A. 65th WORLD HEALTH ASSEMBLY OF INTEREST TO PAHO

1. The 65th World Health Assembly of the World Health Organization (WHO) was held on 21-26 May 2012 in Geneva (Switzerland), and attended by representatives and delegates from 194 Member States. Professor Thérèse N'Dri-Yoman, Minister of Health and AIDS Control of Ivory Coast, occupied the Presidency of the Assembly. Five countries served as vice-presidents: Afghanistan, Indonesia, Solomon Islands, Paraguay, and the Republic of Moldova, in representation of their respective regions.

2. At the opening of the Assembly, Dr. Margaret Chan, Director-General of WHO, highlighted the enormous achievements in health that the countries have made in recent decades. She noted that many describe the first decade of the 21st century as "the golden age for health development" since, for the first time, health moved to the top of the socioeconomic development agenda thanks in part to the report that was prepared on macroeconomics and health. She stressed that despite the uncertain future of the world economy, the achievements that have been made suggest that this unprecedented momentum will continue and that the best days for public health are still ahead of us.

3. She highlighted the progress made in certain countries, in particular the BRICS group—Brazil, the Russian Federation, India, China, and South Africa—remarking that "These countries have become the biggest suppliers of essential medicines, in affordable generic form, to the great benefit of the developing world. BRICS countries also offer an alternative model for health development, including technology transfer, based more on equal partnerships than on the traditional donor-recipient model."

4. She drew attention to the need to provide guidance and advice for the effective implementation of the International Health Regulations and she pointed out the need to get back to the basics, like primary health care, access to essential medicines, and universal coverage. The Assembly nominated Dr. Margaret Chan to a second term as head of WHO. Dr. Chan underscored that the foremost challenge in the next five years will be to direct WHO in such a way as to keep up the unprecedented momentum for better health that marked the start of this century.

5. The Committee on Credentials, comprised of the delegates of 9 Member States, was appointed, with Mexico and Guyana serving as representatives for the Region of the Americas.

6. The agenda of the Assembly contained 20 general items, the majority of them related to technical and health matters, and the rest to administrative, budgetary, and institutional matters. As on previous occasions, these matters were addressed in the

committees and the plenary. The World Health Assembly adopted 23 resolutions and made 11 decisions, as shown in Table 1.

7. 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_wha65.html.

8. Tables 1 and 2 below contain a list of adopted WHA resolutions along with related resolutions adopted by PAHO. The tables also include the implications of these resolutions for the Region and progress that has been made in these matters.

Other Matters: Executive Board

9. The 131st Session of the Executive Board took place on 28 and 29 May. Dr. Joy Saint John, Chief Medical Officer of Barbados was Chair of the Executive Board. Cuba, Ecuador, Mexico, Panama, and the United States of America were the remaining members of the Region.

10. The agenda of the 131st Session of the Executive Board included 11 items, among them the WHO reform, the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits, and radiation protection and safety of radiation sources. The Board made nine decisions and adopted two resolutions during this session.

11. Finally, the Board took note of the reports submitted and approved the date and location of the 66th World Health Assembly, among other matters. It was agreed that the 66th World Health Assembly would be held at the Palais des Nations, Geneva, from 20 May 2013 to 28 May 2013 at the latest. The Board also decided to hold its 132nd session at WHO headquarters, Geneva, from Monday, 21 January 2013 to Tuesday, 29 January 2013 at the latest. The Executive Board's Programme, Budget, and Administration Committee will hold a special session on 6-7 December 2012, in order to work on aspects of the reform that were still pending from the World Health Assembly, relating to the transparency, predictability, and flexibility of WHO financing and to matters raised in the regional committees concerning the Organization's Twelfth General Programme of Work. This Committee will hold its 17th session on 17-18 January 2013, at WHO headquarters, and its 18th session on 15-16 May 2013, at WHO headquarters in Geneva.

12. The complete versions of these reports, as well as other related documents can be consulted on the WHO website: http:/apps.who.int/gb/e/e_eb131.html

Action by the Pan American Sanitary Conference

13. The Pan American Sanitary Conference is requested to take note of these resolutions and consider their implications for the Region of the Americas.

