

## **RESOLUTIONS RELATING TO BLOOD SAFETY ADOPTED BY WHO GOVERNING BODIES**

### **TWENTY-EIGHTH WORLD HEALTH ASSEMBLY, GENEVA, 13–30 MAY 1975 WHA28.72 Utilization and supply of human blood and blood products**

The Twenty-eighth World Health Assembly,

Conscious of the increasing use of blood and blood products;

Having considered the information provided by the Director-General on the utilization and supply of human blood and blood products;

Bearing in mind resolution XVIII of the XXII International Conference of the Red Cross;

Noting the extensive and increasing activities of private firms in trying to establish commercial blood collection and plasmapheresis projects in developing countries;

Expressing serious concern that such activities may interfere with efforts to establish efficient national blood transfusion services based on voluntary nonremunerated donations;

Being aware of the higher risk of transmitting diseases when blood products have been obtained from paid rather than from voluntary donors, and of the harmful consequences to the health of donors of too frequent blood donations (one of the causes being remuneration),

1. THANKS the Director-General for the actions taken to study the problems related to commercial plasmapheresis in developing countries;
2. URGES Member States:
  - (1) to promote the development of national blood services based on voluntary nonremunerated donation of blood;
  - (2) to enact effective legislation governing the operation of blood services and to take other actions necessary to protect and promote the health of blood donors and of recipients of blood and blood products;
3. REQUESTS the Director-General:
  - (1) to increase assistance to Member States in the development of national blood services based on voluntary donations, when appropriate in collaboration with the League of Red Cross Societies;
  - (2) to assist in establishing cooperation between countries to secure adequate supply of blood products based on voluntary donations;
  - (3) to further study the practice of commercial plasmapheresis including the health hazards and ethical implications, particularly in developing countries;
  - (4) to take steps to develop good manufacturing practices specifically for blood and blood components in order to protect the health of both donors and recipients; and
  - (5) to report to the World Health Assembly on developments in these matters.

*Handb. Res., Vol. I, 1.5.2.2; 8.2.4 Thirteenth plenary meeting, 29 May 1975  
(Committee A, fourth report)*

**SEVENTY-NINTH SESSION, GENEVA, 12–23 JANUARY 1987**

**EB79.R1 Blood and blood products**

The Executive Board,

Reiterating its support for resolution WHA28.72;

Having considered the reports of the Programme Committee and of the Director-General on the subject of blood and blood products;

Recognizing the technical, managerial, financial and ethical complexities of the situation, particularly in developing countries;

Stressing the importance for Member States of developing national policies to ensure the timely and adequate supply of safe blood and blood products to all in need, and of using blood and blood products rationally as appropriate to their country situation;

Pointing out the utility of making optimal use to this end of the technical and managerial information to be found in the relevant WHO publications;

REQUESTS the Director-General:

- (1) to support Member States, and in particular developing countries, in developing national policies for blood and blood products and in using them rationally;
- (2) to update and make available to Member States, through appropriate WHO publications, valid information on technological developments related to blood, blood products and blood substitutes, and on appropriate and cost-effective ways of organizing blood transfusion services;
- (3) to continue close collaboration with the appropriate nongovernmental organizations in supporting Member States in this field;
- (4) to study the world situation further, and to report back to the Board on the implementation of this resolution.

*Hbk Res., Vol. II (1985), 1.15.1 (Eleventh meeting, 17 January 1987)*

**FORTIETH WORLD HEALTH ASSEMBLY, GENEVA, 4-15 MAY 1987**  
**WHA40.26 Global strategy for the prevention and control of AIDS**

The Fortieth World Health Assembly,

Having considered the report of the Director-General on WHO's Special Programme on AIDS;

Deeply concerned that this disease, caused by one or more naturally occurring retroviruses of undetermined geographical origin, has assumed pandemic proportions affecting all regions of the world and represents a threat to the attainment of health for all;

Realizing that the transmission of AIDS can be prevented, that information is an essential element of all action for the control of AIDS, and that every individual has a responsibility;

Reiterating that information and education on the modes of transmission, as well as the availability and use of safe blood and blood products, and sterile practices in invasive procedures, are still the only measures available that can limit the further spread of AIDS;

Convinced of the crucial importance of countries closely integrating their programmes for the prevention and control of AIDS within their health systems based on primary health care;

Impressed by the accelerated response of WHO to this emergency during the past year;

Noting with satisfaction that WHO has invested funds from its regular 1986-1987 budget to deal with this serious public health problem despite current financial constraints;

Grateful to all those whose generous extrabudgetary contributions have made it possible to give the required momentum to WHO's efforts to combat AIDS;

Stressing the need for substantial additional voluntary contributions to permit WHO to fulfil its international directing and coordinating role in this field;

Emphasizing that all contributing countries are protecting the health of their own people no less than that of others, since AIDS knows no geographical boundaries;

Realizing that the worldwide emergency created by AIDS will require urgent and vigorous globally directed action in the development of epidemiological surveillance, the intensification of research in prevention, control, diagnosis and treatment, including social science research, the training of national health workers and other relevant areas of prevention, control and research;

Recognizing that, due to the relatively long incubation period of the disease and the large number of people already infected, the worldwide number of AIDS cases will continue to rise in the next few years irrespective of public health strategies to prevent viral transmission;

1. CONFIRMS that WHO should continue to fulfil its role of directing and coordinating the global, urgent and energetic fight against AIDS;
2. ENDORSES the establishment of a Special Programme on AIDS and stresses its high priority;
3. FURTHER ENDORSES the global strategy and programme structure prepared by WHO to combat AIDS;
4. URGES Member States:
  - (1) establish or strengthen effective programmes to combat AIDS in line with the above-mentioned global strategy and recommendations of the third meeting of participating parties, and to ensure that control is integrated into the existing system based on

- primary health care, and is based on effective educational and preventive measures to enable each person to protect himself/herself from the disease;
- (2) to cooperate fully with one another in facing this worldwide emergency within the context of the policy of technical cooperation among countries through the adoption of compatible programmes and transfer of appropriate technology;
  - (3) to share in full openness with WHO and with other Member States all relevant and reliable information on AIDS and related infections;
5. URGES Member States to make voluntary contributions in cash and kind for the implementation of the global strategy;
6. APPEALS to bilateral and multilateral agencies, as well as nongovernmental and voluntary organizations, to support the worldwide struggle against AIDS in conformity with WHO's global strategy;
7. REQUESTS the regional committees:
- (1) to keep the situation concerning AIDS in the regions under constant review;
  - (2) to ensure that regional resources to combat AIDS are used in conformity with the global strategy;
  - (3) to report annually to the Director-General on the situation in the regions;
8. REQUESTS the Executive Board to review yearly until further notice the global epidemiological situation concerning AIDS and progress in implementing WHO's global strategy to combat it;
9. REQUESTS the Director-General:
- (1) to ensure that the global strategy to combat AIDS is effectively implemented by the Organization at all levels – country, regional and global – with the aim of containing, progressively reducing and eventually stopping the spread of the infection;
  - (2) to assert WHO's international directing and coordinating role in support of national AIDS programmes;
  - (3) to support national AIDS prevention and control programmes, keeping due balance with other health programmes and ensuring adequate coordination and cooperation between the governments concerned, WHO and other external partners;
  - (4) to continue to develop effective strategies to prevent the transmission of AIDS, including social and behavioural research and advocacy of the role of women in preventing transmission;
  - (5) to reinforce the Organization's support to Member States in designing or strengthening, implementing, monitoring and evaluating national programmes for AIDS prevention and control;
  - (6) to issue guidance on the prevention and control of AIDS on a continuing basis as new information comes to light and the Special Programme evolves;
  - (7) to continue to seek extrabudgetary funds to implement the global AIDS strategy;
  - (8) to establish a Special Account for AIDS in the Voluntary Fund for Health Promotion;
  - (9) to report on the matter to the Executive Board and to the Health Assembly annually.

