

## 54th DIRECTING COUNCIL

### 67th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 28 September-2 October 2015

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*Provisional Agenda Item 7.6*

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#### **A. SIXTY-EIGHTH WORLD HEALTH ASSEMBLY**

1. The Sixty-eighth World Health Assembly of the World Health Organization (WHO) was held 18-26 May 2015 in Geneva (Switzerland) and attended by representatives and delegates of 184 Member States. Mr. Jagat Prakash Nadda (India) acted as President of the Assembly. Five countries served as vice-presidents: Afghanistan, Barbados, China, San Marino, and Senegal, in representation of their respective regions.

2. The Minister of Health of Cuba, Dr. Roberto Morales Ojeda, opened the Assembly in his capacity as outgoing President. Dr. Eduardo Jaramillo, Director General of Health Promotion of the Ministry of Health of Mexico was elected President of Commission A, and Dr. Guy Fones of Chile acted as Rapporteur of Commission B. Mr. John David Edward Boyce, Minister of Health of Barbados, led the plenary session of the Assembly on several occasions, in his capacity as Vice President.

3. This year's guest of honor at the Assembly was Ms. Angela Merkel, Chancellor of the Federal Republic of Germany, the country currently holding the presidency of the Group of Seven (G7) countries. In her address, Ms. Merkel stressed that "...the human right to health can only be enforced if a sustainable health system is in place or is put in place in every country on Earth." She also mentioned three issues that she considers to be international public health priorities and that have been included in the G7 agenda: the lessons learned from the Ebola epidemic, poverty-related neglected tropical diseases, and resistance to antibiotics.

4. Ms. Merkel said that these three issues can only be successfully addressed if all countries' health systems are enabled to comply with the norms set in the International Health Regulations. She mentioned that the "disastrous outbreak of Ebola in West Africa made us painfully aware of how urgently the international community needs to act when crises strike." She referred to the need to establish some kind of global disaster response plan, and said the World Health Organization must play a key part in this. However, she emphasized that despite the importance of international cooperation, it is important not to lose sight of the need for all countries to strengthen their own health systems. She said

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that between this year and next, Germany would be providing affected countries with a total of 200 million euros. Of this sum, 70 million euros would be earmarked for the West African region to help build sustainable structures.

5. On the subject of poverty-related neglected tropical diseases, the Chancellor said that robust health systems are needed, with the right products from the pharmaceutical industry and the necessary logistics to distribute these products. As a result, she said, it is very important to collaborate closely with the countries affected in order not only to strengthen their health systems, but also to develop appropriate administrative structures.

6. On the subject of resistance to antibiotics, she mentioned the importance of agreeing on the strictest standards for their use, both to treat people and animals. She said she was delighted that the World Health Assembly was considering approval of the first global action plan to address this problem and that, in her opinion, every country should have a plan of that sort.

7. In her address to the Assembly, WHO Director-General Dr. Margaret Chan provided information on the approach taken to the Ebola epidemic, plans to improve the approach to this type of emergency in the future, and the implementation of WHO reform. She also offered an overview of other important public health issues.

8. Regarding the epidemic caused by the Ebola virus, Dr. Chan said that the world was ill-prepared to respond to an outbreak that was so widespread, severe, sustained, and complex. She acknowledged that WHO was overwhelmed, as were all other agencies that respond to this kind of emergencies. She emphasized that the Ebola outbreak had accelerated the WHO reform process and that she has given top priority to changes in emergency operations. As a result, she said, she was making a number of fundamental changes to enable WHO to do its job well. She reported on the creation of a single new program for health emergencies that will unite all outbreak and emergency resources across the three levels of the Organization. She also reported the establishment of a US\$ 100 million<sup>1</sup> contingency fund, with the support of the Member States, financed by flexible voluntary contributions, to ensure the provision of the necessary resources to immediately mount an initial response.

9. The Director-General summarized the implemented changes as follows: *a)* creation of a unified WHO program for health emergencies, accountable to the Director-General; *b)* establishment of clear performance metrics for the program, built on partnerships with other responders; *c)* creation of a global health emergency workforce and the strengthening of the core and surge capacity of well-trained staff; *d)* development of new administrative processes to provide a rapid and effective response; and *e)* creation of a new \$100 million contingency fund.

