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WAYS AND MEANS OF IMPLEMENTING RESOLUTIONS OF REGIONAL INTEREST
ADOPTED BY THE WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

Report of the Regional Director

Executive Summary

1. The Fifty-seventh World Health Assembly and the one-hundred-and-thirteenth session of the Executive Board adopted resolutions on certain issues of regional interest as set out below:

- (a) Surveillance and control of *Mycobacterium ulcerans* disease (Buruli ulcer) (WHA57.1)
- (b) Control of human African trypanosomiasis (WHA57.2)
- (c) Eradication of dracunculiasis (WHA57.9)
- (d) Road safety and health (WHA57.10)
- (e) Family and health in the context of the tenth anniversary of the International Year of the Family (WHA57.11)
- (f) Reproductive health: Draft strategy to accelerate progress towards the attainment of international development goals and targets (WHA57.12)
- (g) Genomics and world health (WHA57.13)
- (h) Scaling up treatment and care within a coordinated and comprehensive response to HIV/AIDS (WHA57.14)
- (i) Health promotion and healthy lifestyles (WHA57.16)
- (j) Global strategy on diet, physical activity and health (WHA57.17)
- (k) Human organ and tissue transplantation (WHA57.18)
- (l) International migration of health personnel: A challenge for health systems in developing countries (WHA57.19)

2. The ways and means of implementing these resolutions of regional interest have been set out for consideration by the Regional Committee. The report contains only the relevant operative paragraphs that appear in the resolutions concerned. Each resolution is followed by the measures already taken or planned to be taken.

3. The Committee is invited to examine and comment on the proposed strategies for implementing the resolutions of interest to the African Region and to provide guidance for their implementation.

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INTRODUCTION

1. The Fifty-seventh World Health Assembly and the one-hundred-and-thirteenth session of the Executive Board adopted a number of resolutions of regional interest. The ways and means of implementing the resolutions of interest to the African Region are contained in document AFR/RC54/6 which the Regional Director hereby submits to the fifty-fourth session of the Regional Committee for consideration and guidance, in pursuance of operative paragraph 5 of resolution AFR/RC30/R12.

2. Following the Regional Committee's decisions, guidelines and resolutions, a plan of work will be prepared to facilitate the monitoring of the implementation of the resolutions as part of the WHO regional programme of technical cooperation.

3. Document AFR/RC54/6 is presented in a format designed to facilitate discussion. It contains only the relevant operative paragraphs of the resolutions of regional interest adopted at the Fifty-seventh World Health Assembly and the one-hundred-and-thirteenth session of the Executive Board. Each resolution is followed by measures already taken or planned to be taken.

4. In conformity with World Health Assembly Resolution WHA33.17, the Regional Committee is invited to examine in detail the proposals of the Regional Director as contained in this document and provide clear guidelines for optimal use of resources, taking into account the related managerial implications. The resolutions of regional interest and the ways and means of implementing them are presented below.

WHA57.1: SURVEILLANCE AND CONTROL OF *Mycobacterium ulcerans* DISEASE (BURULI ULCER)

The Fifty-seventh World Health Assembly,

Operative paragraph 4.1

5. *REQUESTS the Director-General: to continue to provide technical support to the Global Buruli Ulcer Initiative, in order particularly to advance understanding of the disease burden and to improve early access to diagnosis and treatment by general strengthening of health infrastructures.*

6. The Regional Office will continue to sensitize Member States about the disease and provide guidance to countries on strengthening of health systems with emphasis on planning, decentralization and integration of Buruli ulcer control activities into the existing health systems and to strengthen collaboration between programmes such as leprosy, tuberculosis and guinea worm eradication that share similar components in their prevention and control strategies.

7. The Regional Office will also facilitate the sharing of experiences and information among Member States in order to enhance a better understanding of the disease and its prevention and control methods; as well as advocate with partners to support country level initiatives that will improve the control of Buruli ulcer in countries.

Operative paragraph 4.2

8. *REQUESTS the Director General: to foster technical cooperation among countries as a means of strengthening surveillance, control and rehabilitation services.*

9. Technical support will be provided to Member States to establish national programmes that will utilize current knowledge and tools (e.g. the Regional Guidelines for control of Buruli ulcer and the Training modules for district level staff) to deliver care and prevention services to Buruli ulcer sufferers, through existing health care systems.

Operative paragraph 4.3

10. *REQUESTS the Director General: to promote research on better diagnostic, treatment and preventive tools through the coordination and support by the Special Programme for Research and Training in Tropical Diseases (TDR).*

11. In collaboration with partners and stakeholders, the Regional Office will advocate for, promote and support research initiatives at both country and international levels that will lead to the development of better tools for diagnosis, treatment, prevention and control of the disease. Results from such research activities will be disseminated widely to enable all affected Member States to acquire the knowledge and means to improve their control efforts.