Table 1: Technical and Health Policy Matters

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
Strengthening noncommunicable disease policies to promote active ageing **WHA65.3**	Strengthening noncommunicable disease policies to promote active ageing A65/6 A65/6, Add. 1 EB130/6 EB130/7 EB130/8 EB130.R6	• Cardiovascular Disease, Especially Hypertension, CD42.R9 (2000) • Framework Convention on Tobacco Control, CD43.R12 (2001) • Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and Other Related Rights, CD47.R1(2006) • Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health, CD47.R9 (2006) • Public Health Response to Chronic Diseases, CSP26.R15 (2002) • Health and Aging CSP26.R20(2002) • Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity, CD48.R9 (2008) • Plan of Action on the Health	The resolution reinforces the work done in the Americas since the Pan American Sanitary Conference adopted Resolution CSP26.R20 (2002), Health and Aging, followed by Resolution CD49.R15 (2009), Plan of Action on the Health of Older Persons including Active and Healthy Aging. The World Health Assembly resolution underscores the importance of the issue of population aging, especially as it closely relates to the challenge of managing chronic diseases. The strategic areas in the regional action plan are endorsed in the new resolution. The Region is leading the way on these issues, having even approved resolutions that preceded the worldwide process, but which coincided with the criteria established in Resolution WHA65.3. The Region continues to advance the debate and introduction of a convention on the rights of older adults. Research and capacity building are being promoted to facilitate a better understanding of the aging process and health among older adults at the regional and national levels. Good results are being achieved in capacity-building for the development of human resources as well as in capacity-building and the development of tools to strengthen primary care for older adults, especially promoting self-care and community-based interventions in order to contribute to better management of chronic diseases.

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
		of Older Persons including Active and Healthy Aging, CD49.R15(2009) • Strengthening the Capacity of Member States to Implement the Provisions and Guidelines of the WHO Framework Convention on Tobacco Control CD50.R6(2010)	
The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level **WHA65.4**	The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level A65/10 EB130/9 EB130.R8	• Mental Health, CD43.R10(2001) • Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and Other Related Rights, CD47.R1(2006) • Strategy and Plan of Action on Mental Health, CD49.R17(2009) • Plan of Action on Psychoactive Substance Use and Public Health, CD51.R7 (2011) • Strategy and Plan of Action on Epilepsy, CD51.R8(2011)	The resolution reflects from a global perspective the same problems revealed at the regional level in the situation analysis contained in the *Strategy and plan of action on mental health* approved by the Directing Council in 2009. Among the foremost challenges faced in the mental health profession regionally and worldwide is the high disease burden from mental disorders, which translates into morbidity, mortality, and disability. In addition, the response of the health services is still insufficient and there is a large treatment gap--more than 60% of people in Latin America and the Caribbean who suffer from a mental disorder do not receive any type of care from the health services system. The resolution strongly advocates for continuing efforts to reform mental health services, a strategy that fully coincides with the lines of work that are being developed in the Region. There have been various innovative experiences in the Region, in which mental health services have been decentralized and community-based mechanisms linked to primary health care have been created that are close to the people and their needs. For the Region of the Americas, this resolution provides significant support for efforts that date back more than two decades (Caracas Declaration, 1990). It is expected that the resolution and the action plan that will be prepared as a result of the resolution will have a positive effect on the Region and will contribute political and technical support to the efforts of governments in the Region to improve their plans and mental health services and, thus, to reduce the treatment gap.

