



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



52nd DIRECTING COUNCIL **65th SESSION OF THE REGIONAL COMMITTEE**

Washington, D.C., USA, 30 September–4 October 2013

Provisional Agenda Item 7.5

CD52/INF/5 (Eng.)

9 August 2013

ORIGINAL: SPANISH

A. SIXTY-SIXTH WORLD HEALTH ASSEMBLY

1. The 66th World Health Assembly of the World Health Organization (WHO) was held on 20-28 May 2013 in Geneva (Switzerland) and attended by representatives and delegates of 188 Member States. Dr. Shigeru Omi (Japan) acted as President of the Assembly. Five countries served as vice-presidents: Angola, Haiti, Nepal, Oman, and Ukraine, in representation of their respective regions. Dr. Florence Duperval Guillaume, Minister of Health of Haiti, replaced the President during the fifth plenary session of the General Assembly.

2. At the opening of the Assembly, Dr. Margaret Chan, Director-General of WHO, called attention to the outbreak of two new diseases: infections in human beings caused by a new coronavirus and by the influenza H7N9 virus. She emphasized that both diseases are a reminder to the entire world that the threat of emerging and epidemic-prone diseases is omnipresent. She also underlined the importance of maintaining strict surveillance and of immediate notification to WHO, as well as strict fulfillment of the obligations of the Member States settled in the International Health Regulations (2005).

3. She reported on the progress of the debate about the place that health should occupy on the post-2015 development agenda and urged Member States to fight strongly to ensure that health is placed high on the new development agenda. She presented information on the scope of the health-related Millennium Development Goals (MDG) and acknowledged the efforts made by countries to fulfill the MDGs, but urged them to redouble their efforts to overcome certain obstacles that hinder the delivery of services.

4. She emphasized that despite the achievements, the task is not easy, in particular the fight against noncommunicable diseases, especially since the risk factors are amplified by very economically powerful products and forces. She emphasized that WHO would never have good relations with the tobacco industry, but recognized that it would be possible to work with other industries that could play a role in reducing the

risks of noncommunicable diseases, while always ensuring that WHO avoids conflicts of interest.

5. She made special mention of the commitment made by all to achieve universal health coverage and said that both WHO and the Member States were on the right path.

6. The Credentials Committee comprised of 12 Member States, was appointed, with the delegates of Canada and Nicaragua representing the Region of the Americas.

7. The Chairman of the Executive Board, Dr. Joy St. John, Director General of Health of Barbados, submitted her report on the subjects reviewed during the 131st and 132nd sessions of the Executive Board, highlighting the resolutions adopted by the Council.

8. The agenda of the Assembly included 23 general items, most of them related to technical and health matters; 13 progress reports on technical subjects; and 17 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 24 resolutions and made 13 decisions.

9. 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_wha66.html.

10. Table 1 contains a list of the resolutions adopted by the World Health Assembly that are of interest to the Region and the related Pan American Health Organization (PAHO) resolutions, as well as the implications that the WHA resolutions have for the Region and the progress that has been made on these subjects.

Other Matters: Executive Board

11. The 133rd meeting of the Executive Board was held on 29-30 May. The Presidency of the Executive Board rested with Australia. Argentina, Brazil, and Suriname were selected to be Executive Board members, complementing Cuba, Mexico, and Panama as the six members of the Region.

12. The agenda of the 131st Session of the Executive Board included 13 items, among them WHO reform; comprehensive and coordinated efforts for the management of autism spectrum disorders; a report by the Secretariat to provide a basis for a discussion on psoriasis; a report by the Secretariat suggesting an approach for the evaluation of the global strategy and plan of action on public health, innovation, and intellectual property; a report on improving the health of patients with viral hepatitis, based on the

framework for global action. The Board made 10 decisions and adopted three resolutions at this session.