WHA57.2: CONTROL OF HUMAN AFRICAN TRYPANOSOMIASIS

The Fifty-seventh World Health Assembly,

Operative paragraph 2.1

12. *REQUESTS the Director-General: to continue to refine control strategies so as to make maximum use of national and international resources and to prevent epidemic spread.*

13. Support is being provided to countries to elaborate national plans for intensified control of human African trypanosomiasis (HAT), with emphasis on case detection and treatment. Support is also provided to control epidemics (Uganda).

14. The Regional Office has developed a database for monitoring of programme implementation. Countries are being supported to implement the use of this tool.

Operative paragraph 2.2

15. *REQUESTS the Director-General: to promote among the various sectors and agencies concerned an integrated approach that takes into account the importance of vector control and control of diseases in livestock.*

16. One of the strategies recommended to the countries in the regional strategy of HAT control is targeted vector control. This strategy is being implemented in many countries of the Region: Angola, Democratic Republic of Congo, Equatorial Guinea, Gabon, Uganda and

very soon in Chad. This approach is implemented in consultation between ministries of health (MoH) and other ministries (agriculture, livestock).

Operative paragraph 2.3

17. *REQUESTS the Director-General: to continue to collaborate closely with all partners concerned, notably through the UNICEF/UNDP/ World Bank/ WHO Special Programme for Research and Training in Tropical Diseases on research to develop safer and more effective drugs and simplified tests for trypanosomal detection.*

18. The Regional Office is working closely with TDR for building national capacity in HAT research in the Region. A workshop was convened in Nairobi in July 2004 to this effect.

19. Several research activities on the development of new effective drugs for treatment of HAT are currently being implemented by TDR, through a WHO-Aventis partnership for HAT control and through the Bill and Melinda Gates Foundation.

WHA57.9: ERADICATION OF DRACUNCULIASIS

The Fifty-seventh World Health Assembly,

Operative paragraph 6

20. *RECOMMENDS the Director-General to provide support for mobilization of adequate resources required for the eradication of dracunculiasis through the last steps of the programme and for its verification and certification activities for a world free of dracunculiasis.*

21. Considering the decline in resource mobilization for the success of the programme, the Regional Office embarked upon an awareness campaign and advocacy in 11 endemic countries in the Region for them to allocate national budgets for dracunculiasis eradication in the context of the highly-indebted poor countries (HIPC) facility. Some countries (e.g. Benin, Côte d'Ivoire, Ghana, Mali) have already responded by allocating funds from their national budgets to support dracunculiasis eradication activities in 2004. Furthermore, the Regional Director has instructed the WHO representatives of all the endemic countries to make budget provision, in their plans of action, for supporting dracunculiasis eradication activities.

22. The Regional Office will continue this advocacy in collaboration with the WHO representatives of the countries concerned and will help integrate dracunculiasis surveillance into other community-based programmes. Active search for local partners will be intensified in 2004 in order to diversify the sources of funding of the dracunculiasis eradication programme at country level.

WHA57.10: ROAD SAFETY AND HEALTH

The Fifty-seventh World Health Assembly,

Operative paragraph 5.1

23. *REQUESTS the Director-General: to collaborate with Member States in establishing science-based public health policies and programmes for implementation of measures to prevent road traffic injuries and mitigate their consequences.*

24. The Regional Office, in collaboration with Member States, supported the launching of the *World report on road traffic injury prevention* in four countries in the Region. There has been extensive dissemination of the report, and more events are planned in Member States to debate and adopt locally appropriate recommendations. A number of Member States have already started on the implementation of interventions, especially those reducing risk for vulnerable road users. Limited financing has hindered early efforts in the implementation of this report.

25. The prevention and control of road traffic injuries will be enhanced by capacity building efforts planned over the next 18 months. These include the implementation of the WHO Guidelines for essential trauma care in a number of Member States, and the training of persons from different sectors and disciplines using *Training, educating and advancing collaboration in health on violence and injury prevention (TEACH-VIP)*.

WHA57.11: FAMILY AND HEALTH IN THE CONTEXT OF THE TENTH ANNIVERSARY OF THE INTERNATIONAL YEAR OF THE FAMILY

The Fifty-seventh World Health Assembly,

Operative paragraph 2.1

26. *REQUESTS the Director-General: to raise awareness of health issues relevant to families, family members, individuals and the community and to support Member States in increasing their efforts to strengthen health policies on these issues;*

27. The Regional Office for Africa is promoting the application of a lifecycle approach to improve family health. Support is being provided to countries in an effort to reach the most vulnerable members of families and to provide essential health services to underserved communities. In this regard, the *Women's Health Strategy for the African Region* has been formulated to provide policy orientation for countries.

