

## 53rd DIRECTING COUNCIL

### 66th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 29 September-3 October 2014

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*Provisional Agenda Item 8.7*

C53/INF/7  
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#### **A. 67th WORLD HEALTH ASSEMBLY**

1. The Sixty-seventh World Health Assembly of the World Health Organization (WHO) was held 19-24 May 2014 in Geneva (Switzerland) and attended by representatives and delegates of 171 Member States. Dr. Roberto Morales Ojeda (Cuba) acted as President of the Assembly. Five countries served as vice-presidents: Bahrain, Congo, Fiji, Lithuania, and Sri Lanka, in representation of their respective regions.

2. In his opening address, the Minister of Public Health of Cuba, Dr. Roberto Morales Ojeda, in his capacity as President of the World Health Assembly, thanked the Assembly for having honored Cuba with the Presidency. He emphasized his government's important public health achievements, including having achieved an infant mortality rate of 4.2 per thousand live births in 2013, as well as Cuba's international contribution to health, with the presence of 135,000 collaborators in over 120 countries since 1960, and currently over 50,000 in 65 countries.

3. Dr. Morales Ojeda emphasized that "we all aspire to achieving truly sustainable development, and it has been widely recognized that a healthy population is both a means to achieve this and an end in itself." He referred to meeting the health-related Millennium Development Goals and pointed out the need to address the problems resulting from multiple crises and major inequalities. In this regard, he recalled the main theme of the 2014 Summit of the Community of Latin American and Caribbean States (CELAC): "Fighting poverty, hunger, and inequality."

4. The Minister insisted that in order to create more just societies, it is indispensable to achieve better distribution of wealth and income, quality health and education for all, eradication of illiteracy, and true food security, among other issues of vital importance for human life.

5. Dr. Margaret Chan, Director-General of WHO, called attention to the international spread of wild poliovirus, which since the beginning of this year has constituted a public health emergency of international concern. She reported that at the end of 2013, 60% of poliomyelitis cases resulted from international spread, with strong

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evidence that adult travelers were playing a role. She attributed this trend to armed conflicts that do not respect international humanitarian law; civil unrest; migrant populations; weak border controls; poor routine immunization coverage; bans on vaccination by militant groups; and the targeted killing of polio workers.

6. Dr. Chan emphasized that “the factors responsible for this setback are largely beyond the control of the health sector. They are only some of several dangers for health in a world shaped by some universal and ominous trends.”

7. On the subject of climate change, which was the main topic addressed by the Ministers of Health, the Director-General reported that in March of this year the Intergovernmental Panel on Climate Change issued its most disturbing report to date, with a strong focus on the consequences for health. Also in March, WHO revised its estimates of the health effects of air pollution upwards. In 2012, exposure to air pollution killed around seven million people worldwide, making it the world’s largest single environmental health risk.

8. Among other subjects, Dr. Chan’s speech included information on the severe emerging viruses that are circulating; the serious problem of undernutrition, but also obesity and noncommunicable diseases; and the alarming data from the 2014 World Cancer Report, which indicates that the number of new cancer cases has reached an all-time high and is projected to continue to rise.

9. Dr. Chan lamented the enormous inequalities that persist between developed and medium- and low-income countries, and also within these countries. She commented that international trade has many consequences for health, both positive and negative, and strongly criticized tobacco companies that sue governments for compensation for lost profits following the introduction, for valid health reasons, of innovative cigarette packaging. “In my view, something is fundamentally wrong in this world when a corporation can challenge governmental policies introduced to protect the public from a product that kills,” she said.

10. Throughout her speech, the Director-General emphasized WHO’s function and role in developing international public health policies and facilitating agreements and negotiations that benefit all the countries in the world.

11. The Committee on Credentials was made up of 12 Member States, including Chile and the Dominican Republic, whose delegates represented the Region of the Americas.

12. The agenda of the Assembly included 36 general items, most of them related to technical and health issues; 14 progress reports on technical subjects; and 19 administrative, budgetary, and institutional items. This was a record number of subjects addressed in an Assembly. As on previous occasions, these matters were dealt with in committees A and B and in the plenary sessions. The Assembly adopted 25 resolutions and made 15 decisions.