**FORTY-FIFTH WORLD HEALTH ASSEMBLY, GENEVA, 4-14 MAY 199**  
**WHA45.35 Global strategy for the prevention and control of AIDS**

The Forty-fifth World Health Assembly,

Having considered the report of the Director-General on the global strategy for the prevention and control of AIDS;

Recalling resolutions [WHA40.26](#), [WHA41.24](#), [WHA42.33](#), [WHA42.34](#) and [WHA43.10](#), as well as United Nations General Assembly resolution 46/203;

Acknowledging the leading role of WHO in the guidance and coordination of AIDS control, prevention, care, research activities and support to those who are ill and their families;

Expressing appreciation to all organizations and bodies of the United Nations system, and the many nongovernmental organizations concerned, for their active collaboration in support of the global AIDS strategy;

Recognizing with concern that the pandemic is spreading rapidly in developing countries and continuing to increase in urban areas of some industrialized countries, especially in populations with high rates of injecting drug use and sexually transmitted diseases; that heterosexual transmission is increasing throughout the world which means that an increasing number of women and children are becoming infected; that an increasing burden is being placed on already strained health services; and that a multisectoral response is required to reduce the further spread of human immunodeficiency virus (HIV) infection and AIDS and to mitigate the social and economic consequences of the pandemic;

Recognizing that there is no public health rationale for any measures that limit the rights of the individual, notably measures establishing mandatory screening;

Recognizing the importance of decentralization of the implementation of the global AIDS strategy from the national to the district and community level,

1. ENDORSES the updated global AIDS strategy, proposing the following essential ways to meet the new challenges of the evolving pandemic: better prevention and treatment programmes for other sexually transmitted diseases; greater focus on prevention of HIV infection through improvement of women's health, education and status; a social environment giving more support to prevention programmes; greater emphasis on the public health dangers of stigmatization of people known to be or suspected of being infected, and of discrimination against them; and increasing emphasis on care;

2. CALLS UPON Member States:

- (1) to intensify national AIDS prevention efforts, with commitment and leadership at the highest political level;
- (2) to adopt the updated global AIDS strategy as the basis for their control efforts, paying particular attention to action directed at women, children and adolescents;
- (3) to ensure close coordination or, where appropriate, integration of activities for prevention and control of HIV/AIDS and of other sexually transmitted diseases

- (4) to improve measures for the prevention of HIV infection due to blood and blood products, by promoting transfusion services that provide for the screening of all blood donations, counselling and guidance and other preventive elements;
- (5) to mobilize national resources and ensure a multisectoral response to the pandemic, including efforts to reduce its further spread, e.g. by promoting safer sexual behaviour, and to mitigate its social and economic consequences by involving all sectors of government and key elements in society such as community groups and religious and other community leaders;
- (6) to reinforce efforts to oppose discrimination against persons and specific groups known to be or suspected of being HIV-infected; and to ensure a humanitarian response of governments and individuals to people with HIV/AIDS and that public health is not undermined by discrimination and stigmatization;
- (7) to overcome denial of the magnitude of the pandemic and complacency about the need to take urgent and intensive action against HIV/AIDS;
- (8) to stress the importance of educating health professionals, especially nurses and midwives, and provide counselling and support services to those who give care to AIDS patients;

3. APPEALS to bilateral and multilateral agencies, as well as nongovernmental and voluntary organizations, to intensify their activities in support of prevention and care in the worldwide struggle against HIV/AIDS in conformity with the updated global AIDS strategy and to mobilize human, financial and moral resources;

4. REQUESTS the Director-General:

- (1) to advocate vigorously the commitment of decision-makers to developing programmes of action and mobilizing the national and international resources required to sustain efforts for prevention, care and research and to support activities to reduce the socioeconomic impact of HIV/AIDS;
- (2) to ensure that the updated global AIDS strategy is effectively supported and implemented at all levels of the Organization, and to reinforce WHO's support to Member States in the implementation of their national AIDS programmes;
- (3) to intensify efforts to prevent HIV infection in women, adolescents and children and to protect women and the young from the impact of the pandemic;
- (4) to stress the importance of a multisectoral response to the AIDS pandemic by all sectors of government, including efforts to reduce its further spread and its individual, social and economic consequences;
- (5) to maintain close collaboration with organizations of the United Nations system and other intergovernmental and nongovernmental organizations, providing leadership to ensure that their support to governments is coordinated and contributes to that response, especially at country level under the framework of the WHO/UNDP Alliance to combat AIDS;
- (6) to strengthen the development and evaluation of interventions to improve strategies for gender-specific prevention as well as strategies for care in national AIDS programmes;

- (7) to pursue activities currently under way to assist countries in monitoring, evaluating and demonstrating the effectiveness of their programmes;
- (8) to intensify biomedical, epidemiological and social science research throughout the world, and to support vaccine and drug trials, especially in developing countries, while strengthening training for research workers in those countries;
- (9) to continue negotiations with the pharmaceutical industry and its partners in order to facilitate access to affordable vaccines and drugs when they become available, for people in need;
- (10) to continue efforts to oppose discrimination against people with HIV infection and encourage respect for their rights;
- (11) to support countries in their efforts to formulate policies, regulations, laws and practices to protect those rights.

*Hbk Res., Vol. III (2nd ed.), 1. 16 13* (Thirteenth plenary meeting, 14 May 1992  
– Committee B, fifth report)

*Fourteenth meeting, 14 September 1994*

**AFR/RC44/R12: AIDS control: current status of AIDS control activities in the African Region**

The Regional Committee,

Having examined the report of the Regional Director contained in document AFR/RC44/6 which describes the current AIDS situation in the African Region and the efforts of Member States in combating the epidemic;

Recalling resolutions AFR/RC43/R3 and AFR/RC42/R5 which called on Member States to strengthen the management of their national AIDS programmes and increase commitment and support for AIDS prevention and control;

Noting with great concern that only 10 countries out of 46 Member States of the African Region can guarantee safety of blood transfusion in health care settings;

Recalling that although HIV transmission by blood transfusion is not the most important mode but the one mode that Member States can completely prevent through the establishment nationwide of well-equipped blood transfusion centres;

Concerned that the structural adjustment programmes instituted to improve the national economies of many countries of the Region are affecting the ability of Member States to tackle AIDS control and provide adequate remuneration for AIDS control personnel;

1. CONGRATULATES the Regional Director for the clarity of his report and thanks him for the detailed information provided on the current status of AIDS Control in the Region;
2. COMMENDS the member countries for their laudable efforts in the implementation of the thrusts of the AIDS control programme, particularly those dealing with information, education and communication (IEC), community mobilization and the integration of HIV/AIDS and STD programmes;
3. URGES Member States to:
  - (i) take urgent steps to enact blood safety policies, mobilize resources for blood service infrastructure development at central and district hospitals, and set goals and targets for the attainment of HIV-free blood transfusion in the health care setting;
  - (ii) emphasize interventions targeted at adolescents by developing specific national policies and programmes;
  - (iii) appoint adequately qualified and experienced persons to the post of AIDS programme managers to reflect the importance that the programme deserves, and take appropriate steps to encourage them to remain for longer periods with the AIDS control programme;
  - (iv) integrate the IEC component of national AIDS control programmes into the national health education services of the ministries of health;
  - (v) ensure that donor funding for AIDS is used solely for programme activities;
  - (vi) mobilize human and financial resources at all levels for AIDS control activities;

- (vii) give their maximum support to the joint and cosponsored United Nations programme on HIV/AIDS when it is established;
- (viii) take urgent steps to implement the OAU Heads of State declaration on the AIDS epidemic in Africa [AHG/decl.1 (XXVIII)] which was adopted in July 1992 in Dakar, the Cairo resolution [AHG/Res.223 (XXIX)] on the AIDS epidemic in Africa, and the Tunis declaration on AIDS and the African Child in Africa (June 1994);

4. REQUESTS the Regional Director to:

- (i) support the Member States in developing policy and national strategies on blood safety which are indispensable for securing the safety of blood in the African Region in the short, medium and long terms;
- (ii) intensify WHO collaboration with Member States to strengthen the management of their national programmes, and consider appeals from the Member States for the inclusion of their AIDS programme managers in the HFA country teams;
- (iii) vigorously undertake action to mobilize resources from the donor community for AIDS control in the African Region
- (iv) submit a progress report on the implementation of this resolution to the Regional Committee at its forty-fifth session.

**FORTY-EIGHTH WORLD HEALTH ASSEMBLY, GENEVA, 1–12 MAY 1995**  
**WHA48.27 Paris AIDS Summit**

The Forty-eighth World Health Assembly,

Having considered the reports of the Director-General on the global strategy for prevention and control of AIDS,

expressing the exemplary role of WHO, and on implementation of the joint and cosponsored United Nations programme on HIV/AIDS;

Mindful that, among its objectives, the programme must not only obtain and facilitate a worldwide consensus on policies and programmes, but must also strengthen the capacity of the United Nations system to follow up trends and to ensure that appropriate and effective policies and strategies are implemented at national level;

Having in mind the seven initiatives contained in the declaration of the AIDS Summit adopted in Paris on 1 December 1994 with regard to involvement of people living with HIV/AIDS; global collaboration for HIV/AIDS research; international collaboration for blood transfusion safety; care of affected persons; mobilization in favour of children, young people and orphans; reduction of the vulnerability of women; and respect for human rights and ethics related to HIV/AIDS;

Emphasizing that improved coordination of the activities conducted by governments, multilateral and intergovernmental organizations, and community-based organizations, including people living with HIV/AIDS, will make possible more effective control of the pandemic,

1. WELCOMES the declaration of the AIDS Summit adopted by the Heads of Government or representatives of the 42 States meeting in Paris on 1 December 1994;
2. INVITES governments which have not signed the declaration to do so;
3. INVITES governments which have not signed the declaration to do so;
4. REQUESTS the Director-General, within the framework of the joint and cosponsored United Nations programme on HIV/AIDS, and in close cooperation with its Director, to contribute to implementation of the priority initiatives set out in the declaration of the Paris Summit.

