



WORLD HEALTH ORGANIZATION

SIXTIETH WORLD HEALTH ASSEMBLY

July 2006

Draft Resolution

The Sixtieth World Health Assembly,

Recalling the ALMA/ATA Declaration, the Bangkok Charter, the Mexico Statement, and all other juridical instruments of international health regime,

Having considered all studies, reports and projects the World Health Organization (hereinafter referred to as “WHO”) Regional Offices have been carrying on all over the world, which are having a valuable effect on the decision-making and policy-building processes that may affect environmental health,

Emphasizing that high priority should be given to environmental sustainability in order to fulfill the Health-for-All Policy,

Recalling that the Article 14 of the International Health Regulations (2005) states that the WHO “shall cooperate and coordinate its activities, as appropriate, with other competent intergovernmental organizations or international bodies”,

Noting with satisfaction the search for new strategies, as claimed for the Health-for-All Policy, including in environmental health, namely, the “Primary Environmental Care” principle, made official by the Pan-American Health Organization (hereinafter referred to as “PAHO”), Regional Office of WHO for the Americas, through the document OPS/HEP/98.1 (1998),

Welcoming the “Ecosystems and Human Well-Being” report of the Millennium Ecosystem Assessment and noting the references to the resources needed to scale up the coverage of essential interventions to achieve desired ecosystems’ health outcomes, and

Recalling also that resolution WHA57.19 urged Member States “to develop strategies to mitigate the adverse effects of migration of health personnel and minimize its negative impact on health systems”,

Recalling further its resolutions WHA55.11, WHA58.3, WHA58.17, WHA58.30 and WHA59.27, as well as the World Health Report 2006,

Considering the need for health systems to grantee higher priority to human resources policies and towards the development and strengthening of human resources management within the framework of the current sectoral reforms,

Acknowledging that sound information is critical in framing evidence-based health policy and making decisions, and fundamental for monitoring progress towards internationally agreed health-related development goals, including those contained in the United Nations Millennium Declaration,

Bearing in mind the need of countries being in constant touch with the Secretariat, in order keep WHO’s database updated,

Bearing in mind further the “Health-For-All in the 21st Century” policy principles, and also the Millennium Development Goals (hereinafter referred to as “MDGs”),

Considering the policy reform goals as granting access to high-quality services; secure adequate resources for public health; and strengthening institutional capacity for policy-making,

Recalling that several reports of the Director-General claimed for recruitment and retention strategies, and that, in this sense, retention means to avoid brain draining, health workforce run-out and is an essential piece for achieving the Health-For-All goal,

Recognizing the importance of the development of effective human resources policies and plans to achieve universal access to quality health services and meet priority health need of our population,

Recognizing also that skill mix and health team balance are essential to maintain the equilibrium of national health systems,

Recognizing further the key-role women play on health prevention, primary health care and hygiene and, thus, the necessity of qualifying them with basic health knowledge,

1. *DECIDES* to establish, in accordance with Article 18 paragraph “e” of the Constitution of the WHO, a “Special Commission on Public Policies for Ecosystems’ Health” (hereinafter referred to as “SCEH”) integrated by international technical personnel, so as to create a nation-level instructive plan to assure the sustainable use of ecosystems services by industries, agriculture, government bodies and general population;
2. *DECIDES ALSO* that the SCEH shall present the aforementioned instructive plan to the next World Health Assembly and that its adoption as WHO’s official policy must be voted by the Assembly;
3. *URGES* Member States:
 - (1) to promote multi-stakeholder dialogue at national level to consider the interplay between ecosystems’ health and human well-being;
 - (2) to adopt, where necessary, policies, laws and regulations that deal with issues identified in that aforementioned dialogue and take advantage of the potential opportunities, and address the potential challenges that environmental problems may have for health;
 - (3) to apply or establish, where necessary, coordination mechanisms involving Ministries of environment, health, and finance, and other relevant institutions, to address public health related aspects of environmental problems, including those resulting from economic activities;
 - (4) to strengthen efforts on preventing ecosystems degradation, including by adopting the necessary policies, laws and regulations;
 - (5) to make the necessary institutional changes and reforms, including for granting transparency and accountability, in order to improve efficiency of national environmental preventive and protective policies;
 - (6) to apply the “Primary Environmental Care” principle, in order to coordinate efforts of the multiple stakeholders, specially national, regional and local governments, as well as civil society, and enhance results on national environmental preventive and protective policies;
 - (7) to share in providing the necessary financial support to WHO for its environment and health activities;
4. *REQUESTS* Member States to report annually to WHO on achievements and areas needing greater efforts, as well as on national environmental activities, work plans and financial requirements;
5. *REQUESTS FURTHER* that particular attention be paid to developing a harmonized environment and health information system, as well as to drawing up policies that will further protect public health from the impacts of major environment-related hazards such as those arising from climate change, housing and chemicals;
6. *ENCOURAGES* international financial institutions to adopt as credit conditionalities environmental protection measures taken or to be taken by borrowing countries;
7. *REQUESTS* the Director-General to continue to provide leadership to the Environment and Health process by further promoting the Regional Offices’ and country offices’ activities in the following areas, with special attention to vulnerable population groups such as children and women:
 - (1) continuing to address the links between health and the environment and to assess health impacts;

- (2) monitoring trends, conducting research and developing scenarios on exposures, health effects and policy responses and requirements;
- (3) developing evidence-based norms, guidelines and risk assessment tools for application at all relevant levels, with special reference to assessment of the burden of environment-related diseases on health systems;
- (4) identifying appropriate risk management techniques, including those addressing risk communication and perception, through the collection, analysis and interpretation of case studies as well as the identification of best practices;
- (5) supporting further work on health decision-making under scientific uncertainty and the application of the precautionary principle;
- (6) advocating the inclusion of environment and health considerations in the policies and actions of other sectors;
- (7) promoting effective emergency preparedness and response capacity on emerging and re-emerging environmental health threats such as those related to extreme weather events.
- (8) providing technical support to countries to frame policies and to implement national commitments and action plans that promote consumption patterns at individual and national levels that are sustainable and health promoting;