10. Dr. Chan emphasized that in order to defend themselves against the threat of infectious disease, countries also need the core capacities stipulated in the International

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<sup>1</sup> Unless otherwise indicated, all monetary figures in this document are expressed in United States dollars.

Health Regulations (2005). She also recognized that the Regulations are not performing with the effectiveness envisioned for this legal instrument that aids preparedness and promotes an orderly, rules-based response. She said that, as a result, changes are needed there as well, and that self-assessment of core capacities to implement the Regulations is not enough. Independent peer review is needed to ensure that these capacities meet international standards.

11. In her overview of other priority issues, Dr. Chan said that this has been a year of transition, and that the world has changed dramatically since the start of this century, when the Millennium Development Goals were put forward as the overarching framework for development cooperation. She acknowledged, with concern, that despite the Millennium Summit, where world leaders sought to create what they called “a more peaceful, prosperous, and just world,” that did not happen as planned. She spoke about major armed conflicts, the threat of climate change, the international spread of food and fuel crises, the world financial crisis, and the major social inequalities found in a large part of the world.

12. Dr. Chan explained that all the issues mentioned above are conditioning factors in the major challenges facing public health, such as obesity and noncommunicable diseases, mental health problems, low vaccination coverage, antimicrobial resistance, and appearance of new pathogens. She recognized, however, that the post-2015 development agenda, which will be finalized in September, was the result of the largest consultative process in the history of the United Nations and that health has a solid position on the agenda, since it is regarded as a desirable outcome in its own right, an input to other goals, and a reliable measure of how well sustainable development is progressing.

13. The Director-General also recognized several achievements during the last year: maternal and child mortality rates were falling at an unprecedented pace; AIDS reached a tipping point last year; there was a 47% reduction in mortality from malaria between 2000 and 2013, and an estimated 37 million lives were saved by effective diagnosis and treatment of tuberculosis over the same period; also, polio eradication was nearer than ever. She emphasized that at the end of April, the Region of the Americas became the first in the world to interrupt the transmission rubella: “...eliminating this disease and the related congenital rubella syndrome”.

14. Dr. Chan finished her address by repeating that the Ebola outbreak had shaken WHO to its core. She said that it was the moment for world leaders to give WHO new relevance and empower it to lead in global health.

15. The agenda of the Assembly included 52 general items, 27 of them related to technical and health issues (one included 16 progress reports on technical subjects); and 25 administrative, budgetary, and institutional items. As on previous occasions, these matters were dealt with in committees A and B, and in the plenary sessions. The Assembly adopted 20 resolutions and seven decisions.

16. 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\\_wha68.html](http://apps.who.int/gb/e/e_wha68.html).

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

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

18. The 137th session of the Executive Board was held on 27-28 May. The Presidency of the Executive Board rested with South Africa. Andorra, Argentina, and the Republic of Korea were selected as Vice-Presidents. Canada and the Dominican Republic were selected to as Executive Board members, complementing Argentina, Brazil, Suriname, and the United States of America as the six members from the Region.

19. The agenda of the 137th session of the Executive Board included 14 items, among them a report from the WHO Secretariat on the financing dialogue; the draft accountability framework for newborn health; a report on mycetoma (one of the group of neglected diseases); the President's report on the working group on strategic budget space allocation; a report on the development and governance of WHO guidelines; the annual evaluation report; and the presentation by the representative of the WHO staff associations.

20. The Board made seven decisions.

21. Finally, the Board took note of the reports submitted and approved the date and location of the Sixty-ninth World Health Assembly, among other matters. It was agreed that the Sixty-ninth World Health Assembly will be held at the Palais des Nations, in Geneva, starting on 23 May 2016 and ending no later than 28 May 2016. The Board also decided that its 138th session will begin on Monday 25 January 2016, at WHO headquarters in Geneva, ending no later than 30 January; that the Programme, Budget, and Administration Committee of the Executive Board will hold its 23rd meeting on 21-22 January 2016, at WHO headquarters; and that its 24th meeting will be held 19-20 May 2016, at WHO headquarters in Geneva.

22. 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\\_eb137.html](http://apps.who.int/gb/e/e_eb137.html).