13. Finally, the Board took note of the reports submitted and approved the date and location of the 67th World Health Assembly, among other matters. It was agreed that the 67th World Health Assembly would be held at the Palais des Nations, in Geneva, starting on 19 May 2014 and ending no later than 24 May. The Board also decided that its 134th meeting will begin on Monday 20 January 2014, at WHO headquarters in Geneva, ending no later than 25 January; that the Programme, Budget, and Administration Committee of the Executive Board will hold its 19th meeting 16-17 January 2014, at WHO headquarters, and that its 20th meeting will be held 15-16 May 2014, at WHO headquarters in Geneva.

14. Table 2 presents a list of the resolutions approved by the 133rd Meeting of the Executive Board of interest to the Region, and the PAHO resolutions linked with them, as well as the implications of these resolutions for the Region and the progress made in these areas.

15. 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_eb133.html.

Action by the Directing Council

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

**Table 1: Resolutions of Interest to the Region of the Americas
Approved by the 66th World Health Assembly**

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
<p>WHA66.1 Twelfth General Programme of Work, 2014–2019</p>	<p>A66/6 Draft twelfth general programme of work</p> <p>A66/4 WHO reform High-level implementation plan and report</p>	<p>CE152/10, Rev. 1 Proposed PAHO Strategic Plan 2014-2019</p>	<p>The WHO Twelfth General Programme of Work, 2014-2019 presents the WHO's strategic vision for its work over the next six years and is one of the most important components of WHO programmatic reform. The document approved by the World Health Assembly is the result of several revisions, interactions, and consultations with the Member States and the Secretariat. The WHO Twelfth General Programme of Work has strongly influenced the preparation of the new PAHO Strategic Plan for 2014-2019 and a high degree of harmonization and alignment has been achieved. The PAHO Strategic Plan 2014-2019, with certain adaptations that reflect regional specificities, clearly identifies the Region's contribution to the global health agenda and uses the WHO programmatic structure (categories and programmatic areas), as well as the WHO results chain. As much as possible, the indicators proposed by WHO have been used to facilitate monitoring and reporting.</p>
<p>WHA66.2 Programme budget 2014–2015</p>	<p>A66/7 Proposed Program and Budget 2014-2015</p>	<p>CE152.SS.R1 Allocation of Funds by WHO to the Region of the Americas</p> <p>CE152/11 Proposed PAHO Program and Budget 2014-2015</p>	<p>The WHO Programme budget 2014-2015, like the General Programme of Work, was used extensively in the preparation of the PAHO Program and Budget 2014-2015, and a high degree of harmonization and alignment has been achieved.</p> <p>With regard to the budget component, it should be kept in mind that, for the first time, the World Health Assembly did not approve the appropriation of assessed contributions, giving the Director-General complete flexibility to decide later on the appropriation of assessed contributions. This decision could have implications for the Region of the Americas, which has been receiving a more or less constant amount of assessed contributions over the past three biennia.</p>

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<p>WHA66.3 Amendments to the Financial Regulations and Financial Rules</p>	<p>A66/33 Amendments to the Financial Regulations and Financial Rules</p>	<p>CE152/18 Amendments to the Financial Regulations</p>	<ul style="list-style-type: none"> • The WHA has approved the amendments to the WHO Financial Regulations, effective 1 January 2014. • The main changes concern Regulation V. Provision of Regular Budget Funds, since this is now extended to cover both assessed and voluntary sources to finance the entire budget. Furthermore, Regulation VII. Working Capital Fund and Internal Borrowing is revised to address the way in which the budget may be financed through the Working Capital Fund and internal borrowing, prior to the receipt of the assessed contributions. • Although PAHO's Regulations do not require the Director to raise Voluntary Contributions, estimates of Voluntary Contributions are included as part of the Program and Budget and are reported to the Governing Bodies. The change to the Working Capital Fund is in line with PAHO's current Financial Regulations. • PAHO has its own Financial Regulations; therefore, the changes to the WHO Financial Regulations do not have a major impact on PAHO.
<p>WHA66.4 Towards universal eye health: a global action plan 2014-2019</p>	<p>A66/11 Draft action plan for the prevention of avoidable blindness and visual impairment 2014-2019</p>	<p>CD49.R11 Plan of Action on the Prevention of Avoidable Blindness and Visual Impairment</p> <p>CD49/19 Plan of Action on the Prevention of Avoidable Blindness and Visual Impairment</p>	<p>Considering that PAHO has approved an plan of action for the prevention of blindness and avoidable visual deficiencies, it would be advisable to review it in the light of the global action plan 2014-2019 and align the PAHO regional plan of action with the action plan approved by the World Health Assembly. The new regional plan could be submitted to the PAHO Governing Bodies in 2014 and would include the following objectives, among others:</p> <ul style="list-style-type: none"> • Implement, at the regional level and according to national priorities, the