8. *URGES* Member States:

- (1) to grantee higher priority to human resources development policies in their sectoral reform processes in general and to human resources management in the health services in particular, mobilizing mechanisms to sensitize and commit sectoral leaders and other relevant actors to the achievement of this goal and integrating personnel management into the general management of health services;
- (2) to actively encourage the involvement of nurses, doctors, midwives and other health professionals in the development of country human resources policies and programmes, given the valuable expertise and experience that these workers can contribute to national health sector reform processes and to provide them a better career plan;
- (3) to exert effective leadership in establishing a national agenda for human resources for health and promote the active involvement of relevant stakeholders, as national, regional and local governments, international organizations, NGOs, health professional unions and civil society, in all phases of policy-building process;
- (4) to adopt, if not existent, a model of institutional devolution on development of health policies, so that responsibility for health care can be partially transferred from the central administration to regional and local authorities;
- (5) to analyze a revision on bureaucratic structure of countries' health systems in order to avoid misdirection of available resources, easing the access to health services and facilities;
- (6) to encourage a larger part of their young population to specialize in the health field in order to address a solution for lack of workforce and human resources;
- (7) to focus the importance of strengthening the WHO's Health Leadership Service so that it can build efficient capacity of management through the health knowledge chains generated at the participant countries by trained local leaders;
- (8) to goad for initiatives that focus on the capacity-building centers at low-income countries so as to provide basic health infra-structure, improve their health systems and grantee primary health care;

- (9) to provide training of human resources in preventive measures in order to grant basic health improvements through sanitary disposables, social service and educational approach;
 - (10) to encourage private initiative's role through incentives for social responsibility within health sector, and emphasize the need to improve private-public partnership in order to enhance efficiency of information systems;
 - (11) to allow more effective resource allocation in response to the socio-demographic and cultural characteristics of each region and achieving a more balanced development of the country's health services;
 - (12) to establish international cooperation for health information systems, through exchange of technological know-how and tools so as to provide the necessary database for improving health systems and actions;
 - (13) to urgently establish programmes for the development of human resources which support the recruitment and retention, while ensuring equitable geographic and demographic distribution of sufficient and balanced numbers of health professionals of several specialties;
 - (14) to cooperate with the United Nations Theme Group on HIV/AIDS, expanding successful programmes and investing in the most needed area not only with financial aid but also promoting volunteering workforce;
 - (15) to assure full reaching by civil society of health services to countries in conflict and post-conflict situation, specially primary health care and food security, granting total safety to civil personnel who is providing humanitarian aid, as stated by the Geneva Conventions, the Convention on the Safety of United Nations and Associated Personnel, the Convention relating to the Status of Refugees and other important international law instruments;
9. *RECOMMENDS* Member States:
- (1) to invest in health facilities through the UN funds, not only building new facilities but also improving the existing ones and granting thereby that all resources reach the proposed objective;
 - (2) to stimulate local partnership programmes in order to improve health systems action range;
10. *EMPHASIZES* the need of cooperation between private and public sectors in order to provide more accessible drug prices and equal access to different regions and groups of people;
11. *ENCOURAGES* Member States, international organizations, non-governmental organizations (NGOs) and private institutions:
- (1) to sponsor scholarship programmes, international scientific cooperation and international universities exchange programmes, providing exchange of information and training capacity of personnel in order to stimulate workforce and enhance health practice;
 - (2) to invest in workplace safety, such as clean work environment and sterilized equipment, in order to guarantee the safety of workers' health and avoid the spread of infectious diseases in the workplace;
12. *CLAIM* mass media vehicles and cultural programmes to cooperate with national governments in order to assure to necessary communication range in order to spread out health prevention and primary health care and pandemics in civil society;
13. *ENCOURAGES* non-governmental organization and private sector to deeply cooperate with governments and international organizations, particularly in what is related to communication range and information systems;

14. *ENCOURGES ALSO* Member States to increase the number of international university exchange programmes, assuring that for a larger part of health students will be settled an specific period of time, in which it is supposed to be guaranteed that the ones attending the programme must stay in the foreign country only while receiving training so they can return to their homeland and expand knowledge in those sites;
15. *REQUESTS* Member States
 - (1) to report annually to the Secretariat about their health systems, including updated data of health systems improvements, needs and areas demanding more investments;
 - (2) to focus the empowerment of community health professionals, and their constant touch with local, regional and national governments, so as them be able to report the necessities of local communities in periodical redesign of health policies;
 - (3) to increase the investments in successful ongoing projects involving WHO and national governments;
16. *ENCOURAGES* WHO Regional Offices to work on specific programmes goading community leadership fit to the regional demands and necessities;
17. *REQUESTS* the Director-General:
 - (1) to emphasize the importance of creating quality benchmarks on pharmacology and providing the necessary *liaison* amongst national governments and the other relevant stakeholders so as to enhance efficiency of disease-combat, particularly in developing countries and low-income countries;
 - (2) to engage the interest and will of political authorities in the sector to accord higher priority to human resources policies and, specifically, to the development and strengthening of human resources management in the health sector;
 - (3) to increase WHO's activities in health statistics at global, regional and country levels and provide support to Member States to build capacities for development of health information systems and generation, analysis, dissemination and use of data;
 - (4) to promote better access to health statistics, encourage information dissemination to all stakeholders in appropriate and accessible formats, and foster transparency in data analysis, synthesis and evaluation, including peer review.