide support for strengthening information systems.</p> <p>It requests WHO to strengthen the information and evidence culture of the Organization and ensure the use of accurate health statistics in order to generate evidence for major policy decisions and recommendations within WHO; to increase WHO's activities in health statistics at the global, regional, and country levels; and to provide support to Member States to build capacities for the development of information systems and the generation, analysis, and dissemination of dataes.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>This issue is of crucial importance for PAHO and its Member States and is part of its constitutional mandate as well as one of the specific areas of its technical expertise. A preliminary analysis of the coverage and quality of health and vital statistics in 26 countries of the Americas carried out in 2005-2006, has provided the necessary foundation to develop a Regional Strategy to strengthen Vital and Health Statistics in the countries. It contemplates a country and inter-country (corporate) approach as well as plans to improve the intra-institutional and multiagency coordination of technical cooperation.</p> <p>Similarly, through a PAHO-Measure Evaluation-the United States Agency for International Development (USAID) Project-which is now in its third year of implementation, the HIS of Brazil and Mexico have been evaluated and two more countries (Paraguay and Honduras) have joined in this project. In addition, six countries of the Americas (Belize, Bolivia, El Salvador, Guatemala, Nicaragua, Panama), have successfully competed for the financial support of the Health Metrics Network and are in the process of preparing specific plans to improve their HIS.</p> <p>In October of 2007, the analyses of the health situation of all 48 countries, departments and territories of the Americas will be published as Health in the Americas, 2007 edition and presented at the 27th Pan American Sanitary Conference.</p>	<p>- 10-year Evaluation of Regional Core Health Data Initiative: CD45/14</p> <p>- 10-year Evaluation of the Regional Core Data in Health Initiative: SPP38/10</p> <p>- Information Technology at the Pan American Health Organization: SPP34/5</p>

RESOLUTION	ITEMS (and corresponding documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA60	PAHO Resolutions and Documents (2000-2006)
<p>WHA60.28 Documents EB120/15, EB120/16, EB120/INF.DOC.3 and Resolution EB120.R7</p>	<p>Pandemic Influenza Preparedness: Sharing of Influenza Viruses and Access to Vaccines and other Benefits</p>	<p>Reaffirming obligations of States Parties under the International Health Regulations, the Assembly has adopted a resolution urging Member States to continue to support and strengthen the WHO Global Influenza Surveillance Network through the timely sharing of viruses or specimens with WHO Collaborating Centers to formulate and strengthen influenza vaccination policies.</p> <p>It requests WHO to identify and propose mechanisms that aim to ensure equitable access by Member States to financing mechanisms for the procurement of vaccines and access to vaccines and their producers, and to provide technical assistance to increase research and surveillance capacity.</p> <p>It also requests WHO to establish, in consultation with Member States, an international stockpile of vaccines for H5N1 and other influenza viruses of pandemic potential; to mobilize financial and technical support from the Member States, and to convene an interdisciplinary working group to revise the terms of reference of WHO Collaborating Centers, H5 reference laboratories, and the national influenza centers, devise oversight mechanisms, and formulate draft standard terms and conditions for sharing viruses.</p> <p>Finally, it requests WHO to commission an expert report on the patent issues related to influenza viruses and their genes.</p>	<ul style="list-style-type: none"> - Influenza Pandemic: Progress Report: SPP40/5 - International Health Regulations: CD43.R13 - Influenza Pandemic: Preparation in the Hemisphere: CD44.R8 - International Health Regulations: Perspectives from the Region of the Americas: CD45/12 - Influenza Pandemic: Progress Report: CD47/INF/5 - Review of the IHR: Progress Report: SPP35/INF/1 - Influenza Pandemic: Preparation in the Western Hemisphere: SPP37/9
		<p>Regional Actions (Countries and Secretariat):</p> <p>In the period 2006-2007, PAHO's technical cooperation has been directed at strengthening early warning systems within countries, by enhancing their ability to detect events which may pose public health threats, through the expansion of surveillance targets and strengthening the existing network for virological surveillance. To this end, a new generic protocol for influenza surveillance (GPIS) was developed in collaboration with the U. S. Centers for Disease Control and Prevention (CDC). The GPIS seeks to harmonize influenza surveillance throughout the Region and ensure that any single case of influenza caused by a new viral subtype be notified immediately to WHO, as required by the International Health Regulations (IHR-2005).</p> <p>The introduction of the GPIS has started in all AMRO sub-regions (Caribbean, Central American, Andean and Southern Cone) where 163 officials from 27 countries participated in technical workshops. In the Caribbean subregion, implementation of the GPIS is underway in 7 countries under the coordination of the Caribbean Epidemiology Centre (CAREC) and Eastern Caribbean Countries</p>	