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
Poliomyelitis: intensification of the global eradication initiative **WHA65.5**	Poliomyelitis: intensification of the global eradication initiative A65/20 EB130/19 EB130.R10	• Vaccines and Immunization, CD42.R8(2000). • Vaccines and Immunization, CD43.R1(2001) • Sustaining Immunization Programs - Elimination of Rubella and Congenital Rubella Syndrome (CRS), CD44.R1(2003) • Integrated Management of Childhood Illness (IMCI) and its Contribution to Child Survival in the Attainment of the Millennium Development Goals, CD44/12(2003) • Regional Strategy for Sustaining National Immunization Programs in the Americas, CD47.R10(2006) • Strengthening Immunization Programs CD50.R5(2010) • Vaccines and Immunization, CSP25/R11 (1998) • Vaccines and immunization, CSP26.R9(2002) • Integrated Management of Childhood Illness (IMCI), CSP26.R10(2002)	The resolution urges Member States with poliovirus transmission to declare such transmission to be a "national public health emergency," making poliovirus eradication a national priority program requiring the development of action plans to be updated every six month until such time as poliovirus transmission has been interrupted. The Region remains free of circulating poliovirus, but continues to be exposed to imported polio cases. The resolution will help reduce the risk of transmission throughout the Region. The resolution also requests the Director-General to undertake the development of a comprehensive polio eradication and endgame strategy and to inform Member States of the timing of a switch from trivalent to bivalent oral poliovirus vaccine for all routine immunization programs. Countries need to discuss the implications of the switch. The Region of the Americas has remained free of the circulation of wild poliovirus since 1991 and was declared free of polio in 1994. Eradication was achieved using trivalent OPV, which continues to be used. The implications of switching from trivalent OPV to bivalent OPV will be analyzed at the next PAHO Immunization Technical Advisory Group, to be held in October 2012.
Maternal, infant and young child nutrition	Maternal, infant and young child nutrition	• Infant and Young Child Nutrition CD42/31(2000)	The resolution is important because of the impact of early nutrition on lifelong health and productivity. Although chronic malnutrition is the most

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
WHA65.6	A65/11 EB130/10 EB130/11	• Child Health, CD42.R12 (2000) • Integrated Management of Childhood Illness (IMCI) and its Contribution to Child Survival in the Attainment of the Millennium Development Goals, CD44/12(2003) • Millennium Development Goals and Health Targets, CD45.R3(2004) • Neonatal Health in the Context of Maternal, Newborn, and Child Health for the Attainment of the Millennium Development Goals of the United Nations Millennium Declaration CD47/R19 (2006) • Strategy and Regional Plan of Action on Nutrition in Health and Development. CD47.R8(2006) • Regional Strategy and Plan of Action for Neonatal Health Within the Continuum of Maternal, Newborn, and Child Care, CD48.R4, Rev. 1(2008) • Strategy and Plan of Action for the Reduction of Chronic Malnutrition CD50.R11(2010) • Plan of Action to Accelerate the Reduction in Maternal	prevalent form of growth failure, overweight and obesity are also growing problems: 7-12% of children under age 5 are obese, six times the percentage of children who are currently underweight. Prevalence of chronic malnutrition is declining, but in some countries of the Region about one-third of children are stunted. Suboptimal breastfeeding is the third-greatest risk factor for global morbidity and mortality, according to recent estimates from the Global Burden of Disease project. Both breastfeeding and complementary feeding practices, essential for healthy growth and development, are far from universal. In the Region, only 58% of newborns are put to the breast within one hour of birth and only 44% of infants under six months of age benefit from exclusive breastfeeding. That figure drops to 25% among those who are four to five months old. About 30% of children do not receive minimum dietary diversity, and only 43% receive a minimum meal frequency. Micronutrient deficiencies have a significant impact on human development and economic productivity. The prevalence of anemia is 44.5% in young children (22.5 million). Most countries in the Region have made substantial improvements in reducing the prevalence of stunting and underweight, though more needs to be done to reduce inequities. In general, breastfeeding practices have improved; however, several countries have shown little progress. While most countries have implemented the International Code of Marketing of Breast-milk Substitutes, only five countries have regulations in place for its effective enforcement. Certification of hospitals for the Baby-Friendly Hospital Initiative has lagged. Policies and programs are needed to provide environments conducive to healthy eating and an active life, so that the healthy choice becomes the easy choice. Because children are especially vulnerable to the influence of advertising, they must be protected through effective public health action. To this end, PAHO convened an Expert Consultation on the Marketing of Food and Non-Alcoholic Beverages to Children in the Americas to make recommendations. Coordinated and focused action by Member States is needed to implement these recommendations and evaluate their impact. Progress has also been made in developing bicycle paths and limiting traffic on main roads on weekends to facilitate recreation. Regional meetings on obesity have been held in Aruba and Mexico and among the presidents of Central America. The Chilean