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

23. 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 adopted by the 68th World Health Assembly, documents of reference, and implications for the Region of the Americas**

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<p><a href="#">WHA68.1</a> Programme budget 2016–2017</p>	<p><a href="#">A68/7</a> Proposed Programme Budget 2016–2017</p> <p><a href="#">A68/7. Add.1</a> Draft resolution: Programme budget 2016–2017</p> <p><a href="#">A68/55</a> Proposed programme budget 2016–2017</p> <p><a href="#">A68/INF./7</a> Proposed programme budget 2016–2017: Process, costing and financing</p>	<p><a href="#">CE156/INF/1</a> WHO Proposed Program Budget 2016-2017</p>	<p>The WHO Program budget 2016-2017 includes an 8% increase for base programs. This means that the budget space for the Region of the Americas should increase by \$13 million (also 8%). With this funding AMRO would scale up interventions in particular for: NCDs; maternal and child health to achieve unmet MDGs; health systems to enable universal health access to health/universal health coverage; enhanced capacity to respond to outbreaks and satisfy IHR requirements, and; emerging priorities such as antimicrobial resistance, hepatitis and chikungunya. These priority needs were derived from the regional country consultations during the bottom-up budget development process, and are closely aligned with Organization-wide priorities reflected in the proposed Program Budget 2016-2017.</p>
<p><a href="#">WHA68.2</a> Global technical strategy and targets for malaria 2016–2030</p>	<p><a href="#">A68/28</a> Malaria: draft global technical strategy: post 2015</p> <p><a href="#">A68/28 Add.1</a> Report on financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly</p>	<p><a href="#">CD51/11</a> Strategy and Plan of Action on Malaria</p> <p><a href="#">CD51.R9</a> Strategy and Plan of Action for Malaria</p> <p><a href="#">CSP27/9</a> Malaria in the Americas: Progress Report</p> <p><a href="#">CSP27.R11</a> Malaria in the Americas</p>	<p>All 21 malaria endemic countries in the Region of the Americas have made concerted efforts to achieve the 75% reduction in their malaria burdens by 2015. Thirteen achieved the goal by 2013 and three others are expected to do so by 2015. In 2014, Argentina requested the Director-General to initiate the process to certify elimination of the disease from the territory, and Paraguay is expected to follow suit in the near future. The Region's progress against malaria has contributed to greater global interest and has helped accelerate the efforts toward malaria elimination. Currently, 14 endemic countries of the Region have expressed their commitment to malaria elimination.</p> <p>PAHO's current Strategy and Plan of Action on Malaria covers the period 2011-2015; the global technical strategy will provide the architecture and will be used in the development of PAHO's regional strategy and plan for the period 2016-2020.</p>

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<p><a href="#">WHA68.3</a> Poliomyelitis</p>	<p><a href="#">A68/21</a> Poliomyelitis</p> <p><a href="#">A68/21 Add.1</a> Poliomyelitis</p> <p><a href="#">A68/21 Add.2</a> Report on financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly</p> <p><a href="#">A68/21 Add.3</a> Poliomyelitis: Temporary recommendations regarding the international spread of wild poliovirus: considerations concerning their continuation in light of Article 15.3 of the International Health Regulations (2005)</p>	<p><a href="#">CD50.R5</a> Strengthening Immunization Programs</p>	<p>PAHO has aligned its efforts with the polio eradication endgame, in accordance with the guidelines of the Global Polio Eradication Initiative (GPEI) for achieving this target.</p> <p>All the countries of the Region have made the decision to replace the trivalent oral polio vaccine with the bivalent vaccine, in the context of the coordinated worldwide withdrawal of the type 2 component. As a result, they will introduce the vaccine IPV<sup>2</sup> before 31 December 2015, except for Curaçao, which will introduce it in January 2016.</p> <p>The countries of the Region have already received the guidelines and are preparing their plans for the change of vaccine, which is expected in the last two weeks of April. The plan includes the appropriate destruction of the tOPV<sup>3</sup> vaccine, after the switch. All the countries of the Region will participate in the vaccine switch.</p> <p>No difficulty is foreseen in registering the bOPV<sup>4</sup> vaccine in the countries, because most of them purchase the vaccine through the PAHO Revolving Fund. Peru uses a methodology that facilitates the registry of vaccines purchased through the Revolving Fund. Brazil and Mexico will use domestically produced vaccines.</p> <p>Due to the risk of an outbreak of cVDPV2<sup>5</sup> after the vaccine switch, PAHO is evaluating the feasibility of implementing environmental poliovirus monitoring with the support of the (U.S.) Centers for Disease Control and Prevention in the most vulnerable countries, such as Haiti.</p> <p>The last case caused by wild poliovirus type 2 occurred in Peru in 1989, while the last case of poliovirus wild type 1 was in</p>