*Hbk Res., Vol. III (3rd ed.), 1.16.13; 7.1.3 (Twelfth plenary meeting, 12 May 1995 – Committee B, third report)*



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 124th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., 21-25 June 1999

CD41/13 (Eng.)  
Annex

### ***RESOLUTION***

#### ***CE124.R7***

#### **STRENGTHENING BLOOD BANKS IN THE REGION OF THE AMERICAS**

##### ***THE 124th SESSION OF THE EXECUTIVE COMMITTEE,***

Having seen the document CE124/16 on strengthening blood banks in the Region of the Americas, which discusses the technical elements for ensuring the safety of the blood products used for transfusions; and

Taking into account the goals of the Strategic and Programmatic Orientations, 1999-2002,

#### ***RESOLVES:***

To recommend that the Directing Council adopt a resolution along the following lines:

##### ***THE 41st DIRECTING COUNCIL,***

Considering that the transfusion of blood products is a medical procedure performed for the treatment of patients with serious illness or emergencies that cannot be treated by other means;

Affirming that is the inescapable responsibility of the health systems and services to guarantee the efficient processing, adequate supply, and timely delivery of blood products that pose the minimum possible risk to the patients who receive them; and

Taking into account that the risk of transfusion-transmitted infections is higher when blood products come from remunerated or replacement donors, rather than volunteer, nonremunerated, and repeat donors,

***RESOLVES:***

1. To urge Member States to:
  - (a) give higher priority in their national health policies to the safety of blood for transfusion;
  - (b) promote the development of national blood programs and transfusion services, based on the voluntary, nonremunerated, and repeated donation of blood and on quality assurance;
  - (c) strengthen the national blood bank infrastructure in order to implement the national blood programs;
  - (d) ensure the appropriate allocation and efficient use of resources for the acquisition of safe blood products and their use in the population that needs them.
2. To request that the Director:
  - (a) cooperate with the Member States in strengthening the national blood programs and transfusion services, with the collaboration of international institutions, especially in the mobilization of financial resources;
  - (b) assist in the strengthening of national programs for voluntary, nonremunerated, repeated blood donation;
  - (c) establish regional standards for the quality of blood banks and transfusion services, as well as for the blood products used in transfusions;
  - (d) promote universal, accurate, and efficient screening of the units of blood donated in the Region;
  - (e) document the progress of the national blood programs.

*(Adopted at the seventh meeting, 24 June 1999)*

## **FIFTY-THIRD WORLD HEALTH ASSEMBLY, GENEVA, 15–20 MAY 2000**

### **WHA53.14 HIV/AIDS: confronting the epidemic**

The Fifty-third World Health Assembly,

Having considered the report by the Director-General on HIV/AIDS;

Noting with deep concern that nearly 34 million people worldwide are currently living with HIV/AIDS, and 95% are in developing countries; and that the development gains of the past 50 years, including the increase in child survival and in life expectancy, are being reversed by the HIV/AIDS epidemic;

Further noting that in sub-Saharan Africa, where over 23 million people are infected and where more women are now infected than men, HIV/AIDS is the leading cause of death; and that HIV infection is increasing rapidly in Asia, particularly in south and south-east Asia, where 6 million people are infected;

Recalling resolution WHA52.19 which inter alia requests the Director-General:

*to cooperate with Member States, at their request, and with international organizations in monitoring and analysing the pharmaceutical and public health implications of relevant international agreements, including trade agreements, so that Member States can effectively assess and subsequently develop pharmaceutical and health policies and regulatory measures that address their concerns and priorities, and are able to maximize the positive and mitigate the negative impact of those agreements;*

Recognizing that poverty and inequality between men and women are driving the epidemic; and that denial, discrimination and stigmatization remain major obstacles to an effective response to the epidemic;

Underlining the need to advocate respect for human rights in the implementation of all measures to respond to the epidemic;

Acknowledging that political commitment is essential to deal with a problem of this magnitude;

Recognizing that resources devoted to combating the epidemic both at national and international levels are not commensurate with the magnitude of the problem;

Recalling United Nations Economic and Social Council resolution 1999/36 on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), which stresses, *inter alia*, governments' responsibility to intensify all efforts in combating AIDS through multisectoral action;

Recalling the recent session of the United Nations Security Council devoted to the HIV/AIDS crisis in Africa, in which the Security Council recognized that HIV/AIDS is a unique, modern-day plague that threatens the political, economic and social stability of sub-Saharan Africa and Asia,

1. URGES Member States:

- (1) to match their political commitment, as demonstrated in several recent initiatives of political leaders of Member States, to the magnitude of the problem by allocating an appropriate national and donor budget for HIV/AIDS prevention as well as for care and support of the infected and affected;
- (2) to establish programmes to combat poverty with the support of donors, implement them in a rigorous and transparent manner, and to advocate:

- cancellation of debt in order to free resources for, inter alia, HIV/AIDS prevention and care, as proposed by the G8 Summit at Cologne in 1999,
  - improvement of the living conditions of populations,
  - reduction of unemployment,
  - improvement of the standard of public health;
- (3) to provide increased support for UNAIDS, and for WHO as one of its cosponsors, in their efforts against AIDS, including in the context of the International Partnership against AIDS in Africa;
- (4) to strengthen public education on HIV/AIDS and to pay particular attention to national strategic plans directed at reducing the vulnerability of women, children and adolescents, bearing in mind that public education and national campaigns should place emphasis on prevention, on reducing discrimination and stigmatization, and on promoting healthy environments to prevent and alleviate AIDS problems;
- (5) further to support implementation of drug price monitoring systems in Member States, at their request, with a view to promotion of equitable access to care, including essential drugs;
- (6) to strengthen capacity of Member States for implementation of drug monitoring systems in order better to identify adverse reactions and misuse of drugs within health systems, thus promoting a rational use of drugs;
- (7) to continue the development of methods and support for monitoring the pharmaceutical and public health implications of trade agreements;
- (8) to involve WHO fully in the International Partnership against AIDS in Africa, as well as other programmes against HIV/AIDS in Member States elsewhere, particularly at country level, within the context of national strategic plans;
- (9) to implement key strategies for HIV/AIDS prevention, in particular management of sexually transmitted infections and promotion of safer sex, including by ensuring availability of male and female condoms;
- (10) to strengthen health systems that ensure adequate and skilled human resources, supply systems and financing schemes in order to address the needs for HIV/AIDS care and prevention;
- (11) to take steps to reduce use of illicit substances and to protect injecting drug users and their sexual partners against HIV infection;
- (12) to increase access to, and quality of, care in order to improve quality of life, assure the dignity of the individual, and meet the medical and psychosocial needs of people living with HIV/AIDS, including treatment and prevention of HIV-related illnesses and provision of a continuum of care, with efficient referral mechanisms between home, clinic, hospital and institution;
- (13) to reaffirm their commitment to previous resolutions on the revised drug strategy and to ensure the necessary actions within their national drug policies to guarantee public health interests and equitable access to care, including medicines;
- (14) to make use of indicators developed by WHO to monitor progress;

(15) to collaborate with WHO and other international bodies regularly to update existing databases in order to provide Member States with information on prices of essential drugs, including HIV-related drugs;

(16) to increase access to treatment and prophylaxis of HIV-related illnesses through measures such as ensuring the provision and affordability of drugs, including a reliable distribution and delivery system; implementation of a strong generic drug policy; bulk purchasing; negotiation with pharmaceutical companies; appropriate financing systems; and encouragement of local manufacturing and import practices consistent with national laws and international agreements acceded to;

(17) to define and affirm their role and, where appropriate, engage in partnerships and solidarity initiatives to make prophylactic and therapeutic drugs accessible, affordable, and safely and effectively used, whether intended for prevention of mother-to-child transmission, prevention and treatment of opportunistic diseases, or antiretroviral treatment for patients;

(18) to establish or to expand counselling services and voluntary confidential HIV-testing in order to encourage health-seeking behaviour and to act as an entry point for prevention and care;

(19) to continue research on prevention of mother-to-child transmission of HIV and to integrate interventions for it into primary health care, including reproductive health services, as part of comprehensive care for HIV-infected pregnant women and postnatal follow-up for them and for their families, ensuring that such research is free from interests that might bias the findings and that commercial involvement should be clearly disclosed;

(20) to promote research on behavioural change and cultural factors that influence sexual behaviour;

(21) to establish and strengthen monitoring and evaluation systems, including epidemiological and behavioural surveillance and assessment of the response of health systems to the epidemics of HIV/AIDS and sexually transmitted infections, with the promotion of intercountry subregional collaboration;

## 2. REQUESTS the Director-General:

(1) to continue strengthening the involvement of WHO, as a cosponsor of UNAIDS, in the United Nations system-wide response to HIV/AIDS, including at country level;

(2) to develop a global health-sector strategy for responding to the epidemics of HIV/AIDS and sexually transmitted infections as part of the United Nations system's strategic plan for HIV/AIDS for 2001-2005, and to report on progress in development of the strategy to the Executive Board at its 107th session;

(3) to give priority in WHO's regular budget to the prevention and control of HIV/AIDS, and to engage the Organization as an active partner in implementation of a transparent and joint resource mobilization strategy in support of the unified budget and work plan of UNAIDS and its cosponsors, and to actively encourage the donor community to increase support for regional- and country-level interventions;

(4) further to mobilize funds in support of national HIV/AIDS prevention and control programmes and for care and support given through home- and community-level programmes;