13. 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/index.html>.

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

#### **Other Matters: Executive Board**

15. The 135th session of the Executive Board was held on 26-27 May. The Presidency of the Executive Board rested with Maldives. The United States of America was selected to be an Executive Board member, complementing Argentina, Brazil, Cuba, Panama, and Suriname as the six members from the Region.

16. The agenda of the 135th session of the Executive Board included 12 items, among them strengthening emergency and essential surgical care and anesthesia as a component of universal health coverage; health and environment—addressing the impact of air pollution; a report on the advances in the implementation of WHO evaluation policy; proposed amendments to the Staff Regulations and Staff Rules; and a statement by the WHO staff associations.

17. The Board made four decisions and adopted two resolutions at this session.

18. Finally, the Board took note of the reports submitted and approved the date and location of the Sixty-eighth World Health Assembly, among other matters. It was agreed that the Sixty-eighth World Health Assembly will be held at the Palais des Nations, in Geneva, starting on 18 May 2015 and ending no later than 26 May 2015. The Board also decided that its 136th session will begin on Monday 26 January 2015, at WHO headquarters in Geneva, ending no later than 3 February; that the Programme, Budget, and Administration Committee of the Executive Board will hold its 21st meeting 21-23 January 2015, at WHO headquarters; and that its 22nd meeting will be held 13-15 May 2015, at WHO headquarters in Geneva.

19. The full versions of these reports, as well as other related documents, can be consulted on the WHO website: [http://apps.who.int/gb/e/e\\_eb135.html](http://apps.who.int/gb/e/e_eb135.html).

#### **Action by the Directing Council**

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

**Table 1. Resolutions Approved by the 67th World Health Assembly of Interest to the Region of the Americas**

| Resolution   | Items and Reference Documents  | PAHO Resolutions and Documents   | Implications for the Region <sup>1</sup> Progress in the Region  |
|--|--|--|--|
| <a href="#">WHA67.1</a><br>Global strategy and targets for tuberculosis prevention, care and control after 2015  | <a href="#">A67/11</a><br>Draft global strategy and targets for tuberculosis prevention, care and control after 2015 | <a href="#">CD46.R12</a><br>Regional Strategy for Tuberculosis Control for 2005-2015                                   | PAHO has designed innovative initiatives to strengthen tuberculosis control and facilitate reaching the global targets. These initiatives include TB control in big cities; accelerated reduction in incidence aimed at ending the TB epidemic; the global framework for the elimination of TB; and TB control in migrant populations. All these initiatives incorporate several components of pillars I and II of the global strategy, thus strengthening the work already in progress in the Region.   |
| <a href="#">WHA67.2</a><br>Improved decision-making by the governing bodies                                      | <a href="#">A67/5</a><br>Improved decision-making by the governing bodies  | <a href="#">CE150.R2</a><br>Method of Work of the Governing Bodies: Delegation of Functions to the Executive Committee | The Pan American Sanitary Bureau (PASB) will carefully study the operative paragraphs of the adopted resolution, which include: <i>a)</i> introduction of webcasting of WHO governing body meetings; <i>b)</i> rental of an electronic voting system for the appointment of the Director-General; <i>c)</i> the amendment regarding the submission of draft resolutions during WHO governing body sessions; and <i>d)</i> the decision that progress reports will henceforth be considered only by the Health Assembly. Subsequent to the study, recommendations may be made to the PAHO Member States as to whether it would be timely and possible to implement some of these actions in the Region. |
| <a href="#">WHA67.3</a><br>Financial report and audited financial statements for the year ended 31 December 2013 | <a href="#">A67/43</a><br>Financial Report and Audited Financial Statements for the year ended 31 December 2013      | <a href="#">Official Document 347</a><br>Financial Report of the Director and Report of the External Auditor for 2013  | PASB reviewed and analyzed the WHO Financial Report of the External Auditor for 2013. The Director of PAHO was provided with a summary including significant changes, relevant information and financial highlights. Like WHO, PAHO also received an unqualified audit opinion on its 2013 financial statements.   |
| <a href="#">WHA67.5</a><br>Status of collection of assessed contributions,                                       | <a href="#">A67/44</a><br>Status of collection of assessed contributions,  | <a href="#">CE154/21</a><br>Report on the Collection of Assessed Contributions   | In accordance with the resolution adopted by the Assembly, two Member States of the Region—Saint Vincent and the Grenadines—may have their voting  |