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
		Mortality and Serious Maternal Morbidity CD51.R12 (2011) • Integrated Management of Childhood Illness (IMCI), CSP26.R10(2002) • Regional Strategy for Maternal Mortality and Morbidity Reduction, CSP26.R13(2002)	Senate also organized a conference in Valparaíso, supported by PAHO, to discuss improved food supply. Programs to prevent anemia and other micronutrient deficiencies need to be strengthened in primary health care programs.
Implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health **WHA65.7**	Implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health A65/15 EB130/14 EB130.R3	• Millennium Development Goals and Health Targets, CD45.R3(2004) • Neonatal Health in the Context of Maternal, Newborn, and Child Health for the Attainment of the Millennium Development Goals of the United Nations Millennium Declaration CD47/R19(2006) • Regional Strategy and Plan of Action for Neonatal Health Within the Continuum of Maternal, Newborn, and Child Care, CD48.R4, Rev. 1(2008) • Plan of Action to Accelerate the Reduction in Maternal Mortality and Serious Maternal Morbidity CD51.R12 (2011)	The Commissions' Report was developed as a follow-up to the Global Strategy for Women's and Children's Health launched by the United Nations Secretary General in September 2010. The Global Strategy seeks to ensure that maternal, newborn, and child health (MNCH) interventions that are known to be effective are provided with quality in an integrated manner. It promotes (a) health systems strengthening, and (b) improved monitoring and evaluation to ensure accountability of all stakeholders. The report includes 10 recommendations and focuses on the 75 countries—including Haiti, Bolivia, Guatemala, Peru, Brazil, and Mexico--that account for 98% of annual maternal deaths worldwide. PAHO has formed an inter-programmatic group that assessed the availability of the Commission's indicators at the country level, identifying different values for the same indicator from different sources. Work is underway with countries and partners to improve indicators. Sub-regional meetings and inter-agency work are planned to implement the plan to accelerate reduction of maternal mortality. The implementation of the Commission's recommendations is integrated in a complementary manner within this plan. The Region also has a number of strategies and plans of action, whose implementation can benefit from adoption of the Accountability Framework (monitoring-review-action). Four regional strategies and plans are closely

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
			related to women's and children's health: (a) Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity; (b) Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis; (c) Regional Strategy and Plan of Action for Improving Adolescent and Youth Health, and (d) Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care. These strategies and plans inform PAHO's technical cooperation and collaborative work with partners and contain a comprehensive set of indicators to be monitored, some of which are common to more than one strategy and are consistent with the Commission's recommendations.
Outcome of the World Conference on Social Determinants of Health **WHA65.8**	Outcome of the World Conference on Social Determinants of Health A65/16 EB130/15 EB130.R11	Panel on primary health care: addressing health determinants and strengthening health systems. Summary of the Panel on primary health care: addressing health determinants and strengthening health systems CD48/14, Rev. 1(2008); CD48/14, Add I (2008); CD48/14, Add. I, Corrig.(2008); CD48/14, Add. II (2008); CD48/14, Add. II Corrig.(2008)	To support countries in their response to Resolution WHA62.14, WHO convened the first World Health Conference on Social Determinants of Health in Rio de Janeiro, Brazil, in October 2011. Member States and key stakeholders shared experiences related to policies and strategies aimed at reducing health inequities. The conference provided a global platform for dialogue to advance the recommendations of the WHO Commission on Social Determinants of Health. The Rio Political Declaration on Social Determinants of Health adopted during the Conference expresses global political commitment for the implementation of a social determinants of health approach to reduce health inequities and to achieve other global priorities. This declaration is expected to help build momentum within countries for the development of dedicated national action plans and strategies on the social determinants of health, thereby addressing persistent stark inequities in the Region. Countries in the Region that have sustainable and equitable health systems based on primary health care have achieved better health results, having already achieved or being on their way to achieving universal access to health services. In line with the Rio Political Declaration on Social Determinants of Health, a panel discussion will aim to devise a set of recommendations that can strengthen the link between primary health care and the social determinants of health, ultimately strengthening health systems.