- (5) further to support implementation of drug price monitoring systems in Member States, at their request, with a view to promotion of equitable access to care, including essential drugs;
- (6) to strengthen capacity of Member States for implementation of drug monitoring systems in order better to identify adverse reactions and misuse of drugs within health systems, thus promoting a rational use of drugs;
- (7) to continue the development of methods and support for monitoring the pharmaceutical and public health implications of trade agreements;
- (8) to involve WHO fully in the International Partnership against AIDS in Africa, as well as other programmes against HIV/AIDS in Member States elsewhere, particularly at country level, within the context of national strategic plans;
- (9) to cooperate with Member States in organizing nationally coordinated blood-transfusion services;**
- (10) to collaborate with Member States in strengthening the capacity of health systems both to respond to the epidemics through integrated prevention of HIV/AIDS and sexually transmitted infections and care for infected people, and to promote health systems research in order to frame policy on health systems' response to HIV/AIDS and sexually transmitted infections;
- (11) to advocate respect for human rights in the implementation of all measures responding to the epidemics;
- (12) to intensify support of national efforts against HIV/AIDS, aimed at providing assistance to children infected or affected by the epidemic, focusing particularly on the worst-hit regions of the world and those where the epidemic is severely setting back national development gains;
  
- (13) to appeal to the international community, relevant United Nations organizations, donor agencies and programmes, and intergovernmental and nongovernmental organizations to give importance to the treatment and rehabilitation of children infected with HIV/AIDS, and to invite such bodies to consider involving further the private sector;
- (14) to ensure that WHO, together with UNAIDS and other interested UNAIDS cosponsors, pursues proactively and effectively its dialogue with the pharmaceutical industry, in conjunction with Member States and associations of persons living with HIV/AIDS, in order to make HIV/AIDS-related drugs increasingly accessible to developing countries through drug development, cost reduction, and strengthening of reliable distribution systems;
- (15) To reinforce, promote, and explore partnerships both to make HIV/AIDS-related drugs accessible through affordable prices, appropriate financing systems, and effective health care systems and to ensure that drugs are safely and effectively used;
- (16) to cooperate with governments, at their request, and other international organizations on possible options under relevant international agreements, including trade agreements, to improve access to HIV/AIDS-related drugs;

- (17) to promote, encourage and support research and development on vaccines appropriate for strains of HIV found in both developed and developing countries, diagnostic tools and antimicrobial drugs for other sexually transmitted infections, and treatment for HIV/AIDS, including traditional medicine;
- (18) to intensify efforts to prevent HIV and sexually transmitted infections in women, including promotion of research on and development of microbicides and affordable female condoms to provide women and girls with female-initiated protection methods;
- (19) to continue, in the context of efforts under way with UNICEF, UNFPA and UNAIDS, to provide technical support to Member States for implementation of strategies and programmes to prevent mother-to-child transmission of HIV, and to improve capacity for intersectoral collaboration;
- (20) to provide support to Member States for collecting and analysing information on the epidemics of HIV/AIDS and sexually transmitted infections, developing methodologies for behavioural surveillance, and producing periodic updates;
- (21) to provide increased support to Member States for prevention of HIV transmission in injecting drug users in order to avoid an explosive spread of HIV/AIDS in that vulnerable population;
- (22) to advocate for research on nutrition in relation to HIV/AIDS;
- (23) to advise Member States on the appropriate treatment regimen for HIV/AIDS and to advise, in collaboration with other relevant international organizations, on management, legal and regulatory issues intended to improve affordability and accessibility;
- (24) to appeal to bilateral and multilateral partners to simplify procedures for the allocation of resources.

(Eighth plenary meeting, 20 May 2000 –  
Committee A, second report)

**ORIGINAL: FRENCH**

**BLOOD SAFETY: A STRATEGY FOR THE AFRICAN REGION**

The Regional Committee,

Having considered the report of the Regional Director on the strategy for blood transfusion safety in the African Region;

Considering World Health Assembly Resolution WHA 28.72 recommending that Member States promote the development of national blood transfusion services based on voluntary nonremunerated blood donations and enact legislation governing them;

Recalling resolution AFR/RC44/R12 on HIV/AIDS control which urges Member States to take urgent steps to enact blood safety policies, mobilize resources for blood service infrastructure development at central and district hospitals and set goals and targets for the attainment of HIV-free blood transfusion in health care settings;

Noting with concern that only 30% of countries in the Region have, so far, formulated a blood transfusion policy and the need in all countries for systematic screening of blood for the main transmissible infections, especially for blood transfusion;

Recalling also that the transmission of HIV, hepatitis B, hepatitis C, syphilis, malaria and other parasitic infections through the blood can be effectively prevented by adopting a sound blood transfusion policy and carrying out systematic screening for such infections in all units of donated blood;

Concerned by the fact that, since the adoption of resolution AFR/RC44/R12 in 1994, the changes that have taken place in most of the Member States in this area are hardly perceptible and that the current economic situation has contributed to a worsening of the health situation in the countries of the Region;

1. APPROVES the regional strategy for blood transfusion safety as proposed in document AFR/RC51/9:
2. COMMENDS the Regional Director for action already taken to improve blood transfusion safety in the Region;
3. URGES Member States:
  - (a) to formulate, adopt and implement a national blood transfusion policy consistent with national needs and WHO technical recommendations, especially for:
    - (i) the establishment of safety norms and standards and a quality assurance programme in order to provide all patients who so require with blood that is safe;

- (ii) the formulation of human resources policies which ensure the training, promotion and retention of the staff of blood transfusion centres and the training of prescribers in the judicious use of blood;
  - (iii) the promotion of research in the area of blood transfusion safety, including the use of blood and blood products;
  - (b) to allocate adequate funds for developing the infrastructure of blood transfusion services and creating an enabling environment for the establishment of a reliable blood transfusion system, including the cold chain;
  - (c) to promote voluntary and benevolent blood donation on a regular and permanent basis;
  - (d) to mobilize bilateral and multilateral partners as well as NGOs to provide technical and financial support for the establishment of reliable and sustainable blood transfusion services;
4. REQUESTS the Regional Director:
- (a) to play a leadership role in instituting blood transfusion and AIDS control programmes in the WHO African Region;
  - (b) to support Member States in drawing up and implementing national blood transfusion policies;
  - (c) to promote and support training programmes for the staff of blood transfusion centres and prescribing physicians;
  - (d) to mobilize resources from international partners to finance blood transfusion safety in the Region;
  - (e) to strengthen technical cooperation and collaboration between Member States and WHO so as to improve the management of blood transfusion centres and the quality of blood and blood products;
  - (f) to ensure the follow-up and implementation of this strategy and report to the fifty-fourth session of the Regional Committee.

*Fifth meeting, 29 August 2001*

## **FIFTY-FIFTH WORLD HEALTH ASSEMBLY, GENEVA, 13–18 MAY 2002**

### **WHA55.18 Quality of care: patient safety**

The Fifty-fifth World Health Assembly,

Having considered the report on quality of care: patient safety; <sup>27</sup>

Concerned that the incidence of adverse events is a challenge to quality of care, a significant avoidable cause of human suffering, and a high toll in financial loss and opportunity cost to health services;

Noting that significant enhancement of health systems' performance can be achieved in Member States by preventing adverse events in particular, and improving patient safety and health care quality in general;

Recognizing the need to promote patient safety as a fundamental principle of all health systems,

1. URGES Member States:

- (1) to pay the closest possible attention to the problem of patient safety;
- (2) to establish and strengthen science-based systems, necessary for improving patients' safety and the quality of health care, including the monitoring of drugs, medical equipment and technology;

2. REQUESTS the Director-General, in the context of a quality programme:

- (1) to develop global norms, standards and guidelines for quality of care and patient safety, and the definition, measurement and reporting of adverse events and near misses in health care, by reviewing experiences from existing programmes and seeking inputs from Member States, in order to provide support in developing reporting systems, taking preventive action, and implementing measures to reduce risks;
- (2) to promote framing of evidence-based policies, including global standards that will improve patient care, with particular emphasis on product safety, safe clinical practice in compliance with appropriate guidelines, and safe use of medicinal products and medical devices, taking into consideration the views of policy-makers, administrators, health-care providers and consumers;
- (3) to support the efforts of Member States to promote a culture of safety within health care organizations and to develop mechanisms, for example through accreditation or other means, in accordance with national conditions and requirements, to recognize the characteristics of health care providers that offer a benchmark for excellence in patient safety internationally;
- (4) to encourage research into patient safety, including epidemiological studies of risk factors, effective protective interventions, and assessment of associated costs of damage and protection;
- (5) to report on progress to the Executive Board at its 113th session and to the Fifty-seventh World Health Assembly.