<sup>1</sup> A more exhaustive analysis of the implications of the WHO Resolutions for the Region will be presented during the 53rd Directing Council of PAHO.

| Resolution  | Items and Reference Documents   | PAHO Resolutions and Documents   | Implications for the Region <sup>1</sup><br>Progress in the Region  |
|---|---|--|---|
| including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution | including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution |  | <p>privileges suspended if, by the time of the opening of 68th WHA, they remain in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the WHO Constitution. Furthermore, the voting rights of two other Member States of the Region—Grenada (WHA67) and Antigua and Barbuda (WHA66)—have already been suspended. This suspension will remain in effect until the arrears in the payment of their assessed contributions have been reduced to below the level that justifies invoking Article 7 of the WHO Constitution.</p> <p>At the time of this report, no Member State is subject to application of Article 6B of the PAHO Constitution.</p> |
| <a href="#">WHA67.6</a><br>Hepatitis  | <a href="#">A67/13</a><br>Hepatitis<br>Improving the health of patients with viral hepatitis  | <a href="#">CD50.R5</a><br>Strengthening Immunization Programs   | In March 2014 in Brasilia, a regional consultation was jointly organized with Brazil and the Viral Hepatitis Prevention Board (the longest-standing advisory board on VH, established in Europe 22 years ago). This regional consultation saw the participation of several LAC Member States, regional professional networks, and civil society. It is important to note that in July 2013, PAHO created an HIV, STI, TB, and VH unit. Since May 2014, the unit has had a professional on secondment from Brazil.   |
| <a href="#">WHA67.7</a><br>Disability   | <a href="#">A67/16</a><br>Disability<br>Draft WHO global disability action plan 2014–2021: Better health for all people with disability         | <a href="#">CE154/14</a><br>Plan of Action on Disabilities and Rehabilitation<br><br><a href="#">CD52/7, Rev. 1</a><br>Plan of Action for the Prevention and Control of Noncommunicable Diseases<br><br><a href="#">CD51/7, Rev. 1</a><br>Plan of Action on Road Safety<br><br><a href="#">CD51.R14</a><br>Plan of Action to Reduce the Harmful Use of Alcohol | The PAHO Executive Committee reviewed the draft <i>Plan of Action on Disabilities and Rehabilitation</i> that the PASB has prepared for the Region of the Americas and that has been aligned with the global plan approved by the World Health Assembly. This Plan will be presented to the 53rd Directing Council for approval.  |