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		<p>CD52/INF/4 (G) Towards the Elimination of Onchocercosis (River Blindness) in the Americas</p> <p>CD48.R12 Towards the Elimination of Onchocerciasis (River Blindness) in the Americas</p>	<p>measures proposed in the global action plan, in particular universal and equitable access to health services.</p> <ul style="list-style-type: none"> • Improve the integration of eye health into national health plans and the delivery of health services. • Develop plans and programs to improve the quality of eye health services. • Identify, document, and publish good practices in national eye health programs. • Monitor the implementation, outcomes, and impact of eye health policies.
<p>WHA66.6 Financial report and audited financial Statements for the period 1 January 2012–31 December 2012</p>	<p>A66/29 Financial Report and Audited Financial Statements for the year ended 31 December 2012</p>	<p>Official Document No. 344 Financial Report of the Director and Report of the External Auditor for 2012</p>	<ul style="list-style-type: none"> • PAHO also received an unqualified audit opinion on its 2012 Financial Statements. PAHO's External Auditors provided a Letter of Comfort to the WHO External Auditors with regard to the WHO funds administered by PAHO. • PAHO will present its 2012 audited Financial Statements and the Report of the External Auditor to PAHO's 152nd Executive Committee in June 2013. <p>The following important aspects of the WHO financial report may be of interest to the Region:</p> <ul style="list-style-type: none"> • Overall financial situation improved, but concerns remain. • Accounting surplus of \$214m includes funds to be made available for 2013 (<i>PAHO has a similar net surplus, but because it is the interim, funds remain available for the second year of the biennium</i>); however some areas of the budget are underfunded.

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			<ul style="list-style-type: none"> • PBAC noted unfunded long term liabilities, specifically staff health insurance of \$823m, which WHO anticipates funding by 2042 (<i>PAHO will also show a net liability for ASHI – this will be highlighted and explained in the presentation of the Financial Report of the Director for 2012 to the ExCom in June. However, a 30 year funding scenario poses challenges for the Organization</i>). • PBAC noted imbalance between earmarked and unearmarked (8%) VC (the vast majority of PAHO VC funds are earmarked). • PBAC emphasized importance of showing meaningful budgetary comparisons against expenditure in Statement 5 (<i>As the budget is biennial and the financials are annual, there is a theoretical constraint – PAHO has chosen to show the full budget against the annual expenditure which illustrates the balance of funds to be implemented in the biennium</i>). • PBAC emphasized the need for a healthy cash surplus and recommended that estimated staff costs be covered for a biennium (<i>PAHO has similar cash flow challenges due to the concentration of contributions in a few large member states – currently, PAHO has depleted its working capital fund and is using internal resources to fund the Regular Budget pending the receipt of assessments</i>).
<p>WHA66.7 Implementation of the recommendations of the United Nations</p>	<p>A66/14 Follow-up actions to recommendations of the high-level commissions convened to advance</p>	<p>CD52/INF/4(A) Regional Strategy and Plan of Action for Neonatal Health within the continuum of Maternal, Newborn, and</p>	<p>Through the regional programs, following up on the commitment made in Resolution WHA66.7 to provide the population, especially the poorest population, with access to the 13 life-saving commodities:</p>