<sup>2</sup> IPV: Inactivated polio vaccine

<sup>3</sup> tOPV: Trivalent oral polio vaccine

<sup>4</sup> bOPV: Bivalent oral polio vaccine

<sup>5</sup> cVDPV2: circulating vaccine-derived poliovirus

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			<p>1991, also in Peru. Since then, the Region has not had cases caused by wild poliovirus of any type.</p> <p>The regional report on the implementation of phase 1 of poliovirus containment was sent to WHO in 2010. In December 2014, WHO disseminated its Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine uses (GAPIII). The guidelines for its implementation in the Region have been defined, and the national containment coordinators will receive training in August 2015 to implement these guidelines.</p>
<p><a href="#">WHA68.4</a> Yellow fever risk mapping and recommended vaccination for travellers</p>	<p><a href="#">A68/22</a> Implementation of the International Health Regulations (2005): Responding to public health emergencies</p> <p><a href="#">A68/22 Add.1</a> Implementation of the International Health Regulations (2005): Report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation</p>	<p><a href="#">CD53/14</a> Advancing toward a Regional Position on International Health Regulations</p> <p><a href="#">CD52/10</a> Implementation of the International Health Regulations</p> <p><a href="#">CSP28/INF/3-F</a> Progress Reports on Technical Matters: Implementation of the International Health Regulations</p> <p><a href="#">CSP27.R13</a> International Health Security: Implementing the International Health Regulations (IHR [2005])</p>	<p>Following the adoption of Resolution WHA67.13 “Implementation of the International Health Regulations (2005)” in 2014, Resolution WHA68.4 “Yellow fever risk mapping and recommended vaccination for travelers” signals the recognition of the need repeatedly expressed by States Parties in the Americas for a transparent, standardized, and collaborative approach to the mapping of areas at risk for yellow fever transmission as well as for a more evidence based approach to inform practices related to the requirement of the International Certificate of Vaccination or Prophylaxis to grant entry. States Parties in the Region should carefully consider accountability mechanisms to monitor the transparent implementation of WHA68.4. It is worthwhile to remind that 11 January 2016 is the deadline for States Parties to communicate to the WHO Secretariat any reservations or objections regarding the amendment of Annex 7 “Requirements Concerning Vaccination or Prophylaxis for Specific Diseases” of the International Health Regulations approved through Resolution WHA67.13.</p>
<p><a href="#">WHA68.5</a> The recommendations of the Review Committee on</p>	<p><a href="#">A68/22</a> Implementation of the International Health Regulations (2005): Responding to public</p>	<p><a href="#">CD53/14</a> Advancing toward a Regional Position on International Health Regulations</p>	<p>The conclusions and recommendations of the IHR Review Committee, adopted through Resolution WHA68.5, are driven by the principle that strengthening and maintaining core capacities should be</p>

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Second Extensions for Establishing National Public Health Capacities and on IHR Implementation	health emergencies <a href="#">A68/22 Add.1</a> Implementation of the International Health Regulations (2005): Report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation	<a href="#">CD52/10</a> Implementation of the International Health Regulations <a href="#">CSP28/INF/3-F</a> Progress Reports on Technical Matters: Implementation of the International Health Regulations <a href="#">CSP27.R13</a> International Health Security: Implementing the International Health Regulations (IHR [2005])	viewed as a continuous process for all countries, regardless of any deadline, and as part of the health system strengthening process.  The way forward resulting from the conclusions of the meeting was captured in the Recommendations of the IHR Review Committee, indicating a more transparent and operational approach to monitoring the implementation of the IHR.  In order to structure and implement the monitoring framework to be adopted by the 69th World Health Assembly, through the respective regional committees, the States Party have been invited to declare their position on the concept paper on the IHR Monitoring Scheme post-2016 (See Document CD54/INF/4, Add. I).  At present, it is not known what impact the recommendations of the IHR Review Committee—convened as a result of the Ebola virus outbreak—may have on the future of the current IHR.
<a href="#">WHA68.6</a> Global vaccine action plan	<a href="#">A68/30</a> Global vaccine action plan	<a href="#">CD52.R5</a> Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement <a href="#">CD52.R14</a> Evidence-based Policy-making for National Immunization Programs <a href="#">CSP28.R14</a> Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas <a href="#">CD51.R9</a> Strategy and Plan of Action for Malaria <a href="#">CD50.R5</a> Strengthening Immunization Programs	PAHO has relied on the Regional Immunization Vision and Strategy (RIVS) which expires in 2015. Following the expiration of RIVS, PAHO has been preparing to adapt the global vaccine action plan (GVAP) to the regional context to address the specific challenges of the countries in the Americas to achieve their national goals as well as regional and global goals. PASB will present a new Plan of Action on Immunization for 2015-2020 to the 54th Directing Council for approval.