| Resolution   | Items and Reference Documents   | PAHO Resolutions and Documents   | Implications for the Region <sup>1</sup><br>Progress in the Region   |
|--|---|--|--|
|  |   | <p><a href="#">CD50.R8</a><br/>Health and Human Rights</p> <p><a href="#">CD50/12</a><br/>Health and Human Rights</p> <p><a href="#">CD49/19</a><br/>Plan of Action on the Prevention of Avoidable Blindness and Visual Impairment</p> <p><a href="#">CD47.R1</a><br/>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</p> |  |
| <p><a href="#">WHA67.8</a><br/>Autism</p>                      | <p><a href="#">A67/17</a><br/>Comprehensive and coordinated efforts for the management of autism spectrum disorders</p>   | <p><a href="#">CE154/15</a><br/>Plan of Action on Mental Health</p>  | <p>Child and adolescent mental health is an area that also requires attention in our Region. It is one of the priorities highlighted in the Regional Strategy and Plan of Action on Mental Health to be considered by the 53rd Directing Council.</p>  |
| <p><a href="#">WHA67.9</a><br/>Psoriasis</p>                   | <p><a href="#">A67/18</a><br/>Psoriasis</p>   |  | <p>PAHO does not currently have the capacity to address this issue, unless a partner institution is available for technical cooperation.</p>   |
| <p><a href="#">WHA67.10</a><br/>Newborn health action plan</p> | <p><a href="#">A67/21</a><br/><a href="#">A67/21 Corr.1</a><br/>Newborn health: draft action plan<br/>Every newborn: an action plan to end preventable deaths</p> | <p><a href="#">CD52/INF/4(A)</a><br/>Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (2008-2015): Mid-term Evaluation</p> <p><a href="#">CD48.R4, Rev. 1</a><br/>Regional Strategy and Plan of Action for Neonatal Health within</p>  | <p>In September 2013, a mid-term evaluation was presented to and approved by the 52nd Directing Council: <i>Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care</i>. The evaluation shows that the Region of the Americas experienced a 55.6% reduction in estimated neonatal mortality from 1990 to 2010 (from 18 to 8 per 1000 live births). However, there is wide intercountry variability, with rates ranging from 2.8 to 27.3 per 1000 live births.</p> |

| Resolution   | Items and Reference Documents  | PAHO Resolutions and Documents   | Implications for the Region <sup>1</sup><br>Progress in the Region   |
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|  |  | <p>the Continuum of Maternal, Newborn, and Child Care</p> <p><a href="#">CD47.R19</a><br/>Neonatal Health in the Context of Maternal, Newborn, and Child Health for the Attainment of the Development Goals of the United Nations Millennium Declaration</p> | <p>PAHO has shared the Plan of Action with WHO, as well as the results of the mid-term evaluation. PAHO is also part of the Steering Committee and the Technical Advisory Group responsible for designing the global action plan.</p> <p>Prior to the Assembly, consultations on the draft global action plan were held with the countries of the Region.</p>  |
| <p><a href="#">WHA67.11</a><br/>Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention</p> | <p><a href="#">A67/24</a><br/>Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention</p> | <p><a href="#">CSP28.R15</a><br/>Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards</p>  | <p>Given the significance of mining activities, the health strategy should be considered in national action plans to reduce or eliminate mercury use in artisanal and small scale gold mining. The strategy should also be linked with universal health coverage and national legislation should be strengthened.</p>  |
| <p><a href="#">WHA67.12</a><br/>Contributing to social and economic development: sustainable action across sectors to improve health and health equity</p>   | <p><a href="#">A67/25</a><br/>Contributing to social and economic development: sustainable action across sectors to improve health and health equity</p>   | <p><a href="#">CE154/17</a><br/>Plan of Action on Health in All Policies</p> <p><a href="#">CD50.R13</a><br/>National Institutions Associated with PAHO in Technical Cooperation</p>   | <p>The Region of the Americas played a significant role in the development of the Global Health in All Policies (HiAP) Framework published by WHO in January 2014. In February 2013, 30 PAHO/WHO countries met in Brazil for a Regional Consultation on HiAP. The purpose of this meeting was to reach a regional consensus on the function of HiAP in terms of the post-2015 development agenda and to present data on this approach during the 8th Global Conference on Health Promotion in Helsinki (Finland) in June 2013. PAHO submitted a collection of 25 case studies from 15 countries of the Region of the Americas, entitled <i>Summary of Experiences in the Americas</i>. These case studies highlighted best practices in relation to HiAP.</p> <p>Based on the recommendations of the regional consultation, PAHO will submit a regional proposal for a <i>Plan of Action</i></p> |