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
Global vaccine action plan **WHA65.17**	Global vaccine action plan A65/22 EB130/21	• Vaccines and immunization, CD42.R8(2000) • Vaccines and Immunization, CD43.R1(2001) • Sustaining Immunization Programs - Elimination of Rubella and Congenital Rubella Syndrome (CRS), CD44.R1(2003) • Regional Strategy for Sustaining National Immunization Programs in the Americas, CD47.R10(2006) • Strengthening Immunization Programs CD50.R5(2010) • Vaccines and Immunization, CSP25/R11(1998) • Vaccines and immunization, CSP26.R9(2002)	The conceptual framework of the Global Vaccine Action Plan presents a view shared by countries of the Region, as it considers vaccination to be part of the right to health and access to immunization for all people to be a key component of global equity. It will be critical to participate in defining monitoring and evaluation processes, which call for adequate data sources, targets and baselines, and continued support to Member States in collecting and analyzing the proposed indicators. Monitoring processes also need to be aligned with regional priorities and the recommendations of the Commission on Information and Accountability for Women's and Children's Health. PAHO has been working on the six strategic objectives of the Action Plan: **1)** All countries commit to immunization as a priority. Several Governing Bodies resolutions highlight the importance of immunization in reducing mortality and morbidity due to vaccine-preventable diseases. At least 27 countries and territories have a legal framework for immunization. **2) Individuals and communities understand the value of vaccines and demand immunization as both their right and responsibility.** Countries of the Region consider immunization to be a public good and two Directing Council resolutions (2006 and 2010) touch on this topic. PAHO is currently developing methodologies to better support countries in understanding barriers to immunization. **3) The benefits of immunization are equitably extended to all people**. Several Directing Council resolutions (2002, 2006, 2010) addressed the issue of equitable access to immunization. In addition, Vaccination Week in the Americas began in 2003, with the aim of reducing inequities by placing immunization high on the political agenda and focusing strategies on vulnerable populations. Over the past two years PAHO has targeted municipalities that have low coverage with interventions aimed at reaching all unvaccinated or incompletely vaccinated people. **4) Strong immunization systems are an integral part of a well-functioning health system.** PAHO considers immunization to be an integral part of a well-functioning health system based on primary health care. Strong immunization programs are a cornerstone of functioning health systems with countries being supported within this framework. PAHO has assisted in the development of proposals for health systems

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
			strengthening support for GAVI-eligible countries. **5) Immunization programs have sustainable access to predictable funding, quality supply, and innovative technologies.** In the Region, 99% of routine immunization costs are financed through government budgets. Legislation has been used as a tool to secure funding for vaccines and immunization programs and PAHO has provided technical support in this regard. The Revolving Fund has been instrumental in providing Member States with access to an uninterrupted supply of quality vaccines, syringes, and supplies at affordable prices. In 2006, a Directing Council resolution focused on the issue of immunization program sustainability. The ProVac Initiative was created to promote evidence-based decision-making regarding the introduction of new vaccines to ensure sustainability and the efficient use of resources. New technologies are also improving the efficiency of immunization programs in the areas of supply and inventory management, monitoring of coverage and individual vaccination schedules, health worker training, and public communications. PAHO promotes the role of national regulatory authorities to ensure the quality of vaccines and supplies, and national immunization technical advisory groups (NITAGs) for evidence-based decisions on immunization, including the use of new vaccines and technologies. For the latter, PAHO has facilitated trainings and exchanges of experiences for over 50 NITAGs. **6) Country, regional, and global research and development innovations maximize the benefits of immunization.** Most global programmatic knowledge on new vaccines such as pneumococcal and rotavirus vaccines is being generated in the Americas. During 2011 PAHO coauthored 33 papers related to operational and organizational research. PAHO will continue to lead in the area of immunization.
World Immunization Week **WHA65.18**	World Immunization Week A65/22 EB130/21 EB130.R12	• Vaccines and Immunization, CD42.R8(2000) • Vaccines and Immunization, CD43.R1(2001)	The Resolution recognizes Vaccination Week in the Americas, a growing global initiative first introduced in the Region in 2003 and observed simultaneously in WHO's six regions in April 2012. It recognizes that regional vaccination weeks help promote immunization, advance equity in the use of vaccines, and support universal access to vaccination services, while enabling cooperation on cross-border immunization activities. It