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		<a href="#">CD50.R17</a> Strategy and Plan of Action for Chagas Disease Prevention, Control, and Care	
<a href="#">WHA68.7</a> Global action plan on antimicrobial resistance	<a href="#">A68/19</a> Antimicrobial resistance: Summary report on progress made in implementing resolution WHA67.25 on antimicrobial resistance  <a href="#">A68/20</a> Antimicrobial resistance: Draft global action plan on antimicrobial resistance  <a href="#">A68/20 Corr.1</a> Antimicrobial resistance: Draft global action plan on antimicrobial resistance	<a href="#">CD41/16</a> Emerging and Reemerging Infectious Diseases and Antimicrobial Resistance  <a href="#">CD41.FR</a> Emerging and Reemerging Infectious Diseases and Antimicrobial Resistance	<p>At the 51st Directing Council (2011), Member States requested the Pan American Sanitary Bureau (PASB) to prepare a regional strategy and plan of action for the containment of antimicrobial resistance that would serve as a guide for national policies and operating plans.</p> <p>The last PAHO/WHO TAG on Antimicrobial Resistance Meeting (December 2013) defined the elements for a national plan to contain antimicrobial resistance, linking social mobilization, national governance, medicines quality and access, surveillance, epidemiology, communication and education, standardization of best clinical practices, laboratory quality assurance, knowledge management and infection control interventions.</p> <p>This year the PAHO Governing Bodies will discuss the regional plan of action to contain antimicrobial resistance. The strategic lines of action align with the objectives of the global action plan, but specific objectives and indicators were developed based on the Region's achievements and needs.</p>
<a href="#">WHA68.8</a> Health and the environment: addressing the health impact of air pollution	<a href="#">A68/18</a> Health and the environment: addressing the health impact of air pollution	<a href="#">CD53/INF/6-A</a> Progress Reports on Technical Matters: Strategy and Plan of Action on Climate Change  <a href="#">CD51.R15</a> Strategy and Plan of Action on Climate Change	<p>Resolution WHA68.8 marks the most high level health action on air pollution to date. This resolution is extremely relevant for the Region of the Americas, as it is estimated that in this Region, at least 100 million inhabitants are exposed to unsatisfactory air quality levels, and this is associated with nearly 152,000 deaths per year attributable to ambient air pollution, and 81,300 attributable to indoor air pollution.</p> <p>In most countries, the standards setting exposure limits do not comply with WHO guidelines. Compliance with regulations is also difficult to measure, as only 88 cities</p>