| Resolution  | Items and Reference Documents   | PAHO Resolutions and Documents  | Implications for the Region <sup>1</sup><br>Progress in the Region  |
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|   |   |   | <i>on Health in All Policies</i> for consideration by the Directing Council.  |
| <a href="#">WHA67.13</a><br>Implementation of the International Health Regulations (2005)   | <a href="#">A67/35</a><br><a href="#">A67/35 Add.1</a><br>Implementation of the International Health Regulations (2005)   | <a href="#">CE154/INF/6</a><br>Progress Reports on Technical Matters: (D) <a href="#">Implementation of the International Health Regulations</a><br><br><a href="#">CD52/10</a><br>Implementation of the International Health Regulations<br><br><a href="#">CD52/FR</a><br>Final Report <i>CD52(D5)</i><br>Implementation of the International Health Regulations      | <p>The PASB will submit a progress report to the Directing Council in order to provide an update on the implementation status of the International Health Regulations in the Region of the Americas. The report will highlight certain issues that merit joint action by the Member States of the Region for future implementation of the Regulations.</p>  |
| <a href="#">WHA67.14</a><br>Health in the post-2015 development agenda  | <a href="#">A67/20</a><br>Monitoring the achievement of the health-related Millennium Development Goals<br><br><a href="#">WHA67.14</a><br>Health in the post-2015 development agenda<br><br><a href="#">A66/47</a><br>Health in the post-2015 development agenda | <a href="#">CE154/INF/3</a><br>Status of the Millennium Development Goals and the post-2015 Development Agenda<br><br><a href="#">CD52/12</a><br>Panel Discussion: Health in the Post-2015 Development Agenda<br>PAHO electronic site including a set of tools to help Member States: <a href="http://new.paho.org/mdg/post2015/">http://new.paho.org/mdg/post2015/</a> | <p>During the Directing Council, a panel discussion on the post-2015 development agenda will be held, with reference to the documented submitted to the UN Secretary General by the Open Working Group. Consideration will be given to the main lines of work, their implications for the health sector, forms of implementation, and measurement of progress.</p>  |
| <a href="#">WHA67.15</a><br>Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children | <a href="#">A67/22</a><br>Addressing the global challenge of violence in particular against women and girls   | <a href="#">CD48.R11</a><br>Preventing Violence and Injuries and Promoting Safety: a Call for Action in the Region<br><br><a href="#">CD44.R13</a><br>Impact of Violence on the Health of the Populations in the Americas<br><br><a href="#">CD50.R16</a><br>Health, Human Security and Well-being  | <p>PAHO has a long history of working to prevent and respond to interpersonal violence, including violence against women. There are several documents and mandates that guide the Organization's work in this area, including the <i>Ministerial Declaration on Violence and Injury Prevention in the Americas</i> (March 2008).</p> <p>The PAHO Strategic Plan includes two output indicators on violence prevention, including one specifically on violence</p> |



| Resolution   | Items and Reference Documents  | PAHO Resolutions and Documents  | Implications for the Region <sup>1</sup><br>Progress in the Region   |
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|  |  |   | <p>against women.</p> <p>At least five of the countries that sponsored the WHO resolution belong to this Region (Guatemala, Mexico, Paraguay, Uruguay, and the United States).</p>   |
| <p><a href="#">WHA67.18</a><br/>Traditional medicine</p>   | <p><a href="#">A67/26</a><br/>Traditional medicine</p>   | <p><a href="#">CD47.R18</a><br/>Health of the Indigenous Peoples in the Americas</p>                                  | <p>While traditional medicine is recognized as an issue relevant to the Region, it has also been identified as a challenge to be addressed, especially within the framework of the universal health coverage strategy.</p>   |
| <p><a href="#">WHA67.19</a><br/>Strengthening of palliative care as a component of comprehensive care throughout the life course</p>                   | <p><a href="#">A67/31</a><br/>Strengthening of palliative care as a component of integrated treatment throughout the life course</p> | <p><a href="#">CD49.R15</a><br/>Plan of Action on the Health of Older Persons, Including Active and Healthy Aging</p> | <p>There has been a steady expansion of palliative care in Latin America and the Caribbean in the past decade. PAHO made palliative care a component of its noncommunicable diseases program in 1998.</p> <p>The Directing Council will study the proposed <i>Strategy for Universal Health Coverage</i>, which clearly identifies palliative care as an integral part of the legally guaranteed set of universal services.</p>  |
| <p><a href="#">WHA67.20</a><br/>Regulatory system strengthening for medical products</p>   | <p><a href="#">A67/32</a><br/>Regulatory system strengthening</p>  | <p><a href="#">CD50.R9</a><br/>Strengthening National Regulatory Authorities for Medicines and Biologicals</p>        | <p>Several PAHO Member States are co-sponsoring this resolution. The Bureau considers it a high priority, since there is a worldwide need to strengthen the capacity of the national regulatory authorities, recognizing the existing capacities; promoting interaction and technical cooperation among countries as well as the dissemination of information on the results and regulatory processes; and enhancing regulatory collaboration and networking at all levels: subregional, regional, and global.</p> |
| <p><a href="#">WHA67.21</a><br/>Access to biotherapeutic products including similar biotherapeutic products and ensuring their quality, safety and</p> | <p><a href="#">A67/32</a><br/>Regulatory system strengthening</p>  | <p><a href="#">CD45.R7</a><br/>Access to Medicines</p>  | <p>Strengthening the national regulatory authorities to ensure high-quality, safe, and effective biotherapeutic/biotechnological products.</p> <p>Several countries of the Americas promoted the adoption of this Resolution, which urges the Member States to issue appropriate regulations for biological and</p>  |