Operative paragraph 2.3

28. *REQUESTS the Director-General: to support Member States in their efforts to establish or strengthen programmes on parenting through relevant research and international forums for sharing country experiences.*

29. The Regional Office will use a strategic approach for strengthening parenting skills for raising healthy and confident adolescents (and children) within existing child and adolescent health programmes. This approach, known as APADOC (Alliance of Parents, Adolescents and Community), is meant to support Member States to prevent and respond to the major health problems confronting adolescents in an integrated (holistic) manner involving parents, adolescents (and children) and the community. It promotes and advocates for the creation of protective environments in the home and community, while it empowers individual adolescents to choose healthy lifestyles and reduce risky behaviour.

Operative paragraph 2.4

30. *REQUESTS the Director-General: to support Member States in their efforts to fulfil their commitments to the goals and outcomes of relevant United Nations conferences and summits related to the health of family members, in collaboration with relevant partners.*

31. The Regional Office for Africa has established a multidisciplinary African Regional Reproductive Health Taskforce charged with the responsibility of advising the Regional Director on the implementation of family and reproductive health programmes in the Region. The RH Taskforce contributes to the acceleration of the collaboration with the WHO African Regional and country offices as well as the ministries of health, partners, NGOs and other related sectors to develop strategic plans for consolidating gains ensuing from best practices in family and reproductive health, in particular identifying gaps, maximizing relevant opportunities and providing orientations accordingly.

WHA57.12: REPRODUCTIVE HEALTH: DRAFT STRATEGY TO ACCELERATE PROGRESS TOWARDS THE ATTAINMENT OF INTERNATIONAL DEVELOPMENT GOALS AND TARGETS

The Fifty-seventh World Health Assembly,

Operative paragraph 3.2

32. *REQUESTS the Director-General: to devote sufficient organizational priority, commitment and resources to supporting effective promotion and implementation of the reproductive health strategy and the “necessary actions” that it highlights.*

33. Regional strategies on reproductive health, adolescent health and women’s health for the African Region and their respective frameworks for implementation provide guidance and policy orientation for countries and partners. In collaboration with partners, a framework for repositioning family planning aims to improve the quality of the lives of mothers, children and families. The 10-year framework provides direction and orientation for countries, and advocates for strengthening partnerships to ensure provision of adequate resources in order to revitalize family planning in national health programmes.

34. Institutional and regional capacity for accessing and using reproductive health research results is being strengthened through training in the use of the WHO reproductive health library materials and tools. A critical mass of experts is being developed. These experts will provide technical expertise to countries in the formulation, review and redesign

of reproductive health interventions in countries. Best practices in RH are documented and disseminated to countries for sharing information or for replication.

35. A regional reproductive health database has been established to ensure effective monitoring of reproductive health services. Member States have been actively involved in the development and selection of RH core indicators for use in the Region.

Operative paragraph 3.4

36. *REQUESTS the Director-General: to give particular attention to maternal and neonatal health in WHO's first progress report on reproductive and sexual health in 2005, as part of its contribution to the Secretary-General's report to the United Nations General Assembly on progress towards attainment of the development goals of the United Nations Millennium Declaration.*

37. The Regional Office for Africa has taken significant measures to provide orientation for Member States in their efforts to achieve the Millennium Development Goals (MDGs) for maternal and newborn health. A Goodwill Ambassador has been appointed for maternal and newborn health in Africa. The aim is to put maternal and newborn health on the political and development agenda of all governments in the Region.

38. The Regional Office for Africa with collaborating partners has developed a Road Map for accelerating the attainment of the MDGs related to maternal and newborn health in Africa. It provides a framework for the next 11 years for building strategic partnerships for increased investment in maternal and newborn health at institutional and programme levels in countries. As part of the health component of the New Partnership for Africa's Development (NEPAD), the Regional Office for Africa provided technical support for the development Road Map to be presented at the African Union, Heads of State Summit.

WHA57.13: GENOMICS AND WORLD HEALTH

The Fifty-seventh World Health Assembly,

Operative paragraph 5.1

39. *REQUESTS the Director-General: to provide support to Member States for framing national policies and strategies and strengthening capacity so that they can benefit from the advances in genomics relevant to their health problems and regulatory systems, particularly with regard to safety and the need for public awareness.*

40. During the 2002-2003 biennium, the Regional Office for Africa distributed to all countries in the Region the WHO guidelines for strengthening, establishing and operating national bioethics committees to safeguard human subjects in the course of health research. During the 2004-2005 biennium there are plans for supporting countries, through WHO collaborating centres (WCC), to improve their national research policies and plans, and establish or strengthen national bioethics and scientific review committees. The "Implications of genomics for public health in the African Region" will be a substantive agenda item in

both the forthcoming African Advisory Committee for Health Research and Development (AACHRD) meeting and the inaugural biennial conference of WCCs.

