

55th DIRECTING COUNCIL

68th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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RESOLUTION

CD55.R8

RESILIENT HEALTH SYSTEMS

THE 55th DIRECTING COUNCIL,

Having reviewed the *Resilient Health Systems* policy document (Document CD55/9);

Bearing in mind that the health situation of the Americas has improved considerably in recent decades, that social policies aiming to alleviate poverty and improve health and well-being have resulted in significant improvements in life expectancies and health outcomes, and that national health systems are more inclusive and responsive;

Cognizant that policies supporting sustained development and investment in health systems and social and economic stability contribute both directly and indirectly to improved health and well-being, alleviation of poverty, elimination of inequities, and health system resilience;

Observing that health systems remain highly vulnerable to risks that significantly impact local, national, and global health, debilitating the response capacity of health systems and eliminating gains in health outcomes and social and economic development;

Deeply concerned by global disease outbreaks such as the Ebola, chikungunya, and Zika virus outbreaks that have highlighted important structural weaknesses in health systems, particularly weaknesses related to health surveillance, response, and information systems, to the implementation of strategies for infection prevention and control, to the competencies and capacities of health professionals, to health financing and mobilization of financial resources, and to the organization and delivery of health services;

Noting that fragmented approaches to public health preparedness, including application of the International Health Regulations (IHR or Regulations), constitute a major risk to health and well-being and to social and economic development;

Recalling article 44 of the Regulations and the commitment made by Member States at the 65th World Health Assembly (2012) to further strengthen active collaboration among States Parties, WHO and other relevant organizations and partners, as appropriate, in order to ensure the implementation of the IHR (Resolution WHA65.23 [2012], Document A68/22, Add. I [2015], and Resolution WHA68.5 [2015]), including establishing and maintaining core capacities;

Recognizing that while disease outbreaks and disasters caused by natural phenomena and the impact of climate change represent high-level, immediate risks to the health and well-being of the population, other, more long-term internal and external risks—for example, lack of sustained development, social instability, weak stewardship and capacity in essential public health functions, demographic transitions, migration and rapid urbanization, economic crises, and the growing burden and impact of non-communicable diseases and their risk factors—affect the sustainability and responsiveness of health systems and influence health outcomes;

Noting that economic downturns remain one of the principal risks affecting health system responsiveness, adaptiveness, and resilience;

Cognizant that the Strategy for Universal Access to Health and Universal Health Coverage (2014), the values of solidarity and equity, and the urgent need for the majority of countries to strengthen their health systems, including from the perspective of the right to health where nationally recognized and the right to the enjoyment of the highest attainable standard of health, provide the foundation for continued health system development in the Americas;

Recognizing that resilience is a critical attribute of a well-developed and well-performing health system whereby health actors, institutions, and populations prepare for and effectively respond to crises, maintain core functions when a crisis hits, and, informed by lessons learned, reorganize if conditions require it;

Bearing in mind that resilient health systems are information- and evidence-informed, responsive, predictive, complex, adaptive, robust, integrated, participatory, and people- and community-centered;

Aware that increasing levels of integration, migration, disasters, and regional/global disease outbreaks highlight the interdependence of national health systems within the global health system framework;

Recalling relevant global frameworks and agreements, including the Sustainable Development Goals, the Paris Agreement on Climate Change, the Sendai Framework for Disaster Risk Reduction, and the International Health Regulations, as well as relevant

PAHO mandates, particularly the Strategy for Universal Access to Health and Universal Health Coverage,

RESOLVES:

1. To support the *Resilient Health Systems* policy (Document CD55/9).
2. To urge Member States to:
 - a) support the development of resilient health systems and societies in the framework of achievement of the Sustainable Development Goals;
 - b) develop resilience in health systems through integration of actions in the core policy areas of health system strengthening, social determinants of health, risk reduction, public health surveillance and disease outbreak management, implemented within the framework of national sustainable development objectives;
 - c) work in accordance with the national context to gradually develop the resilience of health systems within the framework of the Strategy for Universal Access to Health and Universal Health Coverage;
 - d) build reserve capacity (health workers, financing, medicines, and health technologies) to scale up the response of health services in the event of an acute or sustained risk to the system and to support and coordinate the response of the health service network to the needs of individuals and the community;
 - e) implement a holistic and multisectoral approach to the IHR, including developing, strengthening, and maintaining the capacities and functions called for in the Regulations, as part of strengthening essential public health functions, by embedding the Regulations in national health policy and planning processes, in legislative actions and regulatory frameworks, and in efforts to strengthen the capacity of institutions, networks, and human resources to respond to disease outbreaks of international concern; and work with other partners to support States Parties' IHR implementation;
 - f) strengthen health information systems that support the identification and isolation of public health risks, capture in a timely manner impending risks, and support measured and targeted responses, reporting on system capacity (e.g., health service delivery and utilization, human resource mapping, availability of health financing, and availability of medicines and health technologies), and decision making related to rapid reorganization of health systems and services;
 - g) develop multisectoral frameworks and implement multisectoral actions that focus on risk management and on strengthening the resilience of the health system;
 - h) maintain and increase investments in health systems and actions to improve their resilience, in line with the orientations of the Strategy for Universal Access to Health and Universal Health Coverage;

- i) promote research on the characteristics of resilient health systems to generate further evidence on gaps and on linkages with system resilience;
 - j) as appropriate, strengthen the Integrated Health Services Networks (IHSNs) within countries, and build networks among countries with a special focus on health in border areas.
3. To request the Director to:
- a) provide support to countries, within the framework of the Sustainable Development Goals, in their development of multisectoral plans and strategies that support health system resilience and improved health and well-being;
 - b) advocate, among countries and partners, the importance of resilient health systems and their characteristics, as well as the integrated and long-term actions required to build such systems;
 - c) continue to support countries in strengthening their health systems and developing national plans towards universal access to health and universal health coverage, as well as through the efficient implementation of IHSNs;
 - d) support the development of reserve capacity in health systems (health workers, financing, medicines, and health technologies) to scale up the response of health services in the event of an acute or sustained risk to the system;
 - e) support the response of the health service network to the needs of individuals and the community;
 - f) promote a holistic approach in the application of the IHR through the strengthening of essential public health functions and continue to provide technical cooperation to countries in the assessment of health system readiness in the event of a disease outbreak of international concern;
 - g) provide support to countries in the development of health information systems to improve health surveillance and to monitor system capacity to detect, predict, adapt, and respond;
 - h) intensify technical and financial cooperation in disaster and other risk reduction efforts within health systems, in the assessment and evaluation of risk, and in risk management, contributing to health system resilience;
 - i) continue to strengthen PAHO's efforts to develop scientific evidence on resilient health systems, promote health systems research, and develop methodologies for the assessment of health system performance in situations of risk or stress;
 - j) promote the strengthening of regional cooperation strategies that include information systems, identification of real needs, and support mechanisms, to be considered by the Member States through their internally defined structures.

(Seventh meeting, 29 September 2016)