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		<p>(ECC) focal points. Subregional workshops have been held to introduce the GPIS and Mexico, countries of the Southern Cone and of Central America have already developed plans of action towards the implementation of the GPIS. In these subregions, most of the implementation of the GPIS will take place in the second semester of 2007.</p> <p>A key component of the implementation of the GPIS has been the reinforcement of laboratory capacity in countries in the Region, with the financial support of the CDC. In terms of training, lab technicians from 7 Caribbean countries implementing the protocol have received hands-on laboratory training in CAREC. Also, twelve countries in the Region have been trained to perform molecular diagnosis of influenza by Polymerase Chain Reaction (PCR). This effort has resulted in the designation of three new National Influenza Centers (NICs) in the past year—Costa Rica, El Salvador, and Panama—in addition to the already existing 25 NICs in the Region of the Americas. The advance in virological surveillance is evidenced by the increased number of countries performing influenza virus isolation and shipping samples to the Regional Reference Laboratory, with an observed increase of 46% in 2006-2007 as compared to 2005.</p>	
<p>WHA60.29 Documents EB118/15, EB118/15 Corr.1, EB120/13 and Resolution EB120.R21</p>	<p>Health Technologies</p>	<p>The Assembly has adopted a resolution urging Member States to collect, verify, update, and exchange information on health technologies, in particular medical devices, as an aid to their prioritization of needs and allocation of resources; to formulate national strategies and plans for the establishment of systems for the assessment, planning, procurement, and management of health technologies, in collaboration with personnel involved in health technology assessment and biomedical engineering; to draw up guidelines for good manufacturing and regulatory practices, and establish surveillance systems to ensure the quality, safety, and efficacy of medical devices; to establish, where necessary, regional and national institutions of health technology, to build partnerships with other stakeholders in this field; and to collect information that interrelates medical devices, which deal with priority health public conditions at different levels of care.</p> <p>It requests WHO to work on the development of guidelines and tools relating to health technologies; to provide support to Member States in establishing mechanisms to assess national needs in this regard; to provide technical guidance and support to Member States; to collaborate with other actors, including academic institutions and professional bodies, in order to provide support to Member States in the selection and use of health technologies; to establish and update a health technologies database; and to provide support to Member States</p>	<p>- Medical Devices: CD42.R10 - Medical Devices: SPP34/7</p>

RESOLUTION	ITEMS (and corresponding documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA60	PAHO Resolutions and Documents (2000-2006)
		<p>with vulnerable health care systems so as to identify and put in place health technologies.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>The “Report by the Secretariat” and the issues presented, the proposed action and the role of WHO are in synchronization with the work of PAHO with its Member States for more than 15 years. The resolution will provide the political support for implementation and strengthening the health care technology assessment; health care technology management; regulation of medical devices; telemedicine programs. Also in the work with the academic sector, scientific and professional organizations, and including all actors in the health technology field.</p> <p>However, PAHO has an integrated vision for technology in the health services network and given priority to technologies at the primary healthcare level. PAHO also works in close coordination (as part) of other WHO and PAHO initiatives as the global Alliance for Patient Safety, International Standards for Health care Technologies, Hospital Safety. In summary, the health technology topic and the resolution are highly relevant for the Region of the Americas and its approval will facilitate the work of PAHO and the access to financial resources.</p>	
<p>WHA60.30 Documents EB120/INF.DOC/1, EB120/INF.DOC/4 and EB120/INF.DOC/5</p>	<p>Public Health, Innovation, and Intellectual Property</p>	<p>Recalling resolution WHA59.24 creating an intergovernmental working group with the purpose of elaborating a draft global strategy and plan of action to provide a medium-term framework based on the recommendations of the Commission on Intellectual Property Rights, Innovation, and Public Health and to secure a basis for research and development activities, the Assembly urges Member States to support the work of this group and provide adequate resources to WHO.</p> <p>WHO is furthermore requested to ensure technical and financial support for the Intergovernmental Group in order to facilitate completion of its report to the 61st World Health Assembly; to provide technical and policy support to the countries that intend to make use of the flexibilities contained in the Agreement on Trade-related Aspects of Intellectual Property Rights and other international agreements; to encourage the development of proposals for research and development activities; and to prepare background documents on each of the eight proposed elements of the plan of action, as identified by the Intergovernmental Working Group.</p>	<p>- Regional Program on Bioethics: CD42.R6 - Access to Medicines: CD45.R7 - Report of the Commission on Intellectual Property Rights, Innovation, and Public Health: CD47/20 - Public Health, Health Research, Production and Access to Essential Medicines: CD47.R7 - Access to Medicines: SPP38/6</p>

