



Research Article

WORLD HEALTH ASSEMBLY (WHA) 2016, A STEP FORWARD

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ABSTRACT

The World Health Assembly is the decision-making body of World Health Organization. Last year (2016) World Health Assembly (WHA) was being held in Geneva between the 23rd and 28th of May. It had a very heavy agenda and is reported to have had its largest attendance ever. Dr. Margaret Chan Director-General of the World Health Organization pinpointed universal health coverage as the target that underpins all others in the health aspect of the Sustainable Development Goals (SDGs). It is the ultimate expression of fairness that leaves no one behind, and can meet people's expectations for comprehensive care. There are many key resolutions of futuristic importance being taken on various diversified field starting from Nutrition, Tobacco use, Road safety to Engagement of non state actors. With a thin four-member team to represent a population of 1.2 billion, India lacked representation at the 69th meet of the World Health Assembly.

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INTRODUCTION

The global health scenario is in the verge of facing many critical challenges. The recent Ebola and Zika outbreaks showed how quickly global health emergencies can develop. There is a dramatic resurgence of emerging and re-emerging infectious diseases, which the world is not prepared to cope with [1]. This is the impression one gets from this year's 69<sup>th</sup> World Health Assembly (WHA) held in Geneva held between the 23rd and 28th of May. It had a very heavy agenda and is reported to have had its largest attendance ever. Dr. Margaret Chan Director-General of the World Health Organization pinpointed universal health coverage as the target that underpins all others in the health aspect of the Sustainable Development Goals (SDGs). Some 3500 delegates from World Health Organization's (WHO's) 194 Member States – including a large proportion of the world's health ministers - had attended the Health Assembly [2].

World Health Organization was established over 65 years ago to promote health and ease the burden of disease worldwide. WHO takes direction for its goals and priorities from the 194 Member States it is designed to serve. The World Health Assembly is the decision-making body of WHO. Each year, senior health officials from Member States convene in Geneva to participate in the World Health Assembly. The main functions of the WHA are to determine the policies of WHO, appoint the Director-General, supervise financial policies, and review and approve the proposed program budget, set new goals, and assign new tasks [3, 4].

The key resolutions taken by all member states at WHA-2016 can be summarized as below

**New Health Emergencies Programme:** It aims to enable WHO to lead in providing rapid, predictable, and comprehensive support to countries and communities as they prepare for, face or recover from emergencies caused by any type of hazard to human health, whether disease outbreaks, natural or man-made disasters or conflicts. The new programme is designed to deliver rapid, predictable and comprehensive support to countries and communities [5]. The objective is to combine management of responses to natural disasters, humanitarian disasters, and complex epidemic outbreaks. WHO member states agreed a budget of 494 million U.S. dollars for the program for 2016-2017, he said, adding that this is an increase of 160 million U.S. dollars to the existing program budget for WHO's work in emergencies.

**Tobacco control strategy:** The WHO FCTC (Framework Convention on Tobacco Control's) is the first treaty negotiated under WHO's auspices. To date, it comprises 180 Parties and is one of the most rapidly and widely embraced treaties in UN history. It is being developed in response to the globalization of the tobacco epidemic and is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. In a move to further strengthen global tobacco control efforts, delegates decided to invite the WHO (WHO FCTC) Conference of the Parties (COP) to provide information on outcomes of this biennial event to future World Health Assembly meetings. The seventh session of the COP was being held on 7-12 November 2016, in New Delhi, India [6]. India, which hosted the seventh edition of WHO's Framework Convention on Tobacco Control (FCTC) COP 7, also moved to the third rank globally among 205 countries with 85 per cent implementation of pictorial warnings on tobacco products packs. This is considered a colossal success

for a country that roughly spends INR 30,000crore (\$4.5 billion) annually in public and private spending on treatment of tobacco related illnesses.

**Road Safety:** Road traffic crashes kill more than 1.2 million people annually and injure up to 50 million. To support countries' efforts to reach the SDG target of reducing road traffic deaths and injuries by 50% by 2020, World Health Assembly delegates had adopted a resolution requesting Member States to accelerate implementation of the outcome document of the Second Global High-Level Conference on Road Safety 2011-2020 held in November 2015, (The Brasilia Declaration On Road Safety). The resolution calls for national strategies and plans to address the needs of the most vulnerable people on the roads, including children, youth, older people and people with disabilities. It urges countries to rethink transport policies and to adopt more sustainable modes of transport, like walking, cycling and public transport. It requests the WHO secretariat to continue facilitating development of voluntary global performance targets on risk factors and service delivery mechanisms. It also asks WHO to help countries implement policies and practices, including on trauma care and rehabilitation; and facilitate preparations for the Fourth United Nations Global Road Safety Week in May 2017 [7].