Operative paragraph 5.2

41. *REQUESTS the Director-General: to promote WHO's role in collaboration with relevant United Nations bodies in convening regional and international forums and fostering partnerships among the main stakeholders in order to mobilize resources, contribute to building capacity and find innovative solutions to issues associated with advances in genomics research.*

42. The relevant United Nations bodies in the Region and representatives of key health research funding NGOs will be invited to the inaugural biennial conference of WCCs to explore ways of mobilizing resources and strengthening country capacities for public health knowledge generation, dissemination and utilization.

Operative paragraph 5.3

43. *REQUESTS the Director-General: to facilitate exchange between developed and developing countries in the use and application of genomic technologies in order to tackle both local and region specific problems through, for example, training and technical support activities.*

44. The European Parliament on 16 June 2003 established the European and Developing Countries Clinical Trials Partnership (EDCTP) to accelerate the development of new clinical interventions to combat HIV/AIDS, malaria and tuberculosis through a long-term partnership between Europe and developing countries. WHO is a member of the EDCTP Partnership Board that oversees the work of EDCTP. This partnership potentially provides an opportunity for strengthening health research (including genomics) capacities in the Region.

WHA57.14: SCALING UP TREATMENT AND CARE WITHIN A COORDINATED AND COMPREHENSIVE RESPONSE TO HIV/AIDS

The Fifty-seventh World Health Assembly,

Operative paragraph 3.1

45. *REQUESTS the Director-General: to strengthen the key role of WHO in providing technical leadership, direction and support to health systems response to HIV/AIDS, within the United Nations system-wide response, as co-sponsor of UNAIDS.*

46. The WHO Regional Office for Africa will strengthen collaboration with other UN agencies and partners at regional and country levels to ensure attainment of a coordinated response to HIV/AIDS in the context of primary health care and improvement of health systems. To achieve this, the Regional Office will take steps to develop mechanisms for updating UN agencies and other partners on resolutions, declarations and evidence-based achievement in the care and treatment of PLWHA.

Operative paragraph 3.2

47. *REQUESTS the Director-General: to take action within the framework of the “Three Ones” principle.*

48. (a) *to provide support to countries in order to maximize opportunities for the delivery of all relevant interventions for prevention, care, support and treatment of HIV/AIDS and related conditions, including tuberculosis.*

49. The Regional Office will continue to utilize its presence at national and international levels to forge and strengthen partnerships to improve resource mobilization and provide greater technical support to countries’ HIV/AIDS programmes. In this regard, the WHO Regional Office for Africa and UNAIDS are co-sponsoring subregional partner meetings to strengthen coordinated response at country level. Increased efforts will be applied to expand links with “non-traditional partners,” including the private and corporate sectors.

50. (b) *to support, mobilize and facilitate efforts of developing countries to scale up antiretroviral therapy (ART) in a manner that focuses on poverty, gender equality and the most vulnerable groups, within the context of strengthening national health systems while maintaining a proper balance of investment between prevention, care and treatment.*

51. Within the context of emergency management of HIV/AIDS, the Regional Office will support countries to scale up antiretroviral treatment for PLWHA. To expand on this resolution, the African Regional Office will accelerate support to nongovernmental organizations, faith-based organizations, women and youth organizations, and networks of PLWHA in developing programmes and awareness for prevention, service utilization and income generation with emphasis on women and children, the vulnerable and the difficult-to-reach populations.

52. (c) *to provide guidance on accelerating prevention in the context of scaled-up treatment in line with the global health sector strategy for HIV/AIDS.*

53. The Regional Office will support countries to strengthen and expand counselling and voluntary testing services and strengthen early identification and effective treatment with an emphasis on sexually-transmitted infections, TB and HIV/AIDS. Support will be provided to ethically and culturally acceptable information, education and communication in languages most understood by communities, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour, including abstinence, fidelity and expanded access to condoms and sterile injecting equipment.

54. The Regional Office has started the process for scaling up prevention and treatment activities related to mother-to-child transmission of HIV/AIDS. These include increased access to antiretrovirals for HIV-infected mothers, infants and families as well as psychosocial support services for affected mothers and their families.

55. Technical support will be provided to ensure development and accessibility of evidence-based clinical care standards and quality medicines and diagnostic services. The Regional Office will further support countries to strengthen human resource planning and management.

