

**EB140 (23 January-1 February 2017)**  
**Member State proposals for additional agenda items**

Proposal	Title	Proposed by	Last discussed by the Board or Health Assembly
<b>Agenda item 7. Preparedness, surveillance and response</b>			
New point under item 7.1	Coordination of humanitarian emergencies of international concern (to be included under item 7.1, Health emergencies)	Spain	WHA67 (2014) WHA69 (2016)
<b>Agenda item 8. Health systems</b>			
New point under item 8.1	International recognition of credits in development of the continuing education of health professionals (to be included under item 8.1, Human resources for health)	Spain	WHA64 (2011); WHA66 (2013); document A69/36 (2016)
Amendment to item 8.1	Amend the title of item 8.1 to read: Human resources for health and implementation of the outcomes of the United Nations High-Level Commission on Health Employment and Economic Growth	France	The Commission had its first meeting on 23 March 2016 in Lyon, France
Amendment to item 8.4	GSPOA, follow-up of the CEWG report and MSM on SSFFC medical products should be listed as separate agenda items	India, supported by all Member States of the South-East Asia Region	
New item 8.5	Improving access to assistive technology	Pakistan	EB139 (2016)
New item 8.6	Sepsis	Austria, Germany, Ireland, Israel, Luxembourg, Serbia, Switzerland, supported by Jamaica and Japan	Newborn health action plan (WHA67.10) (2014)
New item 8.7	"Kids Save Lives" in the context of improving quality of health care and patient safety	Sudan	EB138 proposed:• that, despite the importance of the proposed new item entitled ""Kids Save Lives" in the context of improving quality of health care and patient safety," the relevant work should be taken forward through other means, including technical briefings and seminars, as the initiative had already received the Organization's official endorsement and was under way.
New item 8.8	mHealth	India, supported by all Member States of the South-East Asia Region	EB139 (2016)
New item 8.9	Access to medicines	India, supported by all Member States of the South-East Asia Region	WHA67 (2014) (WHA67.22); WHA69 (2016) (WHA69.23)
New item 8.10	Regulatory system strengthening for medical products: acceleration and follow up of implementation	Mexico	WHA67 (2014) (WHA67.20)
New item 8.11	Promoting health of fragile and vulnerable populations, communities and individuals, such as migrants	Italy	WHA69 (2016)
New item 8.12	Migration and health	Sri Lanka	WHA63 (2010)
New item 8.13	Global snakebite burden	Costa Rica	Document EB131/8 (2012)
<b>Agenda item 9. Communicable diseases</b>			
New item 9.3	Accelerated action for global measles and rubella eradication	Colombia	Measles: WHA63 (2010) Measles and rubella included in global vaccine action plan WHA69 (2016)

Proposal	Title	Proposed by	Last discussed by the Board or Health Assembly
<b>Agenda item 10. Noncommunicable diseases</b>			
New item 10.5	Revitalizing physical activity for health	Thailand	Included in the report of the Commission on Ending Childhood Obesity WHA69 (2016)
New item 10.6	Cancer prevention and control: support for an updated WHA resolution	Jordan	WHA60 (2007)
New item 10.7	Rheumatic heart disease	Cook Islands, Ethiopia, Fiji, Namibia, New Zealand	EB114 (2004)
<b>Agenda item 11. Promoting health through the life course</b>			
New item 11.3	Developing a global action plan for the management and treatment of health care waste	Kuwait	WHA64 (2011)

## **BACKGROUND NOTE FOR OFFICERS OF THE EXECUTIVE BOARD**

### **CRITERIA FOR DECISION-MAKING DURING REVIEW OF ITEMS FOR INCLUSION IN THE DRAFT PROVISIONAL AGENDA OF THE BOARD**

There are two sets of criteria that Officers of Board may apply to support their decision-making on the items to be included in the provisional agenda:

1) established by the Board in 2007 and 2) by the Health Assembly in 2012.

- 1) In resolution EB121.R1 the Board decided on three criteria to apply in considering items for inclusion on the agendas:

“The Executive Board ...DECIDES:

...to endorse criteria for inclusion of proposed additional items in the provisional agenda of Executive Board sessions, namely, proposals that address a global public-health issue, or involve a new subject within the scope of WHO, or an issue that represents a significant public-health burden...”

- 2) In decision WHA65(9) on WHO reform, the World Health Assembly decided, as a means of improving governing body meetings...