**Nutrition:** Two resolutions has been adopted on nutrition. The first, drawn up in response to the recently launched UN Decade of Action on Nutrition from 2016 to 2025, urges countries to make concrete policy and financial commitments to improve people's diets, and report back regularly on those policies and investments. It calls on UN bodies to guide and implement national nutrition programmes and support monitoring and reporting mechanisms. It specifically requests that WHO and FAO work together to help countries develop, strengthen and implement their plans and maintain an open access database of commitments for public accountability. On the second issue, the Assembly welcomed the WHO guidance on ending the inappropriate promotion of foods for infants and young children. According to the guidelines, to support breastfeeding, the marketing of "follow-up formula" and "growing-up milks" – targeted for babies aged 6 months to 3 years – should be regulated in the same manner as infant formula for 0 to 6-month-olds. The WHO guidance also indicates that foods for infants and young children should be promoted only if they meet standards for composition, safety, quality and nutrient levels and are in line with national dietary guidelines. The inappropriate promotion of infant formula led to the introduction of the International Code on Marketing of Breast-Milk Substitutes (The Code) in 1981 in an effort to regulate industry practices. Subsequent resolutions have been approved to strengthen the Code and close loopholes that companies continue to exploit, including the guidance adopted during the WHA last week - nearly 35 years after the Code was first introduced [8]. It also recommends that health professionals do not accept gifts or free samples from companies marketing these foods and those companies do not sponsor meetings of health professionals. India is off the track on all targets related to malnutrition, except overweight among under-5 children. However, overweight and obesity among adults has been increasing and is a matter of grave concern. In India, 22% of adults are either overweight or obese and 9.5% suffer from diabetes. Under-5 stunting (low height for age) is 38.7%, putting India in the 34th position

among 39 Asian countries. Even for under-5 wasting (low weight for height), India ranks 35 out of 38 countries in Asia. Nearly 48% of women in India are anemic, which is better than only two other countries in Asia. The WHA target is to bring it down to 15%. An independent expert group produces the report, which is funded by the Bill & Melinda Gates Foundation, UK Department for International Development and the government of Canada, among others [9].

**Global Strategy for Women's, Children's and Adolescents' Health (2016-2030):** Delegates committed to take forward the implementation of Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), which sets out to ensure every woman, child, and adolescent, in any setting, anywhere in the world, is able to both survive and thrive by 2030. The adopted resolution calls on the World Health Organization (WHO) Secretariat to provide technical support to Member States in updating and implementing their national plans and to report regularly to the World Health Assembly on progress towards women's, children's, and adolescents' health. It also requests the Secretariat to continue to collaborate with other United Nations agencies and partners to advocate and leverage assistance so that national plans can be implemented [10].

**Air Pollution:** "Air pollution is a trans boundary hazard that affects the global atmosphere and contributes to climate change." According to WHO figures, every year 4.3 million deaths occur from exposure to indoor air pollution and 3.7 million deaths are attributable to outdoor air pollution. The Assembly welcomed a new WHO road map to respond to air pollution's hazardous effects on health. This outlines actions to be taken in the period 2016 - 2019: expand knowledge on the health impacts of air pollution and effective policies to address it; enhance systems to monitor and report on the SDGs' air pollution-related targets; leverage health sector leadership and coordinated action to raise awareness of air pollution; and enhance capacity to address air pollution's health effects through training, guidelines and national action plans. The WHA resolution stressed the need for strong cooperation between different sectors and integration of health concerns into all national, regional and local air pollution related policies. It urged member states to develop air quality monitoring systems and health registries to improve surveillance for all illnesses related to air pollution promote clean cooking, heating and lighting technologies and fuels and strengthen international transfer of expertise, technologies and scientific data in the field of air pollution. This includes further building capacity to: implement the "WHO air quality guidelines" and "WHO indoor air quality guidelines conduct costbenefit assessment of mitigation measures and advance research into air pollution's health effects and effectiveness [11].