| Resolution  | Items and Reference Documents  | PAHO Resolutions and Documents  | Implications for the Region <sup>1</sup><br>Progress in the Region   |
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| efficacy  |  |   | <p>biosimilar products through the implementation of WHO international recommendations and adapted to national contexts.</p> <p>In the Region of the Americas, WHO recommendations to evaluate biosimilar products were adopted by the Pan American Network for Drug Regulatory Harmonization (PANDRH) in 2011. Since then, countries have focused on ensuring implementation of these recommendations; however, they have repeatedly requested cooperation to: a) draft appropriate regulations for drugs of biological origin, and b) conduct human resources training to successfully implement the regulations.</p>  |
| <p><a href="#">WHA67.22</a><br/>Access to essential medicines</p>   | <p><a href="#">A67/30</a><br/>Access to essential medicines</p> <p><a href="#">WHA 60.16</a><br/>Progress in the rational use of medicines</p> <p><a href="#">WHA67.25</a><br/>Antimicrobial resistance</p> <p><a href="#">WHA67.20</a><br/>Regulatory system strengthening for medical products</p> | <p><a href="#">CD45.R7</a><br/>Access to Medicines</p> <p><a href="#">CD50.R9</a><br/>Strengthening National Regulatory Authorities for Medicines and Biologicals</p>   | <p>PAHO has been collaborating with the countries in building capacity not only for strengthening health systems and services but specifically for the evidence-based selection of medicines, health technologies assessment, the development and use of standard treatment guidelines, the rational use of medicines and other technologies with a view to efficient access, the implementation of drug procurement and supply strategies (Strategic Fund), and access to and exchange of key information and experiences on this subject. All this is within the framework of several resolutions on access to medicines, innovation and intellectual property rights, health technology assessment, strengthening regulatory authorities, containment of antimicrobial resistance, and the rational use of medicines.</p> |
| <p><a href="#">WHA67.23</a><br/>Health intervention and technology assessment in support of universal health coverage</p> | <p><a href="#">A67/33</a><br/>Health intervention and technology assessment in support of universal health coverage</p>  | <p><a href="#">CE154/12</a><br/>Strategy for Universal Health Coverage</p> <p><a href="#">CE152/12, Rev. 1</a><br/>Social Protection in Health</p> <p><a href="#">CSP28.R9</a><br/>Health Technology Assessment and</p> | <p>The recognition of Health Technology Assessment (HTA) as an essential tool to support decision-making has been growing exponentially. The Region of the Americas was the first in the world to have a resolution on HTA adopted, at the Pan American Sanitary Conference in 2012.</p> <p>It is important for PAHO to support Member States in the implementation of the Resolution and to increase the use of</p>   |