(Ninth plenary meeting, 18 May 2002 –  
Committee A, third report)

## **FIFTY-SIXTH WORLD HEALTH ASSEMBLY, GENEVA, 19–28 MAY 2003**

### **WHA56.30 Global health-sector strategy for HIV/AIDS**

Recalling that resolution WHA53.14 requested the Director-General, *inter alia*, to develop a global health-sector strategy for HIV/AIDS and sexually transmitted infections,

1. TAKES NOTE of the global health-sector strategy for HIV/AIDS;
2. EXHORTS Member States, as a matter of urgency:
  - (1) to adopt and implement the strategy as appropriate to national circumstances as part of national, multisectoral responses to the HIV/AIDS epidemic;
  - (2) to strengthen existing, or to establish new, structures, and to mobilize and engage all concerned parties, within and beyond the health sector, in order to implement the strategy through the health, and other concerned, sectors and to monitor and evaluate its effectiveness;
  - (3) to take all necessary steps, including the mobilization of resources, to fulfil their obligations under the Declaration of Commitment on HIV/AIDS of the United Nations General Assembly special session on HIV/AIDS, including those related to access to care and treatment; and efforts to prevent HIV infection;
  - (4) to strengthen measures of cooperation and support, both bilaterally and multilaterally, to fight the HIV/AIDS epidemic either directly among themselves, or through WHO or other competent international and regional institutions;
  - (5) to reaffirm that public health interests are paramount in both pharmaceutical and health policies, to recognize the difficulties faced by developing countries in effective use of compulsory licensing in accordance with the Declaration on the TRIPS Agreement and Public Health (Doha Declaration), and, when necessary, to use the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) in order to meet the needs of developing countries for drugs against HIV/AIDS;
3. REQUESTS the Director-General:
  - (1) to provide support to Member States, on request, in implementing the strategy and evaluating its impact and effectiveness;
  - (2) to cooperate with those Member States that request technical support in the preparation of their submissions to the Global Fund to Fight AIDS, Tuberculosis and Malaria;
  - (3) to take the necessary steps to assure that offers of bilateral and multilateral collaboration and support submitted by one or more Member States with regard to fighting the HIV/AIDS epidemic are widely disseminated and promoted among the rest of the Member States, and periodically to assess at the Health Assembly the impact of this procedure;
  - (4) to support, mobilize, and facilitate efforts of Member States and all other concerned parties to achieve the goal of providing in a poverty-focused manner, equitably and to those most vulnerable, effective antiretroviral treatment within the context of strengthening national health systems, while maintaining a proper balance of investment between prevention, care, and treatment, and bearing in mind WHO's target of reaching at least three million people with HIV in developing countries by 2005;
  - (5) further to mobilize Member States and all parties in support of actions taken by countries with an AIDS epidemic, especially developing countries, to obtain affordable and accessible drugs to combat HIV/AIDS;
  - (6) report to the Fifty-seventh World Health Assembly through the Executive Board at its 113th session on progress made in the implementation of this resolution.

**WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR AFRICA**  
**AFR/RC51/9: BLOOD SAFETY: A REGIONAL STRATEGY FOR THE AFRICAN REGION**  
**(Extract from the report of the Regional Director to the Regional Committee, 2001)**

**Aim**

1. The aim of the regional strategy is to improve blood transfusion safety and bridge the gaps between blood needs and blood availability in health services.

**Objectives**

2. The main objectives are:
  - (a) to assist the countries to set up an effective system of recruitment of low-risk blood donors;
  - (b) to improve the safety of blood and blood products by implementing quality assurance programmes and mapping out effective strategies for the screening of blood for all transfusion-transmissible infections;
  - (c) to promote the appropriate use of blood and blood products by clinicians;

**Targets**

3. By the end of 2012:
  - (a) all the Member States will have carried out a situation analysis of blood transfusion safety;
  - (b) at least 75% of countries will have drawn up, adopted or implemented their national blood transfusion policy;
  - (c) one hundred per cent of the blood units transfused will be screened, beforehand, for HIV and other transfusion-transmissible infections;
  - (d) at least 80% of blood donations in all countries of the Region will be voluntary and non remunerated.

**Guiding principles**

4. The principles that will guide the implementation of the strategy will be the following:
  - (a) formulation, adoption and implementation of national blood transfusion policies;
  - (b) establishment of universally applicable norms for avoiding discrimination in the distribution and use of blood products;
  - (c) creation of an enabling environment for the development of effective, reliable and sustainable blood transfusion services at all levels, especially in the districts.

**Priority interventions**

5. The first intervention will consist in carrying out a situation analysis of blood transfusion safety in all countries in the Region in order that the prevailing problems and needs can be identified. The information thus gathered will help improve the planning of future activities.
6. The second intervention will involve drawing up and/or implementing national blood transfusion policies and action plans whose main thrusts will be: the formulation of a strategy for the recruitment and retention of voluntary non remunerated donors; the definition of norms to be followed in the screening and processing of blood donations; the development of guidelines for the prescription of blood and blood products; review of ethical and regulatory issues; financing and cost recovery.
7. The third intervention will involve facing the special challenge faced by countries with high HIV prevalence, in terms of attracting and retaining a pool of low-risk blood donors.

8. The Member States must assess their staffing needs, judiciously select persons to be trained and create an environment conducive to the advancement of the staff of blood transfusion services and, thereby, dissuade them from deserting, or resigning from, their posts.
9. In addition, each country must pursue a true policy of education, sensitization and retention of low-risk blood donors.
10. Health authorities must ensure that safety standards are met in the screening of blood for transfusion-transmissible infections, in the context of clearly established national blood transfusion policies.
11. Participating in the WHO project on the training of staff of blood transfusion services in quality management techniques and procedures will be the bedrock of future actions and should foster concrete action at field level.
12. Blood transfusion research which generates information indispensable for the planning of activities, must be encouraged and supported by the countries. There is need for research into the optimal use of blood products, including HIV-positive blood.
13. Particular attention must be given to the training of blood prescribers and care providers. Guidelines of the prescription and use of blood and blood products, including for research on the technique of auto-transfusion, must be produced and made available to them. In each health facility, a committee must be set up to enforce the rules of good practice and thereby foster appropriate use of blood.

### **Implementation framework**

#### **Role of Member States**

14. As proof of their commitment, Member States must include blood transfusion safety in the priorities of their health programmes, assign a budget specifically to it and draw up programmes and plans of action for its development. That will lead to a more rational and more proactive approach to the resolution of blood transfusion problems.
15. The ministry of public health will, as a matter of duty, prepare texts on the organization of blood transfusion services, propose a plan of action, implement the national policy and coordinate this activity nationwide. Furthermore, it will play a normative role, ensure adherence to the set rules in the private and public sectors and undertake the development of human resources. In addition, it will collaborate with all national and international structures that are in a position to promote blood transfusion safety.

#### **Role of partners**

16. In the context of the national blood transfusion policy, and under the coordination of the ministry of public health, the various bilateral and multilateral international cooperation agencies as well as non-governmental organizations will be called upon to provide technical and financial support for the implementation of strategies leading to effective and reliable blood transfusion services.

#### **Role of WHO**

17. WHO will play a vital role in ensuring the success of this strategy by supporting the countries to formulate and implement national blood transfusion policies; establish a consultative framework for all stakeholders in the area of blood transfusion safety; design and provide to the Member States the tools needed to assess the blood transfusion situation and; determine the blood transfusion profile of each country. In collaboration with the other partners, WHO will produce guidelines and provide technical or financial support for staff training. Furthermore, WHO, in collaboration with Member States, will develop a database on blood safety and make it available to them.

### **Monitoring and evaluation**

18. It will be important to establish a mechanism for the monitoring and evaluation of this strategy. The monitoring should be undertaken, each year, in the countries to enable the necessary adjustments to be made on time. At the regional level, a mid-term review will be conducted after five years of implementation of the strategy and progress reports submitted to the Regional Committee every two years.
19. WHO will develop evaluation indicators and each country will, based on its specific situation, define monitoring indicators that will be used to assess its own progress.

**WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR AFRICA  
REGIONAL COMMITTEE: FIFTY-FIRST SESSION**

*Fifth meeting, 29 August 2001*

**AFR/RC51/R2: Blood Safety: A Strategy for the African Region**

The Regional Committee,

Having considered the report of the Regional Director on the strategy for blood transfusion safety in the African Region;

Considering World Health Assembly resolution WHA 28.72 recommending that Member States promote the development of national blood transfusion services based on voluntary non-remunerated blood donations and enact legislation governing them;

Recalling resolution AFR/RC44/R12 on HIV/AIDS control which urges Member States to take urgent steps to enact blood safety policies, mobilize resources for blood service infrastructure development at central and district hospitals and set goals and targets for the attainment of HIV-free blood transfusion in health care settings;

Noting with concern that only 30% of the countries in the Region have so far formulated a blood transfusion policy, and the need in all countries for systematic screening of blood for the main transmissible infections, especially for blood transfusion;

Recalling also that the transmission of HIV, hepatitis B, hepatitis C, syphilis, malaria and other parasitic infections through the blood can be effectively prevented by adopting a sound blood transfusion policy and carrying out systematic screening for such infections in all units of donated blood;

Concerned by the fact that, since the adoption of resolution AFR/RC44/R12 in 1994, the changes that have taken place in most of the Member States in this area are hardly perceptible and that the current economic situation has contributed to a worsening of the health situation in the countries of the Region;

Convinced that Member States in the African Region can achieve blood safety;