RESOLUTION	ITEMS (and corresponding documents)	SUMMARY OF RESOLUTIONS ADOPTED IN WHA60	PAHO Resolutions and Documents (2000-2006)
		<p>Regional Actions (Countries and Secretariat):</p> <p>The subject was discussed at the 47th Directing Council, where resolution CD47.R7 was adopted, which urges the Member States to participate in the intergovernmental group created for this purpose and to incorporate the recommendations of the Report of the WHO Commission on Intellectual Property Rights, Innovation, and Public Health. To date, five countries have made contributions to the Commission: Argentina, Bolivia, Brazil, Colombia, and the United States. PAHO has been supporting the countries in the implementation of these recommendations.</p> <p>PAHO has given the countries support to participate in meetings organized by PAHO, WHO, UNAIDS, UNDP, and academic institutions, in order to ensure that a public health perspective is present in trade regulations.</p>	

ANNEX B: ADMINISTRATIVE AND BUDGET ITEMS

RESOLUTION	ITEMS (and corresponding documents)	SUMMARY OF RESOLUTIONS ADOPTED IN THE WHA60	PAHO Resolutions and Documents (2000-2006)
WHA60.3	Unaudited Interim Financial Report on the Accounts of WHO for 2006 and Comments thereon made by the Program, Budget, and Administration Committee of the Executive Board	<p>Through this resolution, the Assembly accepts the unaudited Interim Financial Report of the Director-General for 2006.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>Financial Management and Reporting (FMR) recognizes the significant growth in voluntary contributions which WHO has received during 2006, which are reflected in WHO's Unaudited Interim Financial Report for 2006.</p>	
WHA60.4	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>Noting that at the time of the opening of the Sixtieth World Health Assembly, the voting rights of Antigua and Barbuda, Argentina, Central African Republic, Comoros, Democratic Republic of the Congo, Dominica, Guinea-Bissau, Kyrgyzstan, and Somalia were suspended and that Cape Verde was in arrears, the Assembly has decided that if on the date of the opening of the 61st World Health Assembly, Cape Verde continues in arrears in the payment of its contributions, its voting privileges shall be suspended.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>The Area of Financial Management and Reporting (FMR) liaises with the Member States of the Region of the Americas which have assessed contribution arrears with WHO and encourages the Member States to meet the established requirements and timeframes for the acceptance of deferred payment plans.</p>	
WHA60.5	Scale of Assessments 2008-2009	<p>Through this resolution, the Assembly adopts the new scale of assessments of Members for the biennium 2008-2009.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>The Area of Financial Management and Reporting (FMR) responds to queries from the Member States regarding the established scale of assessments, as requested.</p>	
WHA60.7	Appointment of the External Auditor	<p>Through this resolution, the Assembly has resolved that the Comptroller and Auditor-General of India be appointed External Auditor of the World Health Organization for the financial periods 2008-2009 and 2010-2011.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>The Secretariat of PAHO will instruct its External Auditor for the financial periods</p>	