| Resolution   | Items and Reference Documents  | PAHO Resolutions and Documents  | Implications for the Region <sup>1</sup><br>Progress in the Region   |
|--|--|---|--|
|  |  | Incorporation into Health Systems   | HTA to improve decision-making processes, contributing to universal health coverage. In this context, the Network for Health Technologies Assessment in the Americas (RedETSA) is of great importance. RedETSA is made up of 14 countries and 26 institutions, with PAHO acting as its Secretariat.  |
| <a href="#">WHA67.24</a><br>Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage | <a href="#">A67/34</a><br>Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage | <a href="#">CD52.R13</a><br>Human Resources for Health: Increasing Access to Qualified Health Workers in Primary Health Care-based Health Systems<br><br><a href="#">CD52/6</a><br>Human Resources for Health | The Region of the Americas has been a pioneer in the discussion and resulting strengthening of human resources for health. The resolution adopted by the Assembly will strengthen the political will of the countries of the Region to advance in the preparation of national strategies and plans, as well as strategies focused on universal access to trained health workers, particularly in underserved and vulnerable communities.                     |
| <a href="#">WHA67.25</a><br>Antimicrobial resistance   | <a href="#">A67/39</a><br>Antimicrobial drug resistance<br><br><a href="#">A67/39 Add.1</a><br>Draft global action plan on antimicrobial resistance          | Document <a href="#">CD51/15, Rev. 1</a> and Document <a href="#">CD51, 15, Rev. 1, Add. I</a><br>Roundtable on Antimicrobial Resistance  | PAHO's work program in the area of antimicrobial resistance has been guided by specific mandates. Since 2004, this program has had the technical support and guidance of a Technical Advisory Group that explicitly stated the need to establish surveillance systems to monitor antimicrobial resistance and to take action to contain the problem.<br><br>The Member States should consider the relevance of adopting a regional resolution on this issue. |

**Table 2. Resolutions and decisions approved by the  
135th session of the Executive Board**

| <b>Resolutions</b>  | <b>Items and Reference Documents</b>   | <b>PAHO Resolutions and Documents</b>   | <b>Implications for the Region<br/>Progress in the Region</b>                   |
|---|--|---|---|
| <a href="#">EB135.R1</a><br>Confirmation of amendments to the Staff Rules | <a href="#">EB135/7</a><br>Amendments to the Staff Regulations and Staff Rules | <a href="#">CE154.28</a><br>Amendments to the PASB Staff Rules and Regulations<br><br><a href="#">CE154.R10</a><br>Amendments to the PASB Staff Rules and Regulations | PAHO made similar staff rule changes for the AMRO Region effective 1 July 2014. |

| <b>Decisions</b><br><a href="#">EB135/DIV/2</a>  | <b>Items and Reference Documents</b>  | <b>PAHO Resolutions and Documents</b>   | <b>Implications for the Region<br/>Progress in the Region</b>  |
|--|---|---|--|
| <a href="#">EB135(1)</a><br>Working Group on Strategic Budget Space Allocation               | <a href="#">A67/9</a><br>Strategic resource allocation  | <a href="#">CE152.SS.R1</a><br>Allocation of Funds by WHO to the Region of the Americas<br><br><a href="#">CE152/SS/2</a><br>Allocation of Funds by WHO to the Region of the Americas | Intended outcomes could include increased transparency and predictability in the allocation of budget (and prospective resources). Presently, allocation criteria seem to be ad-hoc or based on recent budget and expenditure history (in contrast to need or performance, for example). The AMRO receives the smallest share of the WHO budget (around 5%) and it unclear if this share and the relative shares of all regions are appropriate. Factors such as GDP, population, and burden of disease could be part of any new allocation methodology. AMRO is represented by Mexico on the allocation working group; the PASB can help Mexico and the working group present the regional perspective. |
| <a href="#">EB135(2)</a><br>Membership of the Programme, Budget and Administration Committee | <a href="#">EB135/6</a><br><a href="#">EB135/6 Add.1</a><br>Committees of the Executive Board: filling of vacancies |   | Panama filled the vacancy left by Mexico when its mandate ended.   |

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