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			<p>from 13 low and middle income countries in Latin America and the Caribbean have monitoring data on ambient air pollution, compared to 535 cities in the 4 high income countries. Nearly 9% of the population in the Americas is exposed to toxic fumes of solid fuels combustion for cooking. However, 47% of the people exposed live in six countries (Guatemala, Haiti, Honduras, Nicaragua, Paraguay and Peru), where live only 8% of the Region's population.</p> <p>The implementation of the resolution in the Region of the Americas will require: strengthening capacity of PAHO's Member States for intersectoral work to scale up programs to reduce the impact of air pollution on health; improving air pollution monitoring; systematizing health data collection and analysis; and consolidating the existing information on national legislation, plans, policies and programs on air pollution in the Region.</p>
<p><a href="#">WHA68.9</a> Framework of engagement with non-State actors</p>	<p><a href="#">A68/5</a> Framework of engagement with non-State actors</p> <p><a href="#">A68/53</a> Framework of engagement with non-State actors</p>	<p><a href="#">CD53/15</a> WHO's Engagement with Non-state Actors (Regional Consultation)</p> <p><a href="#">CD52.R15</a> Cooperation for Health Development in the Americas</p>	<p>When the Framework of engagement with non-State actors is approved by the WHA, PAHO's Governing Bodies may consider adopting the Framework and adapting the procedures applicable to PAHO, given the nature of the Organization.</p>
<p><a href="#">WHA68.10</a> Financial report and audited financial statements for the year ended 31 December 2014</p>	<p><a href="#">A68/38/</a> Financial Report</p> <p><a href="#">A68/57</a> Financial report and audited financial statements for the year ended 31 December 2014</p> <p><a href="#">A68/INF./1</a> Annex to the Financial Report for the year ended 31 December 2014: Voluntary contributions by fund and by contributor</p>	<p><a href="#">Official Document 349</a> Financial Report of the Director and Report of the External Auditor for 2014</p>	<p>In accordance with the commitment referenced in paragraph 56 of A68/38, PASB has configured the financial module of the PASB Management Information System (PMIS), which is scheduled to go live in January 2016, to provide enhanced capabilities for AMRO financial reporting to WHO.</p>

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<p><a href="#">WHA68.11</a> Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution</p>	<p><a href="#">A68/39</a> Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution</p> <p><a href="#">A68/58</a> Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution</p>	<p><a href="#">CE156/20</a> Report on the Collection of Assessed Contributions</p>	<p>According to the resolution adopted by the Assembly, only Haiti from the Americas Region would not have the right to vote at the opening of the Sixth-ninth World Health Assembly. However, at the time of revision of this item of the agenda during the Assembly, a clarification was made that Haiti had complied with its responsibilities. Therefore, this Member State should not have any problem at the opening of the Sixth-ninth World Health Assembly.</p> <p>Regarding to PAHO, at the time of this report, no Member State is subject to application of Article 6B of the PAHO Constitution.</p>
<p><a href="#">WHA68.12</a> Scale of assessments for 2016–2017</p>	<p><a href="#">A68/40</a> Scale of assessments for 2016–2017</p>	<p><a href="#">CD54/5</a> New Scale of Assessed Contributions</p>	<p>PASB will present to the Directing Council an updated Scale of Assessments for 2016-2017 taking into account the latest approved OAS scale of assessments (as indicated in Document CD54/5).</p>
<p><a href="#">WHA68.13</a> Report of the External Auditor</p>	<p><a href="#">A68/41</a> Report of the External Auditor</p> <p><a href="#">A68/59</a> Report of the External Auditor</p>	<p><a href="#">Official Document 349</a> Financial Report of the Director and Report of the External Auditor for 2014</p>	<p>As stated in paragraph 19 of A68/41, WHO's External Auditor will continue to rely on the judgment of PAHO's External Auditor with respect to PAHO's accounting for AMRO funds.</p>
<p><a href="#">WHA68.14</a> Appointment of the External Auditor</p>	<p><a href="#">A68/43</a> Appointment of the External Auditor</p>	<p><a href="#">CE156/28</a> Update on the Appointment of the External Auditor of PAHO for 2016-2017</p>	<p>This Resolution does not have any implications to the Region.</p>
<p><a href="#">WHA68.15</a> Strengthening emergency and essential surgical care and anaesthesia as a component of</p>	<p><a href="#">A68/31</a> Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage</p>	<p><a href="#">CD53/5, Rev. 2</a> Strategy for Universal Access to Health and Universal Health Coverage</p>	<p>The emergency and essential surgical care and anesthesia are viewed in the Region as a component of the overall healthcare services and thus, as part of efforts and activities for improving hospital services, quality of care, and equitable provision of health services.</p>