RESOLUTION	ITEMS (and corresponding documents)	SUMMARY OF RESOLUTIONS ADOPTED IN THE WHA60	PAHO Resolutions and Documents (2000-2006)
WHA60.8	Financial Period 2006-2007: Implementation of Resolution WHA58.4	<p>2008-2009 and 2010-2011 to liaise with the External Auditor of WHO in order to ensure the preparation of the required "letter of comfort" regarding the accounts funded through the WHO Allocation to the Region of the Americas.</p> <p>Through this resolution, the Assembly has decided that any surplus Miscellaneous Income in 2006-2007 over and above the initial US\$ 31.8 million authorization specified in resolution WHA58.4 (up to a maximum of US\$ 7 million) may be used for financing crucial information technology and other investment costs relating to the implementation of the global management system.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>The PAHO Secretariat recognizes the requirement for the WHO Global Management System to be fully funded for its inception in January 2008.</p>	
WHA60.9	Amendments to the Financial Regulations and Financial Rules: Introduction of International Public Sector Accounting Standards	<p>Through this resolution, the Assembly endorses the introduction of International Public Sector Accounting Standards, notes that the Director-General shall submit proposals to amend the Financial Regulations and Financial Rules resulting from the adoption of the IPSAS, adopts the amendments to the paragraph concerning the operation of the exchange-rate facility and to the Financial Regulations related to permitting regular budget resources to be carried forward to pay for commitments made before the end of a financial period.</p> <p>Finally, it deletes paragraphs 6.5 and 8.2 of the Financial Regulations and Financial Rules in order to terminate the financial incentive scheme that has failed to encourage prompt payment of Member States' assessments.</p> <p>Regional Actions (Countries and Secretariat):</p> <p>The PAHO Secretariat supports the introduction of International Public Sector Accounting Standards (IPSAS) by WHO and encourages a similar endorsement by the 27th Pan American Sanitary Conference for the implementation of IPSAS by PAHO.</p>	
WHA60.10	Amendments to the Staff Regulations and the Staff Rules	<p>Through this resolution, the Assembly establishes the salary of the Assistant Directors-General and Regional Directors as from January 2007 at \$168,826 per annum before staff assessment, resulting in a modified net salary of \$122,737 (dependency rate) or \$111,142 (single rate).</p> <p>It also establishes the salary of the Director-General and the Deputy Director-General.</p>	

RESOLUTION	ITEMS (and corresponding documents)	SUMMARY OF RESOLUTIONS ADOPTED IN THE WHA60	PAHO Resolutions and Documents (2000-2006)
WHA60.11	Medium-term Strategic Plan 2008-2013	<p>Regional Actions (Countries and Secretariat):</p> <p>PAHO is submitting this resolution for consideration of the Sanitary Conference for its approval.</p> <p>Recognizing the importance of replacing narrowly defined work areas with strategic objectives, which will provide a more flexible strategic program structure and at the same time better reflect the needs of countries and regions, the Assembly endorses the Strategic Plan 2008-2013 and calls upon Member States to identify their role and the actions to be taken in order to achieve the strategic objectives of the Plan.</p> <p>It invites the concerned organizations, partners, and private sector to study ways of cooperating to achieve these objectives and decides to review the Plan every two years in conjunction with the proposed program budget.</p> <p>It requests WHO to use the Plan in providing strategic direction to advance the global health agenda contained in the Eleventh General Program of Work, use the Plan to guide preparation of the biennial program budgets, and report on the progress made.</p>	
WHA60.12	Appropriation Resolution for the Financial Period 2008-2009	<p>Regional Actions (Countries and Secretariat):</p> <p>PAHO is in the process of approving the Strategic Plan 2008-2012, which includes not only objectives from the WHO Strategic Plan, but also responds to the Health Agenda for the Americas 2008-2017.</p> <p>Noting that the total effective budget will be \$4,227,480,000, through this resolution the Assembly has resolved to appropriate for the financial period 2008-2009 an amount of \$1,038,840,000, financed by net assessments on Members of \$928,840,000, estimated Miscellaneous Income of \$30,000,000, and a transfer to Tax Equalization Fund of \$80,000,000.</p> <p>It further resolves that the Director-General is authorized to make transfers between the appropriation sections of the effective budget, up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made, to release the funds necessary for the payment of commitments made between 1 January 2008 and 31 December 2009.</p> <p>It decides that the Working Capital Fund shall remain at \$31,000,000 and notes that expenditures in the program budget for 2008-2009 shall be financed with voluntary contributions.</p>	

RESOLUTION		ITEMS (and corresponding documents)		SUMMARY OF RESOLUTIONS ADOPTED IN THE WHA 60	PAHO Resolutions and Documents (2000-2006)
				<p>Regional Actions (Countries and Secretariat):</p> <p>The WHO Appropriation for the financial period 2008-2009 reflects a significant increase in financial resources. The Region of the Americas looks forward to increased funding for the WHO projects in the Americas.</p>	

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