**HIV, viral hepatitis and sexually transmitted infections-**The World Health Assembly has adopted 3 global health sector strategies on: HIV(Human immunodeficiency virus) infections, viral hepatitis and sexually transmitted infections (STIs) for the period 2016-2021. The integrated strategies highlight the critical role of Universal Health Coverage. Their targets are aligned with those laid out in the Sustainable Development Goals. The strategies outline actions to be taken by countries and by the WHO secretariat. Each aims to accelerate and intensify the health sector response to further progress towards ending all 3 epidemics. The HIV strategy

aims to further accelerate the expansion of access to antiretroviral therapy to all people living with HIV as well as the further scale up of prevention and testing to reach interim targets: since 2000, it has been estimated that as many as 7.8 million HIV related deaths and 30 million new HIV infections have been averted. By 2020 the strategy aims to reduce global HIV related deaths to below 500 000, to reduce new HIV infections to below 500 000 and to ensure zero new infections among infants [12]. The hepatitis strategy – the first of its kind introduces the first ever global targets for viral hepatitis. These include a 30% reduction in new cases of hepatitis B and C by 2020 and a 10% reduction in mortality. Key approaches will be to expand vaccination programmes for hepatitis A, hepatitis B, and hepatitis E focus on preventing mother to child transmission of hepatitis B improve injection, blood and surgical safety “harm reduction” for people who inject drugs and increase access to treatment for hepatitis B and C. The STI strategy specifically emphasizes the need to scale up prevention, screening and surveillance, in particular for adolescents and other at risk populations, as well as the need to control the spread and impact of drug resistance. Although diagnostic tests for STIs are widely used in high income countries, in low and middle income countries, diagnostic tests are largely unavailable. Resistance of STIs – in particular gonorrhoea – to antibiotics has increased rapidly in recent years and has reduced treatment options. More than 1 million sexually transmitted infections (STIs) are acquired every day worldwide. Each year, there are an estimated 357 million new infections with 1 of 4 STIs: chlamydia, gonorrhoea, syphilis and trichomoniasis.

**Framework of Engagement with Non-State Actors (FENSA):** A controversial issue that has taken two years of negotiations was how the WHO should relate to non-state actors. The World Health Assembly finally adopted the WHO Framework of Engagement with Non-State Actors (FENSA), which provides the WHO with policies and procedures on engaging with NGOs, private sector entities, philanthropic foundations and academic institutions. On one hand, there is the aim to strengthen WHO’s engagement with the non-state stakeholders. On the other hand, there is the need for the WHO to avoid conflicts of interest that may arise when corporations and their foundations, associations and lobbies wield large and undue influence if they are allowed to get too close to the WHO. Whether the adopted FENSA strikes the right balance will be seen in future years. India said FENSA is not about encouraging or discouraging engagement with different non-state actors but about creating a robust framework insuring transparency, accountability, and consistency on how WHO engages with different non-state actors and how effectively conflict of interest is managed [13]. In its statement, the International Baby Food Action Network (IBFAN) said the FENSA draft and the resolution “do not strengthen voices of public interest actors. On the contrary, they open channels for undue influences by the corporate and venture philanthropic sector,” the representative said [14].

Medicus Mundi International, Third World Network, and the People’s Health Movement, in a joint statement, said it is “fundamental that WHO keep full control over activities that are subject to contributions from the private sector and that salaries of WHO staff are not drawn from private sector resources.” They said they remained “deeply concerned about

the retention of the possibility for WHO to engage with PS [private sector] through technical collaborations in the field of capacity building, which is an important channel for the exercise of undue influence [15]. This will be a fundamental shift by WHO, which is transforming, in the case of health emergencies, from an organisation that primarily only gave advice and guidance to one with new operational responsibilities in responding to outbreaks and humanitarian emergencies [16].

### **Indian perspective**

With a thin four-member team to represent a population of 1.2 billion, India lacked representation at the 69th meet of the World Health Assembly. The members who represented India were: Ayush Minister -SY Naik, Director General of Health Services -Dr J Prasad, Additional Secretary for Health -CK Mishra, Joint Secretary for Health -A Prakash. At a time when WHA is grappling with emergency outbreaks, particularly Ebola, India remains unprepared to respond to potential outbreaks, said Unni Krishnan, director for Save the Children, a non-profit that works for child rights. “Ebola demonstrated that once the outbreak starts, in the absence of robust pandemic preparedness measures, it can lead to catastrophic impacts. The impacts are manifold, including on health, psychological, travel, trade, etc. Children are often the worst-affected,” he said. “Today, countries such as India are more global and mobile than ever before and people can carry infections across the world (in and out of the countries) in hours,” he said. “It is crucial that pandemic preparedness and response is taken up as a priority, and disaster management maxim teaches that if you prepare well for one disaster, it helps to prepare for several,” he argued [17].

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