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
		• Sustaining Immunization Programs - Elimination of Rubella and Congenital Rubella Syndrome (CRS), CD44.R1(2003) • Regional Strategy for Sustaining National Immunization Programs in the Americas, CD47.R10(2006) • Strengthening Immunization Programs CD50.R5(2010) • Vaccines and Immunization, CSP25/R11(1998) • Vaccines and immunization, CSP26.R9(2002)	acknowledges the high-level political support and international visibility given to regional vaccination weeks, noting that the flexibility of the vaccination week framework allows individual Member States and regions to tailor their participation in accordance with national and regional public health priorities. The sustainability of this initiative continues to be critical to immunization programs in the Americas. It is important to keep immunization high on the political agenda and continue promoting a life-course approach to immunization, working to ensure universal access in all countries to this essential, preventive health service. A report on ten years of experience holding Vaccination Week in the Americas will be published in September 2012 during the Pan American Sanitary Conference in Washington DC.
Substandard/spurious/ falsely-labeled/ falsified/counterfeit medical products **WHA65.19**	Substandard/spurious/ falsely-labeled/falsified/counterfeit medical products A65/23 EB130/22 EB130.R13	• Access to Medicines, CD45.R7(2004) • Public Health, Health Research, Production, and Access to Essential Medicines, CD47.R7(2006) • Public Health, Innovation, and Intellectual Property: A Regional Perspective, CD48.R15 (2008) • Strengthening National Regulatory Authorities for Medicines and Biologicals, CD50.R9(2010)	Counterfeit medical products have been under discussion in the Region and the countries for some time, as well as in the subregional integration mechanisms. The debate has mostly focused on questions relating to actions taken by the International Medical Products Anti-Counterfeiting Taskforce (IMPACT), the definition of "counterfeit," the need to strengthen the public health approach, and restrictions on the marketing of generic products. At the Sixty-third World Health Assembly in 2010, draft resolutions were proposed for the countries and subregional mechanisms to work on the issue. The Union of South American Nations (UNASUR), for example, proposed that an intergovernmental group be created to prevent the counterfeiting of medical products from a public health perspective. Through decision WHA63(10) a working group of limited duration was established, comprising representatives of the Member States, for the purpose of making proposals on this subject. The group met twice during 2011 and submitted reports to the Sixty-fourth and Sixty-fifth World Health Assembly.

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
			The current Resolution WHA65.19 strengthens the integrated approach to combating counterfeit medical products and reaffirms the fundamental role of WHO in promoting access to medical products, strengthening national regulatory authorities, national medicine policies, health risk management systems, and the rational selection and use of medical products, including human resource development. The resolution confirms the establishment of a Member State mechanism (based on outcomes of the working group) that will begin its work at a meeting in Buenos Aires in November 2012. The Pan American Network for the Drug Regulatory Harmonization (PANDRH/Red PARF) continues to support the establishment of national intersectoral groups to fight counterfeiting in the Region. In a wider context, the importance of the subject is underscored by Resolution **CD50.R9** adopted by PAHO, Strengthening National Regulatory Authorities for Medicines and Biologicals.
WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies **WHA65.20**	WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies A65/25 EB130/24 EB130.R14	• Report on Reducing the Impact of Disasters on Health Facilities, CD45/27 (2004) • Progress Report on National and Regional Health Disaster Preparedness and Response, CD47/INF/4 (2006) • Roundtable on Safe Hospitals, CD49/22 (2009) • Report on the Roundtable on Safe Hospitals: A Goal within Our Reach, CD49/22, Add. I (2009) • Plan of Action on Safe Hospitals, CD50.R15 (2010) • Safe Hospitals**:** A Regional Initiative on Disaster-	The resolution seeks to strengthen WHO's response capacity and its role as health cluster lead before and during emergencies. The main impact of the resolution is to improve the international humanitarian response model through the health cluster system resulting from United Nations reform under the leadership of the Inter-Agency Standing Committee (IASC). This makes it possible for international organizations (United Nations, international NGOs, and other members of the health cluster) to respond in a coordinated manner in affected countries. The benefit of this initiative for the affected country is proportionate to the level of preparedness of the ministry of health to coordinate international health assistance in close cooperation with the ministry of foreign affairs and the national emergency response entity. PAHO has assumed a coordinating function during a variety of emergency situations in the Region. Resolution CE150.R10, adopted by PAHO's Executive Committee in June 2012, complements the resolution adopted by the World Health Assembly and urges PAHO Member States to strengthen their capacity to manage international health assistance in coordination with ministries of foreign affairs and civil defense agencies, and to identify individuals who could be part of the Regional Disaster Response Team. Similarly, it asks the Director to advocate that WHO include representatives