1. APPROVES the regional strategy for blood transfusion safety as proposed in document AFR/RC51/9;
2. COMMENDS the Regional Director for action already taken to improve blood transfusion safety in the Region;
3. URGES Member States:
  - (a) to formulate, adopt and implement a national blood transfusion policy consistent with national needs and WHO technical recommendations, especially for
    - (i) the establishment of safety norms and standards and a quality assurance programme in order to provide all patients, who so require, with blood that is safe;
    - (ii) the formulation of human resources policies which ensure the training, promotion and retention of the staff of blood transfusion centres and the training of prescribers in the judicious use of blood;
    - (iii) the promotion of research in the area of blood transfusion safety, including the use of blood and blood products;

- (b) to allocate adequate funds for developing the infrastructure of blood transfusion services and creating an enabling environment for the establishment of a reliable blood transfusion system, including the cold chain;
- (c) to promote voluntary and benevolent blood donation on a regular and permanent basis;
- (d) to mobilize bilateral and multilateral partners as well as nongovernmental organizations (NGOs) to provide technical and financial support for the establishment of reliable and sustainable blood transfusion services;

4. REQUESTS the Regional Director:

- (a) to play a leadership role in instituting blood transfusion and AIDS control programmes in the WHO African Region;
- (b) to support Member States in drawing up and implementing national blood transfusion policies;
- (c) to promote and support training programmes for the staff of blood transfusion services and prescribing physicians;
- (d) to facilitate the use of reference centres in blood transfusion in the Region for the training of appropriate staff from Member States;
- (e) to mobilize resources from international partners to finance blood transfusion safety in the Region;
- (f) to strengthen technical cooperation and collaboration between Member States and WHO so as to improve the management of blood transfusion centres and the quality of blood and blood products;
- (g) to ensure the follow-up and implementation of this strategy and report to the fifty-fourth session of the Regional Committee.

## **Blood safety: proposal to establish World Blood Donor Day**

The Fifty-eighth World Health Assembly,

Recalling resolution WHA28.72 which urged the development of national blood services based on the voluntary, non-remunerated donation of blood;

Having considered the report on blood safety;<sup>1</sup>

Alarmed by the chronic shortage of safe blood and blood products, particularly in low- and medium-income countries;

Mindful that preventing the transmission of HIV and other bloodborne pathogens through unsafe blood and blood-product transfusions requires the collection of blood only from donors at the lowest risk of carrying such infectious agents;

Recognizing that voluntary, non-remunerated blood donation is the cornerstone of a safe and adequate national blood supply that meets the transfusion requirements of all patients;

Noting the positive responses to World Blood Donor Day, 14 June 2004, for the promotion of voluntary, non-remunerated blood donation,

1. AGREES to the establishment of an annual World Blood Donor Day, to be celebrated on 14 June each year;
2. RECOMMENDS that this blood donor day should be an integral part of the national blood donor recruitment programme;
3. URGES Member States:
  - (1) to promote and support the annual celebration of World Blood Donor Day;
  - (2) to establish or strengthen systems for the recruitment and retention of voluntary, non-remunerated blood donors and the implementation of stringent criteria for donor selection;
  - (3) to introduce legislation, where needed, to eliminate paid blood donation except in limited circumstances of medical necessity and, in such cases, to require informed assent of the transfusion recipient;
  - (4) to provide adequate financing for high-quality blood donation services and for extension of such services to meet the needs of the patients;

<sup>1</sup> Document A58/38.

(5) to promote multisectoral collaboration between government ministries, blood transfusion services, professional bodies, nongovernmental organizations, civil society and the media in the promotion of voluntary, non-remunerated blood donation;

(6) to ensure the proper use of blood transfusion in clinical practice so as to avoid abuse of blood transfusion, which may result in a shortage of blood and hence stimulate the need for paid blood donation;

(7) to support the full implementation of well-organized, nationally coordinated and sustainable blood programmes with appropriate regulatory systems through, in particular:

(a) government commitment and support for a national blood programme with quality management systems, by means of a legal framework, a national blood-safety policy and plan, and adequate resources,

(b) organization, management and infrastructure to permit a sustainable blood transfusion service,

(c) equitable access to blood and blood products,

(d) voluntary, non-remunerated blood donors from low-risk populations,

(e) appropriate testing and processing of all donated blood and blood products,

(f) appropriate clinical use of blood and blood products;

(8) to establish a quality process for policy- and decision-making for blood safety and availability based on ethical considerations, transparency, assessment of national needs, scientific evidence, and risk/benefit analysis;

(9) to share information nationally and internationally in order to make clear the scientific, economic and social basis of national policy decisions related to blood safety and availability;

(10) to strengthen partnerships at all levels in order to accomplish these recommended actions;

4. CALLS UPON international organizations and bodies concerned with global blood safety to collaborate in promoting and supporting World Blood Donor Day;

5. INVITES donor agencies to provide adequate funding for initiatives to promote voluntary, non-remunerated blood donation;

6. REQUESTS the Director-General:

- (1) to work with other organizations of the United Nations system, multilateral and bilateral agencies, and nongovernmental organizations to promote World Blood Donor Day;
- (2) to work with concerned organizations to provide support to Member States in strengthening their capacity to screen all donated blood against major infectious diseases in order to ensure that all blood collected and transfused is safe.

Eighth plenary meeting, 23 May 2005  
A58/VR/8



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 136th SESSION OF THE EXECUTIVE COMMITTEE

*Buenos Aires, Argentina, 20-24 June 2005*

CD46/16 (Eng.)  
Annex C

### ***RESOLUTION***

#### ***CE136.R6***

#### **PROGRESS REPORT ON THE GLOBAL SAFE BLOOD INITIATIVE AND PLAN OF ACTION FOR 2005-2010**

#### ***THE 136th SESSION OF THE EXECUTIVE COMMITTEE,***

Having analyzed Document CE136/15, Progress Report on the Global Safe Blood Initiative and Plan of Action for 2005-2010,

#### ***RESOLVES:***

To recommend to the Directing Council the adoption of a resolution along the following lines:

#### ***THE 46th DIRECTING COUNCIL,***

Noting the importance of blood transfusions for appropriate patient care, survival, and quality of life;

Having studied the report of the Director on the progress of the Blood Safety Initiative;

Recognizing the achievements in the screening of infectious markers in blood and the reduction in the potential risk of transfusion-transmitted infections in the Region;

Aware of the efforts made by the Secretariat and the National Blood Programs of the Member States to jointly assess previous work and to develop a regional plan of action for the improvement of transfusion safety in the Americas by the year 2010;

Concerned that the goals identified by the World Health Assembly in 1975 and by the Governing Bodies of the Pan American Health Organization in the past decade have not been achieved in the Region;

Recognizing that in order to achieve sufficient supply, appropriate quality of blood, and appropriate safety of transfusions, the current national approaches need to be revised and adjusted;

Recognizing that the number of voluntary donors in the Region of the Americas is still limited;

Welcoming World Health Assembly Resolution WHA58.13 Blood Safety: Proposal to Establish World Blood Donor Day; and

Motivated by the spirit of Pan Americanism, equity, and the internationally agreed health-related development goals in the United Nations Millennium Declaration,

***RESOLVES:***

1. To urge Member States to:
  - (a) analyze the progress and challenges in the pursuit of sufficiency, quality, safety, and appropriate use of blood and blood products in their countries;
  - (b) officially adopt the Regional Plan of Action for Transfusion Safety 2006-2010, and appropriately allocate and efficiently use resources to obtain its objectives;
  - (c) promote the participation of the public and private sectors, ministries of education, labor and social development, and civil society in the international, national, and local activities undertaken to implement the Regional Plan;
  - (d) Strengthen blood services and improve their efficiency, while promoting a culture of voluntary, non-remunerated blood donation.
2. To request the Director to:
  - (a) cooperate with the Member States in the development of their national blood policies and strategies, and the strengthening of blood services to ensure transfusion safety;

- (a) promote the application at the local level of quality standards and validated methodologies for the improvement of the safety of blood products and blood transfusion, utilizing a multidisciplinary approach;
- (c) work with Member States to monitor the development of the national blood programs and transfusion safety;
- (d) report periodically to the Governing Bodies on the progress of implementation of the Regional Plan of Action for Transfusion Safety, including constraints;
- (e) mobilize resources in support of the Regional Plan of Action for Transfusion Safety.