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Commission on Life-Saving Commodities for Women and Children	women's and children's health	Child Care (2008-2015): Mid-term Evaluation CD45.R7 Access to Medicines CD48.R4, Rev. 1 Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care	This resolution is entirely in line with the approach taken by the Member States of the Americas in accordance with Resolution CD45.R7 (2004): assign priority to the issue of access to essential medicines and other public health supplies, addressing the determinants of access at the national level with special focus on poor and marginalized populations; develop generic drug policies as a means to increase the availability and affordability of essential medicines, ensuring product quality and safety through effective regulation; and promote rational use through incentives aimed at both providers and users.
WHA66.8 Comprehensive mental health action plan 2013-2020	A66/10 Rev.1 Draft comprehensive mental health action plan 2013-2020	CD49.R17 Strategy and Plan of Action on Mental Health CD49/11 Strategy and Plan of Action on Mental Health	Considering that PAHO approved a Strategy and Plan of Action on Mental Health, it would be advisable to review it in the light of the global action plan 2013-2020.
WHA66.9 Disability	A66/12 Disability	CD50.R8 Health and Human Rights CD50/12 Health and Human Rights	This resolution gives impetus to the sectoral policy-making efforts undertaken by the Member States of the Region to address the situation of persons with disabilities, and gives the Organization the mandate to provide the Member States with the necessary technical cooperation to develop national plans that guarantee the social protection of persons with disabilities and their access to information, habilitation and rehabilitation services, and assistive technologies. The resolution also supports proper training for health professionals. In this context, it is necessary to develop a regional plan of action with measurable goals to allow more rational planning and use of resources. Also, the different sectors must achieve more effective coordination to bridge the gaps and overcome the barriers that prevent

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			persons with disabilities from fully enjoying their human rights and improving their quality of life.
<p>WHA66.10 Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases</p>	<p>A66/8 Draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases. Formal Meeting of Member States to conclude the work on the comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of noncommunicable diseases.</p> <p>A66/9 A66/9 Corr.1 Draft action plan for the prevention and control of noncommunicable diseases 2013-2020</p> <p>Documents A66/8 and A66/9. Resolution 66/2 of the United Nations General Assembly. Resolution 66/288 of the United Nations General Assembly.</p>	<p>CD51/INF/4 Report on the United Nations High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases</p>	<p>By Resolution WHA66.10 the Member States decided to: adopt the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020; and adopt the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases, including all its goals and indicators. Member States were urged to accelerate implementation by Parties of the WHO Framework Convention on Tobacco Control, and to give high priority to the implementation of the Global strategy on diet, physical activity and health (WHA57.17), the Global strategy to reduce the harmful use of alcohol (WHA63.13), and the recommendations on the Marketing of food and non-alcoholic beverages to children (WHA63.14), as being integral to making progress in this matter. Member States were also urged to strengthen engagement with other sectors and with civil society. The Director was requested to prepare draft terms of reference for a global coordination mechanism of an intersectoral nature, and to conduct regional consultations.</p> <p>The Region of the Americas has taken a very active part in the global process, presenting a united position on several points of discussion and showing clear leadership in comparison with other regions. The global action plan provides a road map with a selection of policy options for the States and other key actors to take coordinated and coherent action. For the first time, the plan promotes nine voluntary goals and a monitoring framework with 25 indicators that the Region has included in its regional Plan and that the countries can adapt and adjust</p>