Operative paragraph 3.3

56. *REQUESTS the Director-General: to take measures to improve access of developing countries to pharmaceutical and diagnostic products to diagnose, treat and manage HIV/AIDS, including by strengthening WHO's prequalification project.*

57. Under the guidance of the Regional Director and within the framework of the WHO medicines strategy for 2004-2007, the Regional Office will continue to support countries to implement their national medicines policies to improve access to HIV/AIDS pharmaceutical and diagnostic products in the context of emergency in The 3 by 5 Initiative. In this regard, materials and information on AIDS Medicines and Diagnostics Service (AMDS) will be disseminated in countries in a timely manner.

Operative paragraph 3.4

58. *REQUESTS the Director-General: to ensure that the prequalification review process and the results of inspection and assessment reports of the listed products, aside from proprietary and confidential information, are made publicly available.*

59. The WHO Regional Office for Africa, under the leadership of the Regional Director and in collaboration with partners, will ensure that simplified and pertinent information on the prequalification review process is made publicly available. This includes providing results of inspection and assessment reports of the listed products and taking into consideration aspects of proprietary and confidential information.

Operative paragraph 3.5

60. *REQUESTS the Director-General: to support developing countries in improving management of the supply chain and procurement of good-quality AIDS medicines and diagnostics.*

61. Under the guidance of the Regional Director, the Regional Office in collaboration with partners will continue to assess the current situation of management of the supply chain and procurement of HIV/AIDS medicines and diagnostics in countries. Based on the findings of the assessment, WHO in collaboration with partners will provide targeted technical support for improving the system for more efficiency, effectiveness and better quality assurance.

Operative paragraph 3.6

62. *REQUESTS the Director-General: to provide support to countries to embed the scale-up of the response to HIV/AIDS into a broad effort to strengthen national health systems, with special reference to human resources development and health infrastructure, health system financing and health information.*

63. The Regional Office under the guidance of the Regional Director will support countries to build on the available resources and effectively use the available opportunities in rapidly scaling up interventions against HIV/AIDS. This will be done in a cascade manner

starting from the centre and then scaling peripherally to include first-level health facilities and community-based facilities.

64. Most countries in the African Region suffer from acute or chronic lack of human resources, a factor that will be a major bottleneck in scaling up health services for PLWHA. In collaboration with partners, the Regional Office will provide support to countries to strengthen human resource development, rehabilitate or construct health infrastructure, mobilize and use financial resources, and reorganize and equip health information systems. To support and facilitate this effort, the Regional Office will strengthen the WHO country offices and the capacity of the intercountry professional teams to enhance their roles in supporting countries to rapidly scale up access to treatment by PLWHA in the context of comprehensive care and as a complement to prevention measures.

Operative paragraph 3.7

65. *REQUESTS the Director-General: to provide a progress report on implementation of this resolution to the Fifty-eighth World Health Assembly through the Executive Board.*

66. The Regional Office will develop and use appropriate summaries of the information obtained through various means to inform the Regional Committee as well as the Fifty-eighth World Health Assembly through the Executive Board.

WHA 57.16: HEALTH PROMOTION AND HEALTHY LIFESTYLES

The Fifty-seventh World Health Assembly,

Operative paragraph 2.1

67. *REQUESTS the Director-General: to give health promotion highest priority in order to support its development within the Organization as requested in Resolution WHA51.12, with a view to supporting Member States, in consultation with involved stakeholders, more effectively to address the major risk factors to health, including harmful use of alcohol and other major lifestyle-related factors.*

68. The Regional health promotion strategy (RC51/12) approved in 2001 continues to provide the broad basis for development of health promotion policy and implementation of programmes in countries. Priority Regional Office programmes—especially Child and Adolescent Health, Malaria, HIV/AIDS, Chronic Disease Prevention, Mental Health, Substance Abuse—have been supported to incorporate more comprehensive health promotion components. The Regional Office for Africa will continue to support countries to develop national health promotion policies and plans of action.

Operative paragraph 2.2

69. *REQUESTS the Director-General: to continue to advocate an evidence-based approach to health promotion and to provide technical and other support to Member States in building their capacity for the implementation, monitoring, evaluation and dissemination of effective health promotion programmes at all levels.*

70. Guidelines for design, implementation and evaluation of health promotion interventions have been developed and disseminated to all countries of the Region. Multisectoral teams from 24 countries have been trained in the design, implementation and evaluation of comprehensive health promotion programmes, using the guidelines. The remaining 22 countries will be trained by 2006.