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



**46th DIRECTING COUNCIL**  
**57th SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA., 26-30 September 2005*

---

***RESOLUTION***

***CD46.R5***

**PROGRESS REPORT ON THE REGIONAL SAFE BLOOD INITIATIVE  
AND PLAN OF ACTION FOR 2005-2010**

***THE 46th DIRECTING COUNCIL,***

Noting the importance of blood transfusions for appropriate patient care, survival, and quality of life;

Having studied the report of the Director on the progress of the Blood Safety Initiative;

Recognizing the achievements in the screening of infectious markers in blood and the reduction in the potential risk of transfusion-transmitted infections in the Region;

Aware of the efforts made by the Secretariat and the National Blood Programs of the Member States to jointly assess previous work and to develop a regional plan of action for the improvement of transfusion safety in the Americas by the year 2010;

Concerned that the goals identified by the World Health Assembly in 1975 and by the Governing Bodies of the Pan American Health Organization in the past decade have not been achieved in the Region;

Recognizing that in order to achieve sufficient supply, appropriate quality of blood, and appropriate safety of transfusions, the current national approaches need to be revised and adjusted;

Recognizing that the number of voluntary donors in the Region of the Americas is still limited;

Welcoming World Health Assembly Resolution WHA58.13 Blood Safety: Proposal to Establish World Blood Donor Day; and

Motivated by the spirit of Pan Americanism, equity, and the internationally agreed upon health-related development goals in the United Nations Millennium Declaration,

***RESOLVES:***

1. To urge Member States to:
  - (a) analyze the progress and challenges in the pursuit of sufficiency, quality, safety, and appropriate use of blood and blood products in their countries;
  - (b) officially adopt the Regional Plan of Action for Transfusion Safety 2006-2010, and appropriately allocate and efficiently use resources to obtain its objectives;
  - (c) promote the participation of the public and private sectors, ministries of education, labor and social development, and civil society in the international, national, and local activities undertaken to implement the Regional Plan;
  - (d) strengthen blood services and improve their efficiency, while promoting a culture of voluntary, non-remunerated blood donation.
  
2. To request the Director to:
  - (a) cooperate with the Member States in the development of their national blood policies and strategies, and the strengthening of blood services to ensure transfusion safety;
  - (b) promote the application at the local level of quality standards and validated methodologies for the improvement of the safety of blood products and blood transfusion, utilizing a multidisciplinary approach;
  - (c) work with Member States to monitor the development of the national blood programs and transfusion safety;
  - (d) report periodically to the Governing Bodies on the progress of implementation of the Regional Plan of Action for Transfusion Safety, including constraints;
  - (e) mobilize resources in support of the Regional Plan of Action for Transfusion Safety.

*(Eighth meeting, 29 September 2005)*

**WHA59.20      Sickle-cell anaemia**

The Fifty-ninth World Health Assembly,

Having examined the report on sickle-cell anaemia;<sup>1</sup>

Recalling resolution WHA57.13 on genomics and world health, and the discussion of the Executive Board at its 116th session on control of genetic diseases, which recognized the role of genetic services in improving health globally and in reducing the global health divide;<sup>2</sup>

Recalling decision Assembly/AU/Dec.81 (V) of the Assembly of the African Union at its Fifth Ordinary Session;

Noting the conclusions of the 4th International African American Symposium on sickle-cell anaemia (Accra, 26-28 July 2000), and the results of the first and second international congresses of the International Organization to Combat Sickle-Cell Anaemia (respectively, Paris, 25-26 January 2002 and Cotonou, 20-23 January 2003);

Concerned at the impact of genetic diseases, and of sickle-cell anaemia in particular, on global mortality and morbidity, especially in developing countries, and by the suffering of patients and families affected by the disease;

Recognizing that the prevalence of sickle-cell anaemia varies between communities, and that insufficiency of relevant epidemiological data may present a challenge to effective and equitable management;

Deeply concerned at the absence of official recognition of sickle-cell anaemia as a priority in public health;

Recognizing the current inequality of access to safe and appropriate genetic services throughout the world;

Recognizing that effective programmes for sickle-cell anaemia must be sensitive to cultural practices and appropriate for the given social context;

Recognizing that pre-natal screening for sickle-cell anaemia raises specific ethical, legal and social issues that require appropriate consideration,

1. URGES Member States in which sickle-cell anaemia is a public health problem:

(1) to design, implement and reinforce in a systematic, equitable and effective manner, comprehensive national, integrated programmes for the prevention and management of sickle-cell anaemia, including surveillance, dissemination of information, awareness-raising, counselling and screening, such programmes being tailored to specific socioeconomic, health system, and cultural contexts and aimed at reducing the incidence, morbidity and mortality associated with this genetic disease;

---

<sup>1</sup> Document A59/9.

<sup>2</sup> See document EB116/2005/REC/1, Summary record of the first meeting, section 4.

- (2) to work to ensure that adequate, appropriate and accessible emergency care is available to persons living with sickle-cell anaemia;
- (3) to develop their capacity to evaluate the situation regarding sickle-cell anaemia and the impact of national programmes;
- (4) to intensify the training of all health professionals and community volunteers in high-prevalence areas;
- (5) to develop and strengthen systematic medical-genetics services and holistic care within existing primary health care systems, in partnership with national and local government agencies and nongovernmental organizations, including parent or patient organizations;
- (6) to promote relevant community education, including health counselling and ethical, legal and social issues;
- (7) to promote effective international cooperation in combating sickle-cell anaemia;
- (8) in collaboration with international organizations, to provide support for basic and applied research on sickle-cell anaemia;

2. REQUESTS the Director-General:

- (1) to raise awareness of the international community of the global burden of sickle-cell anaemia, and to promote equitable access to health services for prevention and management of the disease;
- (2) to provide technical support and advice to Member States through the framing of national policies and strategies for prevention and management of sickle-cell anaemia;
- (3) to promote and support:
  - (a) intercountry collaboration to develop training and expertise of personnel, and the further transfer of advanced technologies and expertise to developing countries;
  - (b) the construction and equipment of referral centres for care, training and research;
- (4) to continue WHO's normative functions by drafting guidelines, including good practices and practical models, on prevention and management of sickle-cell anaemia with a view to elaborating regional plans and fostering the establishment of regional groups of experts;
- (5) to promote, support and coordinate the research needed on sickle-cell disorders in order to improve the duration and quality of life of those affected by such disorders.

(Ninth plenary meeting, 27 May 2006 –  
Committee A, fourth report)

**EB118.R1 Thalassaemia and other haemoglobinopathies<sup>1</sup>**

The Executive Board,

Having considered the report on thalassaemia and other haemoglobinopathies;<sup>2</sup>

Recalling resolution WHA57.13 on genomics and world health, resolution EB117.R3 on sickle-cell anaemia, and the recognition by the Executive Board at its 116th session of the role of genetic services in improving health globally and in reducing the global health divide;<sup>3</sup>

Concerned at the impact of genetic diseases, and of haemoglobinopathies (thalassaemia and sickle-cell anaemia) in particular, on global mortality and morbidity, especially in developing countries, and by the suffering of patients and families affected by the disease;

Recognizing that the prevalence of thalassaemia varies between communities, and that insufficient epidemiological data may hamper effective and equitable management;

Deeply concerned that thalassaemia and other haemoglobinopathies are not recognized as priorities in public health;

Deploring the current worldwide lack of access to safe and appropriate genetic services;

Aware that effective programmes for thalassaemia must be sensitive to cultural practices and appropriate for the given social context;

Recognizing that the management of haemoglobinopathies, particularly prenatal screening, raises specific ethical, legal and social issues that require appropriate consideration,

1. URGES Member States:

(1) to design, implement and reinforce in a systematic, equitable and effective manner, comprehensive national, integrated programmes for prevention and management of thalassaemia and other haemoglobinopathies, including surveillance, dissemination of information, awareness-raising and screening, such programmes being tailored to specific socioeconomic and cultural contexts and aimed at reducing the incidence, morbidity and mortality associated with these diseases;

(2) to develop their capacity to monitor thalassaemia and other haemoglobinopathies and to evaluate the impact of national programmes;

(3) to intensify the training of all health professionals in high-prevalence areas;

(4) to develop and strengthen medical services, within existing primary health-care systems, in partnership with parent or patient organizations;

---

<sup>1</sup> See Annex 2 for the administrative and financial implications for the Secretariat of this resolution.

<sup>2</sup> Document EB118/5.

<sup>3</sup> See document EB116/2005/REC/1, summary record of the first meeting, section 4.

- 
- (5) to promote relevant community education, including health counselling and ethical, legal and social issues associated with haemoglobinopathies;
  - (6) to promote international cooperation in combating haemoglobinopathies;
  - (7) to provide support for basic and applied research on thalassaemia, in collaboration with international organizations;

2. REQUESTS the Director-General:

- (1) to raise awareness of the international community of the global burden of thalassaemia and other haemoglobinopathies, and to promote equitable access to health services and medicines for prevention and management of these diseases;
- (2) to provide technical support and advice to Member States in framing of national policies and strategies for prevention and management of thalassaemia and other haemoglobinopathies;
- (3) to promote intercountry collaboration in order to expand the training and expertise of personnel, and to provide support for the further transfer of affordable technologies and expertise to developing countries;
- (4) to continue WHO's normative functions by drafting guidelines on prevention and management of thalassaemia and other haemoglobinopathies;
- (5) to promote research on thalassaemia and other haemoglobinopathies in order to improve the duration and quality of life of those affected by such disorders;
- (6) to consider setting the theme of haemoglobinopathy diseases such as thalassaemia and sickle-cell anaemia for a World Health Day in the near future.