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			for inclusion in their national health plans and in the noncommunicable diseases policy component.
<p>WHA66.11 Health in the post-2015 UN development agenda</p>	<p>A66/47 Health in the post-2015 UN development agenda</p> <p>A66/13 Monitoring the achievement of the health-related Millennium Development Goals</p> <p>A66/15 Social determinants of health</p>	<p>CE152/INF/6 Health in the Post-2015 Development Agenda: Report on the Panel Preparations</p> <p>PAHO website that includes a set of tools to support Member States: http://new.paho.org/mdg/post2015/</p>	<p>Resolution WHA66.11 urges the Member States to ensure that health is central to the post-2015 UN development agenda and to actively engage in discussions in order to accomplish this; to honor their commitments toward the MDGs and to support the countries at risk of not achieving them; it asks the Director-General to include the discussion of health in the post-2015 UN development agenda as an agenda item in the meetings of the WHO regional committees.</p> <p>The subject is already in the agenda both of the Executive Committee and the Regional Committee of the Americas.</p>
<p>WHA66.12 Neglected tropical diseases</p>	<p>A66/20 Neglected tropical diseases Prevention, control, elimination and eradication</p> <p>Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation. http://www.who.int/neglected_diseases/NTD_RoadMap_2012_Fullversion.pdf</p> <p>WHA65.21 Elimination of schistosomiasis</p>	<p>CD49.R19 Elimination of Neglected Diseases and Other Poverty-Related Infections</p> <p>CD50.R17 Strategy and Plan of Action for Chagas Disease Prevention, Control, and Care</p> <p>CD48/13 Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases</p> <p>PAHO Technical Report (2010): Control and Elimination of Five Neglected Diseases in Latin America and the Caribbean, 2010-2015:</p>	<ul style="list-style-type: none"> • The resolution approved by the Assembly will help strengthen PAHO technical cooperation with the countries for the control and elimination of neglected tropical diseases, and will provide stronger support for the agreements in PAHO Resolution CD49.R19 (2009). • The Region of the Americas has made significant progress toward the control and elimination targets. One of the main challenges now is to build capacity to implement preventive chemotherapy interventions to reach at least 75% of the at-risk population for as long as necessary. • In terms of control and elimination, the specific challenges of the corresponding program in the Region involve reaching at-risk school children with antihelminthics; conducting studies to detect Chagas disease in pregnant women; providing tests and full treatment for patients of

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		<p>Analysis of Progress, Priorities and Lines of Action for Lymphatic filariasis (LF), Schistosomiasis, Onchocerciasis, Trachoma and Soil-transmitted helminthiases</p> <p>http://www.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=903&Itemid=1103&lang=en</p>	<p>all ages with leprosy, trachoma, and leishmaniasis; and providing appropriate and timely treatment for persons with chronic Chagas disease, LF, and trachoma.</p> <ul style="list-style-type: none"> Other Regions could benefit from the lessons learned by PAHO in this process, building on the Region's experience in the elimination of Chagas disease (elimination of the household vector, screening of blood banks); onchocerciasis (reaching isolated populations); lymphatic filariasis (especially in urban areas); and schistosomiasis and trachoma (improving surveillance, basic health care, and safe access to water); as well as in the elimination verification process. <p>The Pan American Foot-and-Mouth Disease Center (PANAFTOSA) considers it necessary to step up the promotion of intersectoral work among the ministries of health and agriculture for more comprehensive strengthening of zoonotic disease prevention, monitoring, and control activities.</p>
<p>WHA66.13 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>A66/30 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>CE152/16, Rev. 1 Report on the Collection of Assessed Contributions</p>	<p>In the Region of the Americas at the time of the opening of the 66th World Health Assembly, the voting rights of Grenada were suspended. Antigua and Barbuda would be in the same situation if their quotas have not been paid by the 67th Assembly.</p>
<p>WHA66.18 Follow-up of the report of the Working Group on</p>	<p>A66/41 Follow-up of the report of the Working Group</p>	<p>CE150/INF/1 Process for the Election of the Director of the Pan American Sanitary</p>	<p>Among other aspects, Resolution WHA66.18 establishes a candidates' forum, similar to that of the Region of the Americas, as well as a standard,</p>