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
		Resilient Health Facilities, CSP27.R14 (2007)	of PAHO Member States in the Global Health Cluster. PAHO has organized training workshops to train human resources in the Region so that they might join the health cluster and to raise governmental awareness of the benefits brought by the health cluster and humanitarian reform during cases of disaster.
Elimination of schistosomiasis **WHA65.21**	Elimination of schistosomiasis A65/21 EB130/20 EB130.R9	Elimination of neglected diseases and other poverty-related infections, CD49.R19(2009)	Brazil has a program in all endemic states and a new comprehensive national plan for eradication of certain diseases of poverty has been drafted. Suriname completed a national survey and has developed a national action plan on neglected infectious diseases, which prioritizes the halting of transmission, among other aspects. Furthermore, under PAHO's leadership, consensus has been achieved among researchers and program directors in the Region around the schistosomiasis research program in the Americas. Programs to control and eliminate schistosomiasis must be accompanied by sufficient access to medicines (praziquantel), safe drinking water, basic sanitation, and health education, as well as measures for combating the social determinants of transmission.
Follow up of the Report of the Consultative Expert Working Group on Research and Development: Financing and Coordination **WHA65.22**	Follow up of the Report of the Consultative Expert Working Group on Research and Development: Financing and Coordination A65/24, Annex and Corr. 1 EB130/23	• Policy on Research for Health, CD49.R10(2009) • Public Health, Innovation, and Intellectual Property: A Regional Perspective, CD48.R15(2008)	The resolution urges the Director-General of WHO to hold an open-ended meeting with Member States to thoroughly analyze the report and to follow up during the Sixty-sixth World Health Assembly. The resolution also asks the regional committees to discuss at their 2012 meetings the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG) in the context of the implementation of the global strategy and plan of action on public health, innovation and intellectual property in order to contribute to concrete proposals and actions. Of particular interest is the call to hold national level consultations in order to discuss the CEWG report in order to translate it into concrete proposals and actions. Accordingly, at its June 2012 meeting PAHO's Executive Committee requested that a regional consultation be held, the outcome of which would serve as the basis for the draft resolution that will contain the regional position on the CEWG report. PAHO is organizing a regional consultation process for which it expects that a virtual community of practice will be created within the Regional Platform on Access and Innovation for Health Technologies (http:/prais.paho.org/

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
			rscpaho). The outcome of this consultation will be included in a policy paper to be submitted for consideration by the Pan American Sanitary Conference in September 2012.
Implementation of the International Health Regulations (2005) **WHA65.23**	Implementation of the International Health Regulations (2005) A65/17 and A65/17 Add. 1 EB130/16	• International Health Regulations, CD43.R13(2001) • Progress Report on Technical Matters: International Health Regulations (includes the report on the [H1N1] Pandemic 2009), CD49/INF/2, Rev.1(2009) • Progress Report on Technical Matters: Implementation of the International Health Regulations (2005)CD50/INF/6(2010) • International Health Security: Implementing the International Health Regulations (IHR 2005), CSP27.R13 (2007).	The Resolution focuses on obligations related to core capacities for surveillance and response, including at points of entry – initially due to be presented by all State Parties by 15 June 2012. It addresses the fact that the majority of State Parties have requested, and have been granted, a two-year extension (15 June 2014). This situation will require major efforts by PAHO and its Member States that have requested an extension to ensure that action plans submitted are implemented by 15 June 2014, and that they are integrated in existing planning mechanisms and linked to existing budgetary processes. The highest level of political commitment will be called for due to the inter-sectoral implications of the exercise. As of 6 July 2012, 32 State Parties in the Region have formally communicated to PAHO/WHO their position vis-à-vis the status of their core capacities. Of these, 27 have requested and have been granted a two- year extension. The status of IHR implementation in the Region is presented in Document CE150/INF/6, Implementation of the International Health Regulations, available at http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=17758&Itemid=. IHR represents an opportunity to strengthen countries' essential public health functions, which will require constant advocacy and awareness efforts.

Table 2: Administrative and Budgetary Matters

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents
Appointment of the Director-General **WHA65.1**	Appointment of the Director-General A65/INF.DOC./1 EB130/3 EB130.R4	
Election of the Director-General of the World Health Organization: report of the working group **WHA65.15**	Election of the Director-General of the World Health Organization: report of the working group A65/38 EB130/29 Corr.1	Process for the Election of the Director of the Pan American Sanitary Bureau and the Nomination of the Regional Director of the World Health Organization for the Americas CE150/INF/1