Operative paragraph 2.3

71. *REQUESTS the Director-General: to provide support and guidance to Member States in relation to the challenges and opportunities stemming from the promotion of healthy lifestyles and the management of related risk factors, as outlined in the World health report 2002.*

72. Youth are the focus of the Regional Office efforts to facilitate acquisition of healthy lifestyles. Guidelines for the implementation of school-based interventions have been developed and disseminated to all countries of the Region. Countries are now implementing school health programmes. Ten countries have received technical and financial support to undertake student health behaviour studies. Results of the studies will be used to inform the planning of interventions aimed at improving healthy lifestyles among young people. An initiative aimed at improving communication between adolescents, parents and communities, Alliance of Parents, Adolescents and Community (APADOC), is being implemented jointly with other Regional Office programmes.

WHA57.17: GLOBAL STRATEGY ON DIET, PHYSICAL ACTIVITY AND HEALTH

The Fifty-seventh World Health Assembly,

Operative paragraph 5.1

73. *REQUESTS the Director-General: to continue and strengthen the work dedicated to undernutrition and micronutrient deficiencies, in cooperation with Member States, and to continue to report to Member States on developments made in the field of nutrition (resolutions WHA46.7, WHA52.24, WHA54.2 and WHA55.25).*

74. The Regional Office will continue to provide support to Member states to improve the nutritional status of their populations at all stages of the life cycle. To achieve this goal, activities and integrated programmes will be developed to address especially under-nutrition and micronutrient deficiencies. To sustain nutrition interventions, the Regional Office will support countries to develop and implement national food and nutrition policies and intersectoral plans of action that include aspects of diet-related diseases.

Operative paragraph 5.2

75. *REQUESTS the Director-General: to provide technical advice and mobilize support at both global and regional levels to Member States, when requested, in implementing the strategy and in monitoring and evaluating implementation.*

76. It is planned that Regional Office programmes—especially Chronic Disease Prevention, Health Promotion, Child and Adolescent Health, Nutrition—will incorporate the key messages of the strategy in the respective programme activities starting from June 2004.

Operative paragraph 5.3

77. *REQUESTS the Director-General: to monitor on an ongoing basis international scientific developments and research relative to diet, physical activity and health, including claims on the dietary benefits of agricultural products which constitute a significant or important part of the diet individual countries, so as to enable Member States to adapt their programmes to the most up-to-date knowledge.*

78. Current and new developments and research findings relating to diet, physical activity and health will be accessed and summarized for use by countries. Collection of data on diet and physical activity through the student health survey will continue among interested countries. So far, ten countries are participating in the student health survey, and more will join in 2005 and beyond.

Operative paragraph 5.4

79. *REQUESTS the Director-General: to continue to prepare and disseminate technical information, guidelines, studies, evaluations, advocacy and training materials so that Member States are better aware of the cost/benefits and contributions of healthy diet and physical activity as they address the growing global burden of noncommunicable diseases.*

80. The regional strategies on noncommunicable disease and health promotion have been disseminated to countries. Use of the strategies in countries is resulting in enhanced prevention and control of conditions and diseases relating to diet and physical inactivity, among others. An advocacy document on the prevention and control of noncommunicable diseases (NCDs) is being developed by the Regional Office to facilitate resource mobilization and programming regionally and in countries.

81. The Regional Office has trained teams from 30 countries on the use of the stepwise approach to NCD surveillance. About ten of these countries have been supported to implement activities that revolve around surveillance of NCDs to inform prevention and control programming.

Operative paragraph 5.5

82. *REQUESTS the Director-General: to strengthen international cooperation with other organizations of the United Nations system and bilateral agencies in promoting healthy diet and physical activity throughout life.*

83. The Regional Office has been working with FAO, UNESCO and UNICEF in issues pertaining to diet and physical activity. This has been particularly so in school-based activities. This collaboration will continue.

Operative paragraph 5.6

84. *REQUESTS the Director-General: to cooperate with civil society and with public and private stakeholders committed to reducing the risks of noncommunicable diseases in implementing the strategy and promoting healthy diet and physical activity, while ensuring avoidance of potential conflicts of interest.*

85. The Regional Office has embarked on the mobilization of academic institutions, professional bodies, government institutions and other players for involvement in activities that promote healthy diets and physical activity while avoiding potential conflicts of interest. These efforts will continue.

WHA57.18: HUMAN ORGAN AND TISSUE TRANSPLANTATION

The Fifty-seventh World Health Assembly,

PART I: Allogeneic transplantation**Operative paragraph 2.1**

86. *REQUESTS the Director-General: to continue examining and collecting global data on the practices, safety, quality, efficacy and epidemiology of allogeneic transplantation and on ethical issues, including living donation, in order to update the Guiding principles on human organ transplantation.*¹

87. Allogeneic transplantation entails transplantation of human organs (e.g. kidney, liver, heart, lung, skin, cornea) and tissues (including human cells such as haematopoietic stem cells from bone marrow, peripheral blood or cord blood) to other humans to restore essential functions in circumstances when no medical alternative of comparable effectiveness exists.² The transplantation of organs and tissues raises various issues: access to transplantation; quality and safety; and ethical challenges. There is a dearth of research on these issues.