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the Election of the Director-General of the World Health Organization	on the Election of the Director-General of the World Health Organization	Bureau and the Nomination of the Regional Director of the World Health Organization for the Americas	limited-length form for the submission candidates' curriculum vitae. This form could be considered by the Member States of the Region as an innovative tool for the procedure of choosing the Regional Director.
WHA66.20 Agreement between the World Health Organization and the South Centre	A66/46 Agreements with intergovernmental organizations Agreement between the World Health Organization and the South Centre	CE152/15 Cooperation among Countries for Health Development in the Americas	<p>The South Centre is an intergovernmental organization of developing countries established by an Intergovernmental Treaty which came into force on 31 July 1995. The organization is made up of 51 countries from the five regions of the World Health Organization.</p> <p>The objectives of the South Centre relevant to cooperation with WHO are: to promote South solidarity and South-South action and cooperation in order to improve mutual understanding and cooperation between the South and the North; and to foster convergent views and approaches, in particular with regard to development.</p> <p>Its 51 Member States include a large number of countries in the Region of the Americas: Barbados, Bolivia, Brazil, Cuba, the Dominican Republic, Ecuador, Guyana, Honduras, Jamaica, Panama, Suriname, and Venezuela. The South Centre may be very useful for implementation of the concepts explained in the document on cooperation among countries to be discussed by the Directing Council, particularly with regard to overcoming the compartmentalization of South-South cooperation within the WHO regions.</p>
WHA66.22 Follow up of the report of the Consultative Expert Working Group on Research and	A66/23 Follow up of the report of the Consultative Expert Working Group on Research and	CSP28/18, Rev. 2 Regional Consultation on the Report of the Consultative Expert Working Group on Research and	The WHO Regional Offices have been requested to organize regional consultations to identify the gaps in research and development related to the acquisition, preparation, and distribution of medical products for diseases that

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<p>Development: Financing and Coordination</p>	<p>Development: Financing and Coordination: Report by the Director-General</p> <p>EB132/21 Follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination: Report by the Director-General</p> <p>EB133/7 Suggested approach for the evaluation of the implementation of the global strategy and plan of action on public health, innovation and intellectual property</p>	<p>Development: Financing and Coordination</p> <p>CD48.R15 Public Health, Innovation, and Intellectual Property: A Regional Perspective</p>	<p>disproportionately affect developing countries.</p> <p>The 66th World Health Assembly also requested the Director-General to undertake activities in relation to monitoring, coordination, and financing for health research and development; and, in accordance with Resolution WHA66.22, to convene a two-to-three-day technical advisory meeting in order to help identify demonstration projects. The Member States, through their regional offices, should submit project proposals to be considered for the demonstrations.</p> <p>PAHO is initiating a regional consultation process to identify three priority areas for research and development, select four demonstration projects, and agree on a methodology to select the four projects to be evaluated by an international group of experts. This process will be carried out between August and October 2013. The regional projects will be presented to WHO in late October 2013.</p>
<p>WHA66.23 Transforming health workforce education in support of universal health coverage</p>	<p>A66/24 Universal Health Coverage</p>	<p>CE152/12, Rev. 1 Social Protection in Health</p> <p>CD52/6 Human Resources for Health</p>	<p>The Region of the Americas has been carrying out technical cooperation activities to help the countries advance in the preparation of national human resources plans that include specific goals related to those presented in the resolution adopted by the Assembly.</p> <p>PAHO should further strengthen the lines of work now in place to support universal health coverage and implement the protocol and standardized instrument to be created by WHO, as stated in Document A66/24.</p> <p>PAHO has selected an instrument to evaluate the goals and is in the second stage of measuring the goals in most countries in the Region.</p>