“(7) (a) that the Officers of the Board use criteria, including those used for priority setting in the draft general programme of work, in reviewing items for inclusion on the Board’s agenda;...” (see the relevant extract from document A65/40 below)

### **WHO REFORM: MEETING OF MEMBER STATES ON PROGRAMMES AND PRIORITY SETTING (document A65/40)**

#### **CRITERIA FOR PRIORITY SETTING AND PROGRAMMES IN WHO**

The priorities of WHO should be aligned with its Constitution, particularly the principles of the preamble and the objective of the Organization of the attainment by all peoples of the highest possible level of health, and the functions for achieving that objective as contained in Article 2 of the Constitution. This includes the mandate “to act as the directing and co-ordinating authority on international health work”, giving due emphasis to countries and populations in greatest need, and taking into account gender equality, universal coverage, as well as the economic, social and environmental determinants of health.

The specific criteria are:

- (1) **The current health situation** including: demographic and epidemiological trends and changes, urgent, emerging and neglected health issues; taking into account the burden of disease at the global, regional and/or country levels.
- (2) **Needs of individual countries** for WHO support as articulated, where available, through the country cooperation strategy, as well as national health and development plans. (*agreed*)

(3) **Internationally agreed instruments** which involve or impact health such as declarations and agreements, as well as resolutions, decisions and other documents adopted by WHO's governing bodies at the global and regional levels.

(4) The existence of **evidence-based, cost-effective interventions** and the potential for using knowledge, science and technology for improving health.

(5) The **comparative advantage of WHO**, including:

(a) capacity to develop evidence in response to current and emerging health issues;

(b) ability to contribute to capacity building;

(c) capacity to respond to changing needs based on ongoing assessment of performance;

(d) potential to work with other sectors, organizations, and stakeholders to have a significant impact on health.

**SUGGESTION OF HOW TO APPLY THESE CRITERIA TO DECISION-MAKING ON AGENDA CONTENT**

In considering the composition and content of the draft provisional agenda, Officers of the Board may wish to test items against the following question:

*“Does a proposed agenda item align with at least the first element of the four reform priority-setting criteria and, at the same time, would action on it be consistent with the comparative advantage of WHO as an institution?”*



## **Annex Explanatory memorandum**

### 1. Coordination of humanitarian emergencies of international concern

Since the late 1990s, and in a very significant way since 2003 following the earthquakes in Bam (Islamic Republic of Iran) and Burmerdés (Algeria), Spain has dispatched health teams to the site of humanitarian emergencies in various contexts. While the response has always been appropriate and the commitment and dedication of the teams exemplary, in recent years, and especially since the earthquake in Haiti in 2010, certain weaknesses have become evident in international humanitarian response efforts; nor are Spain's contributions immune from these shortcomings.

An analysis of events following the earthquake in Haiti showed that, as in previous emergencies, although the response was commensurate and the medical teams did sterling work in saving many lives, many of them came unprepared to provide appropriate medical care for patients.

The health response in Haiti showed the need to develop principles, criteria and standards for the deployment of medical teams in emergencies and disasters, in line with global processes to improve humanitarian norms and standards.

Accordingly, the Pan American Health Organization convened an expert meeting in Cuba in 2010 to revise the Guidelines for the use of Foreign Field Hospitals in the aftermath of sudden impact disasters, which had been published by WHO/PAHO in 2003. That meeting formed the basis of what is now known as the Emergency Medical Teams (EMT) initiative.

Aligning itself with this process and with the European Union Civil Protection Mechanism, and based on the Master Plan for Spanish Cooperation 2013-2016 which seeks to improve the quality, effectiveness and coordination of the humanitarian response in the international framework, Spanish Cooperation published its operational guidelines for direct health response in disasters in July 2013 and developed a system for responding to international humanitarian emergencies called Spanish Technical Aid Response Team.

This system establishes an official mechanism for registering, selecting and mobilizing health workers from the Spanish national health system, based on a compendium of human resources that are available and properly trained for health emergencies, thereby facilitating operational planning in emergencies and enabling Spain to respond immediately in any humanitarian crisis.

The purpose of the compendium is to provide a coordinated register of medical, health and support personnel from Spain's various autonomous communities, assigned to the national health system, who would be deployed to third countries in humanitarian emergencies whenever the Spanish Agency for International Cooperation for Development decides to launch an operation. These health workers must apply to be included in the compendium, on a prior and voluntary basis, and will be accepted provided they meet the specified requirements.

WHO could develop similar strategies to appropriately coordinate the various humanitarian assistance teams deployed in a support capacity to needful areas and populations. The Organization would thus be able to manage the assistance it provides more efficiently and effectively, thereby enabling the affected areas – which as a rule are economically impoverished - to cope with the emergency as quickly as possible by matching the deployed