88. Over the coming years, the Regional Office will encourage the existing regional centres of excellence involved in organ and tissue transplantation to apply for WHO collaborating centre (WCC) status. The Regional Office will then commission such centres to continually collect, analyse and disseminate data on the practices, safety, quality and effectiveness of allogeneic transplantation and related ethical issues.

Operative paragraph 2.2

89. *REQUESTS the Director-General: to promote international cooperation so as to increase the access of citizens to these therapeutic procedures.*

90. WHO will undertake a survey in the African Region to determine the availability of therapeutic procedures related to human organ and tissue transplantation. This information

¹ Document WHA44/1991/REC/1, Annex 6.

² WHO, Human organ and tissue transplantation, EB113/14.

will be disseminated to all the Member States to facilitate regional cooperation with a view to increasing access to organ and tissue transplantation services.

Operative paragraph 2.3

91. *REQUESTS the Director-General: to provide, in response to requests from Member States, technical support for developing suitable transplantation of cells, tissues or organs, in particular by facilitating international cooperation.*

92. Although there is no relevant in-house technical capacity, whenever there are requests from Member States for technical support related to human organ and tissue transplantation, WHO will facilitate sourcing of such capacities from countries (or regions) where it exists.

Operative paragraph 2.4

93. *REQUESTS the Director-General: to provide support for Member States in their endeavours to prevent organ trafficking, including drawing up guidelines to protect the poorest and most vulnerable groups from being victims of organ trafficking.*

94. WHO will support the development of a regional guide to safety and quality assurance of organs, tissues and cells, based on the *Guiding principles on human organ transplantation* endorsed by the World Health Assembly through Resolution WHA44.25. Efforts will also be made to sensitize countries on the need for adopting laws against the purchase and sale of organs in accordance with the *Guiding principles*. In addition, the WHO will continue supporting countries in establishing (where they do not exist) national bioethics review committees to deal with ethical aspects of human organ and tissue transplantation.

PART II: Xenogeneic transplantation

Operative paragraph 2.1

95. *REQUESTS the Director-General: to facilitate communication and international collaboration among health authorities in Member States on issues relating to xenogeneic transplantation.*

96. Xenotransplantation is any procedure that involves the transplantation, implantation or infusion into a human recipient of either live cells, tissues or organs from a nonhuman animal source, or human body fluids, cells, tissue or organs that have had *ex vivo* contact with live nonhuman cells, tissues or organs.³

97. The Regional Office will facilitate distribution to Member States of the document entitled, *WHO guidance on xenogeneic infection/disease surveillance and response: A strategy for international cooperation and coordination*.

³ WHO, WHO Guidance on xenogeneic infection, disease surveillance and response: A strategy for international cooperation and coordination, Geneva, WHO/CDS/CSR/EPH/2001.2.

Operative paragraph 2.2

98. *REQUESTS the Director-General: to collect data globally for the evaluation of practices in xenogeneic transplantation.*

99. The WHO collaborating centres alluded to in operative paragraph 2(1) of Part I (Allogeneic transplantation) above will also be given the tasks of collecting, analysing and disseminating data on both allogeneic and xenogeneic transplantation.

Operative paragraph 2.3

100. *REQUESTS the Director-General: to inform proactively Member States of infectious events of xenogeneic origin arising from xenogeneic transplantation.*

101. WHO will inform the Member States in a timely manner of any infectious events of xenogeneic origin arising from xenogeneic transplantation, if and when they occur.

Operative paragraph 2.4

102. *REQUESTS the Director-General: to provide, in response to requests from Member States, technical support in strengthening capacity and expertise in the field of xenogeneic transplantation, including policy-making and oversight by national regulatory authorities.*

103. Given the specialized nature of the field of xenogeneic transplantation, WHO will utilize the services of the relevant WHO collaborating centres globally to provide technical support in strengthening relevant national capacities and expertise, in response to specific requests from Member States.

WHA57.19: INTERNATIONAL MIGRATION OF HEALTH PERSONNEL: A CHALLENGE FOR HEALTH SYSTEMS IN DEVELOPING COUNTRIES

The Fifty-seventh World Health Assembly,

Operative paragraph 2.1

104. *REQUESTS the Director-General: to establish and maintain, in collaboration with relevant countries, institutions and organizations, information systems which will enable the appropriate international bodies to monitor independently the movement of human resources for health.*

105. Studies and surveys on brain drain and migration of health workers were conducted in the African Region by partners, stakeholders and international agencies.