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			<p>New guidelines have been developed for training health professionals with a primary health care (PHC) approach.</p> <p>A proposal has been developed with specific recommendations to refocus medical residencies in order to ensure a supply of specialists in family medicine and to design strategic plans for their retention in underserved areas.</p> <p>Virtual courses on PHC have been designed and delivered through the Virtual Campus for Public Health.</p> <p>Networks and communities of practice have been created among schools and associations of health professionals in several countries.</p> <p>Public health competencies have been defined for reference in the design of academic training programs and continuing education programs.</p> <p>A draft document has been prepared for the PAHO Governing Bodies, aimed at increased access to health services for vulnerable and hard-to-reach communities. This document will be presented to the 52nd Directing Council.</p> <p>Organizational assistance is being provided for the Global Forum on Human Resources to be held in Recife, Brazil, in November this year.</p>
<p>WHA66.24 eHealth standardization and interoperability</p>	<p>A66/26 eHealth and health Internet domain names</p>	<p>CD51.R5 Strategy and Plan of Action on <i>eHealth</i></p> <p>CD51/13 Strategy and Plan of Action on <i>eHealth</i></p>	<ul style="list-style-type: none"> Resolutions WHA58.28 (2005) and CD51.R5 (2012) demonstrate the impact of eHealth in order for it to be integrated into national cooperation strategies for the development of health systems and the achievement of universal health coverage. PAHO resolution CD51.R5 aligns with resolution WHA66.24 adopted by the Assembly.

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			<ul style="list-style-type: none"> • In addition to the provisions of the PAHO resolution, the Member States should consider possible mechanisms for working with their national representatives on the ICANN Governmental Advisory Committee in order to coordinate national positions on the use of health-related Internet domain names. • To date, PAHO has provided technical cooperation on eHealth to 19 countries in the Region. • PAHO's regional eHealth Laboratory has been implemented (available at: healthwww.paho.org/ict4health). • Agreements have been signed with the National Center for Supercomputing at the University of Illinois and others have been initiated with other institutions. • In early 2012, PAHO participated in the review of the National eHealth Strategy Toolkit, published jointly by WHO and the International Telecommunications Union (ITU). • PAHO participates in the Forum on Health Data Standardization and Interoperability and collaborates with the Member States to identify and implement appropriate eHealth standards. • In collaboration with WHO, a regional technical consultation on standardization and interoperability was carried out with the participation of eight countries, among other regional consultations. • In late 2013, the Pan American Journal of Public Health will publish a special issue on eHealth, for which over 70 articles have been received.

**Table 2. Resolutions of Interest to the Region of the Americas
Approved by the 133rd Executive Board**

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
<p>EB133.R1 Comprehensive and coordinated efforts for the management of autism spectrum disorders</p>	<p>A66/10 Rev.1 Draft comprehensive mental health action plan 2013-2020</p>	<p>CD49.R17 Resolution on the Strategy and Plan of Action on Mental Health</p> <p>CD49/11 Strategy and Plan of Action on Mental Health</p>	<p>The document offers a global update on the issue and the general approach to it. It does not appear necessary or advisable for the Region to prepare a specific document on this topic. As part of the review of the Plan of Action on Mental Health to be presented to the Directing Council, the issue of childhood disorders, including autism spectrum disorders, could be addressed.</p>
<p>EB133.R2 World psoriasis day</p>	<p>EB133/5 Psoriasis</p>		<p>The resolution recognizes psoriasis as an incurable chronic disease and encourages Member States, including those in the Region of the Americas, to hold World Psoriasis Day activities every 29 October. It also requests the Director-General to prepare and publish a global report on psoriasis and to include the information on the WHO web site.</p>
<p>EB133.R3 Confirmation of amendments to the Staff Rules</p>	<p>EB133/12 Amendments to the Staff Regulations and Staff Rules</p>	<p>CE152/22 Amendments to the PASB Staff Rules</p> <p>CE152.R11 Amendments to the Staff Rules of the Pan American Sanitary Bureau</p>	<p>PAHO has made the same amendments to article 1020 of its Staff Rules with respect to the retirement age for new participants in the United Nations Joint Staff Pension Fund, starting 1 January 2014. This was recommended by the Joint Staff Pension Board in view of the actuarial situation of the Fund.</p> <p>However, PAHO has not amended article 630 to reduce accrued annual leave from 60 to 30 days.</p>