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universal health coverage		<a href="#">CD53.R14</a> Strategy for Universal Access to Health and Universal Health Coverage  <a href="#">CSP27/16</a> Regional Policy and Strategy for Ensuring Quality of Health Care, Including Patient Safety  <a href="#">CSP27.R10</a> Regional Policy and Strategy for Ensuring Quality of Health Care, Including Patient Safety	
<a href="#">WHA68.16</a> Salaries of staff in ungraded posts and of the Director-General	<a href="#">A68/46</a> Amendments to the Staff Regulations and Staff Rules	<a href="#">CE156/30</a> Amendments to the PASB Staff Regulations and Rules	This resolution is taken into consideration at the time of approving the resolution on salaries of staff in ungraded posts and of the Director at PASB.
<a href="#">WHA68.17</a> Amendments to the Staff Regulations	<a href="#">A68/46</a> Amendments to the Staff Regulations and Staff Rules	<a href="#">CE156/30</a> Amendments to the PASB Staff Regulations and Rules	PASB will study the WHO Amendments to the Staff Regulations and will report to the 54th Directing Council on the implications for the Region.
<a href="#">WHA68.18</a> Global strategy and plan of action on public health, innovation and intellectual property	<a href="#">A68/35</a> Global strategy and plan of action on public health, innovation and intellectual property	<a href="#">CD48.R15</a> Public Health, Innovation and Intellectual Property: A Regional Perspective	This issue continues to be a political priority to all Member States. Without innovation, without intensive use of technology and without alliances, it would be impossible to achieve the strategic directions. Moreover, to ensure universal access to health and universal health coverage it will be necessary in the short, medium and long term the implementation of actions to create and develop innovative capacity in research and development; improve, promote and accelerate technology transfer; encourage and support the implementation and management of intellectual property; improve the dissemination of all health products and medical devices and ensure access.
<a href="#">WHA68.19</a> Outcome of the Second International Conference on Nutrition	<a href="#">A68/8</a> Outcome of the Second International Conference on Nutrition	<a href="#">CD47.R8</a> Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015	The second International Conference on Nutrition Rome Declaration on Nutrition and Framework for Action is highly relevant to PAHO. The measures it calls for are aligned with three of PAHO governing body documents. PAHO's

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
		<p><a href="#">CD50.R11</a> Strategy and Plan of Action for the Reduction of Chronic Malnutrition</p> <p><a href="#">CD53.R13</a> Plan of Action for the Prevention of Obesity in Children and Adolescents</p>	<p>Member States are promoting the following actions to increase healthy food consumption and physical activity: <i>a)</i> promotion of breastfeeding and a healthy diet; <i>b)</i> improvement of food, nutrition, health, and physical activity in school settings; <i>c)</i> promotion and implementation of tax policies and regulations on advertising, aimed at regulating the marketing and labeling of food with high caloric content and low nutritional value; <i>d)</i> promotion of healthy food with regard to its consumption, access, and availability; <i>e)</i> adoption of policies to promote physical activity; <i>f)</i> strengthening of nutritional surveillance systems, and monitoring and evaluation of corresponding programs; and <i>g)</i> promotion of research on nutrition and its determinants.</p>
<p><a href="#">WHA68.20</a> Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications</p>	<p><a href="#">A68/12</a> Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications</p>	<p><a href="#">CD53/8, Rev. 1</a> Plan of Action on Mental Health</p> <p><a href="#">CD53.R7</a> Plan of Action on Mental Health</p> <p><a href="#">CD51.R8</a> Strategy and Plan of Action on Epilepsy</p>	<p>The PAHO Directing Council approved a Strategy and Plan of Action on Epilepsy in 2011 (PAHO adopted that initiative before WHO and other Regions). PAHO is working with other partners (as the International League against Epilepsy and the International Bureau for Epilepsy) in the implementation of the Plan of Action.</p> <p>A Collaborating Center (the Chilean League against Epilepsy, Chile) was established in 2014 and another organization recently began the same process (School of Neurology, Honduras) in order to help implement the Plan of Action.</p>

**Table 2. Resolutions and decisions approved by the  
137th session of the Executive Board**

Decisions <a href="#">EB137/DIV/2</a>	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<a href="#">EB137/(7)</a> Strategic budget space allocation	<a href="#">EB137/6</a> Strategic budget space allocation	<a href="#">CD54/6</a> WHO Reform	<p>The second financing dialogue is scheduled for 5–6 November 2015. Since the first dialogue, there have been improvements in the alignment of funding with the programme budget 2014–2015, the level of flexibility of funding and the level of predictability at the start of the biennium. A consolidated financial strategy will be presented to the Executive Board at its 138th session. Additionally, the Executive Board adopted a revised model for a Strategic Budget Space Allocation for technical cooperation at country level. It is designed to be more objective and timely.</p>

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