106. In collaboration with the International Organization for Migration, WHO will work with countries on managing migration of the health workforce in Africa. A major activity will be to set up information systems on human resources in countries. This will be the backbone of the system to monitor international migration.

Operative paragraph 2.2

107. *REQUESTS the Director-General: in cooperation with international organizations within their respective mandates, including the World Trade Organization, to conduct research on international migration of health personnel, including in relation to trade agreements and remittances, in order to determine any adverse effects, and possible options to address them.*

108. WHO has commissioned research on various areas related to migration of health workers internationally and regionally. A current study in Ghana, is investigating the costs of migration, both educational costs and lost benefits to source countries.

109. The Regional Office is involved in organizing a meeting with WHO headquarters and partners that will develop a global agenda for human resources for health. One item on the agenda will be devoted to issues related to migration of health workers.

Operative paragraph 2.3

110. *REQUESTS the Director-General: to explore additional measures that might assist in developing fair practices in the international recruitment of health personnel, including the feasibility, cost and appropriateness of an international instrument.*

111. WHO started the process of consultation with regional and international organizations, including diaspora organizations and networks to design strategies and ways of minimizing the negative impacts and to strengthen contributions.

Operative paragraph 2.4

112. *REQUESTS the Director-General: to support Member States to strengthen their planning mechanisms and processes in order to provide for adequate training of personnel to match their needs.*

113. The Regional Office is working with countries to move towards comprehensive human resources for health planning and implementation through a thorough analysis of the human resource situation in the broader context of health systems and on-going health reforms. Curricula reviews have been undertaken in some countries. Others have introduced training programme reforms with the support of WHO.

114. The World Bank and International Monetary Fund will be approached to reconsider and influence some aspects of the macroeconomic policies that affect recruitment and promotion of health personnel in the African Region.

Operative paragraph 2.5

115. *REQUESTS the Director-General: to develop, in consultation with Member States and all relevant partners, including development agencies, a code of practice⁴ on the*

⁴ It is understood that, within the United Nations system, the expression *code of practice* refers to instruments that are not legally binding.

international recruitment of health personnel, especially from developing countries, and to report on progress to the Fifty-eighth World Health Assembly.

116. WHO has planned to establish a small working group, including people who were involved in drafting the Commonwealth Code of Practice, to review the Code and propose ways of improving it.

Operative paragraph 2.6

117. *REQUESTS the Director-General: to support efforts of countries by facilitating dialogue and raising awareness at the highest national and international levels and between stakeholders about migration of health personnel and its effects, including examination of modalities for receiving countries to offset the loss of health workers, such as investing in training of health professionals.*

118. In September 2003, ministers of health in the African Region decided to table human resources for health (HRH) issues for discussion at all sessions of the WHO Regional Committee for Africa. Modalities for receiving countries to offset the loss of health workers will be further examined at the Special Summit of African Union Heads of State and Government scheduled for April 2005.

119. Countries will be encouraged to engage the G8 countries on migration issues within the context of NEPAD as a way of influencing the international community to respond to the plight of African countries.

Operative paragraph 2.7

120. *REQUESTS the Director-General: to mobilize all relevant programme areas within WHO, in collaboration with Member States, in order to develop human resources capacity as well as improve health support to developing countries by setting up appropriate mechanisms.*

121. In addition to the existing process of joint planning among programmes, the HRH programme has interacted with Making Pregnancy Safer, Malaria, Child and Adolescent Health and HIV/AIDS. Joint missions were conducted with HQ and other programmes within the Regional Office, including WHO collaborating centres.

Operative paragraph 2.8

122. *REQUESTS the Director-General: to consult with the United Nations and specialized agencies on the possibility of declaring a year or a decade of "Human Resources for Health Development".*

123. During the celebration of the year 2005 as the Year of Human Resources for Health, as declared by the African Union, the declaration of a "Decade for Human Resources for Health Development" is being advocated.

Operative paragraph 2.9

124. *REQUESTS the Director-General: to declare the theme of World Health Day 2006 to be “Human Resources for Health Development”.*

125. A proposal has been submitted for consideration by the Director-General. Once the theme for World Health Day has been declared, the Regional Office will work with countries and partners to contribute to the activities to celebrate World Health Day.

Operative paragraph 2.10

126. *REQUESTS the Director-General: to include human resources for health development as a top priority programme area in WHO’s General Programme of Work 2006–2015.*

127. WHO has elevated the human resources for health programme to a full area of work as from the 2006–2007 biennium.

128. There has been progressive strengthening of the HRH unit in the Regional Office since the 2000–2001 biennium.