(Second meeting, 29 May 2006)



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 142nd SESSION OF THE EXECUTIVE COMMITTEE

*Washington, D.C., USA, 23-27 June 2008*

---

CD48/11 (Eng.)  
Annex C

ORIGINAL: ENGLISH

### ***RESOLUTION***

#### ***CE142.R5***

### **BLOOD TRANSFUSION SAFETY: PROGRESS REPORT**

#### ***THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the progress report presented by the Director on Blood Transfusion Safety (Document CE142/20), which summarizes the difficulties observed in the implementation of the Regional Plan of Action for Transfusion Safety 2006-2010;

Concerned about the insufficiency and the poor quality of blood available for transfusions in the majority of countries of the Region; and

Taking into account the Health Agenda for the Americas 2008-2017,

#### ***RESOLVES:***

To recommend that the Directing Council adopt a resolution along the following lines:

***THE 48th DIRECTING COUNCIL,***

Having considered the progress report presented by the Director on Blood Transfusion Safety (Document CD48/11), which summarizes the difficulties observed in the implementation of the Regional Plan of Action for Transfusion Safety 2006-2010;

Aware of the central role that transfusions play in the appropriate medical care of patients and in the reduction of mortality among mothers, infants, victims of traffic accidents and other traumas, patients suffering from cancer or clotting disorders, and transplant patients;

Concerned that the current levels of availability and safety of blood for transfusion in the Region are unsatisfactory;

Recognizing that the current national organizational systems limit the efficacy of blood transfusions, have negative effects on morbidity and mortality, and result in major financial losses;

Considering that the concepts of Resolutions CD41.R15 (1999) and CD46.R5 (2005) still apply to the Region of the Americas, and that action is required by national authorities to implement the strategies of the Regional Plan of Action 2006-2010, approved by the 46th Directing Council; and

Recognizing that modifications in current national approaches are needed in order to achieve the regional goals set for transfusion safety by 2010,

***RESOLVES:***

1. To urge Member States to:
  - (a) proactively implement the Regional Plan of Action for Transfusion Safety 2006-2010 by:
    - i. defining a specific entity within the normative level of their ministries of health as responsible for the planning, oversight and overall efficient operation of the national blood system;
    - ii. estimating the annual national need for blood components, taking into consideration unforeseen emergencies, expected increases of the general and elderly population, social inclusion of currently excluded populations, road traffic injuries, and local adoption of medical technologies, such as

transplants and cancer treatment, and the financial resources necessary to cover those needs;

- iii. establishing a network of volunteers to educate the community and to promote voluntary blood donation and service blood donors, with special attention to youth programs;
  - (b) terminate replacement and paid blood donation before the end of 2010, with a goal of 100% voluntary, altruistic, non-remunerated blood donation, using the information obtained from socio-anthropological surveys conducted in the countries, given that blood collection should not be solely the responsibility of hospital medical teams;
  - (c) share best practices in the recruitment and retention of voluntary blood donors.
2. To request the Director to:
- (a) cooperate with the Member States in the implementation of the Regional Plan of Action for Transfusion Safety 2006-2010 using a multidisciplinary and coordinated approach for health promotion, public education, human and patient rights, quality assurance and financial efficiency;
  - (b) work with Member States and international organizations to assess the implementation of the Regional Plan of Action 2006-2010 and to identify country-specific interventions needed to assure sufficiency and acceptable quality and safety of blood for transfusions at the national level;
  - (c) prepare annual reports on the situation of blood transfusion safety in the Region.

*(Seventh meeting, 26 June 2008)*



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



**48th DIRECTING COUNCIL**  
**60th SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA, 29 September-3 October 2008*

---

CD48.R7 (Eng.)  
ORIGINAL: ENGLISH

***RESOLUTION***

***CD48.R7***

**IMPROVING BLOOD AVAILABILITY AND TRANSFUSION SAFETY  
IN THE AMERICAS**

***THE 48th DIRECTING COUNCIL,***

Having considered the report of the Director on blood transfusion safety (Document CD48/11), which summarizes the difficulties observed in the implementation of the Regional Plan of Action for Transfusion Safety 2006-2010;

Aware of the central role that transfusions play in the appropriate medical care of patients and in the reduction of mortality among mothers, infants, victims of traffic accidents and other traumas, patients suffering from cancer or clotting disorders, and transplant patients;

Concerned that the current levels of availability and safety of blood for transfusion in the Region are unsatisfactory;

Recognizing that the current national organizational systems limit the efficacy of blood transfusions, have negative effects on morbidity and mortality, and result in major financial losses;

Considering that the concepts of Resolutions CD41.R15 (1999) and CD46.R5 (2005) still apply to the Region of the Americas, and that action is required by national authorities to implement the strategies of the Regional Plan of Action 2006-2010, approved by the 46th Directing Council; and

Recognizing that modifications in current national approaches are needed in order to achieve the regional goals set for transfusion safety by 2010,

***RESOLVES:***

1. To urge Member States to:
  - (a) proactively implement the Regional Plan of Action for Transfusion Safety 2006-2010 by:
    - i. defining a specific entity within the normative level of their ministries of health as responsible for the planning, oversight and overall efficient operation of the national blood system;
    - ii. estimating the annual national need for blood components, taking into consideration unforeseen emergencies, expected increases of the general and elderly population, social inclusion of currently excluded populations, road traffic injuries, and local adoption of medical technologies, such as transplants and cancer treatment, and the financial resources necessary to cover those needs;
    - iii. establishing a network of volunteers to educate the community and to promote voluntary blood donation and service blood donors, with special attention to youth programs;
  - (b) except in limited circumstances of emergency medical necessity, terminate replacement and paid blood donation by the end of 2010, with a goal of 100% voluntary, altruistic, non-remunerated blood donation, using the information obtained from socio-anthropological surveys conducted in the countries, given that blood collection should not be solely the responsibility of hospital medical teams;
  - (c) terminate mandatory patient replacement of transfused blood by the end of 2010;
  - (d) share best practices in the recruitment and retention of voluntary blood donors.
2. To request the Director to:
  - (a) cooperate with the Member States in the implementation of the Regional Plan of Action for Transfusion Safety 2006-2010 using a multidisciplinary and coordinated approach for health promotion, public education, human and patient rights, quality assurance and financial efficiency;

- (b) work with Member States and international organizations to assess the implementation of the Regional Plan of Action 2006-2010 and to identify country-specific interventions needed to assure sufficiency and acceptable quality and safety of blood for transfusions at the national level;
- (c) prepare annual reports on the situation of blood transfusion safety in the Region.

*(Seventh meeting, 2 October 2008)*



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **49th DIRECTING COUNCIL**

### **61st SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA, 28 September-2 October 2009*

---

CD49.R19 (Eng.)  
ORIGINAL: ENGLISH

### ***RESOLUTION***

#### ***CD49.R19***

### **ELIMINATION OF NEGLECTED DISEASES AND OTHER POVERTY-RELATED INFECTIONS**

#### ***THE 49th DIRECTING COUNCIL,***

Having reviewed the document *Elimination of Neglected Diseases and other Poverty-related Infections* (Document CD49/9), and considering:

- the existence of previous PAHO and WHO mandates and resolutions to address neglected diseases and other infections related to poverty that can be eliminated or drastically reduced;
- the Region of the Americas' extensive experience in implementing elimination strategies for communicable diseases and the encouraging advances in reducing the burden of these diseases;
- the need to fulfill the "unfinished agenda," since the proportion of those affected remains high among the poorest and most marginalized people of the Americas;
- the need to address the social determinants of health in order to effectively reduce the health, social, and economic burden of neglected diseases and other diseases related to poverty;
- the current opportunity to eliminate or drastically reduce the burden of these diseases with available tools;

- the importance of working to eliminate infectious diseases for which adequate and cost-effective public health interventions exist, but which still continue to afflict the peoples of the Americas;

***RESOLVES:***

1. To urge the Member States to:
  - (a) commit themselves to eliminate or reduce neglected diseases and other infections related to poverty for which tools exist, to levels so that these diseases are no longer considered public health problems by 2015;
  - (b) identify priority neglected diseases, vulnerable populations that have lagged behind, gaps in epidemiological information, and the priority geographic areas for intervention (“hot spots”) at subnational levels in the countries;
  - (c) review existing specific national plans to control or eliminate these diseases and, where needed, develop new ones that rely on a comprehensive approach and consider social determinants of health, the International Health Regulations (2005), when appropriate, interprogrammatic strategies, and inter-sectoral actions;
  - (d) work to provide sufficient resources to ensure the sustainability of national and subnational control programs, including personnel, drug supplies, equipment, health promotion materials, and other needs;
  - (e) implement prevention, diagnostic, treatment, vector control, and elimination strategies in an integrated way and with broad community participation, so that they contribute to the strengthening of national health systems, including primary health care and the health surveillance systems;
  - (f) explore and, where appropriate, promote a range of incentive schemes for research and development, including addressing, where appropriate, the de-linkage of the cost of research and development and the price of health products, for example, through the award of prizes, with the objective of addressing diseases which disproportionately affect developing countries;
  - (g) mobilize additional resources and involve potential partners within the countries, as well as bilateral and multilateral development agencies, nongovernmental organizations, foundations, and other stakeholders;
  - (h) provide support for the promotion of research and scientific development related to new and improved tools, strategies, technologies, and methods to prevent and control neglected diseases, such as the development of accessible diagnostic tests, safer medications, and timely diagnostic mechanisms to reduce late complications in these diseases;

- (i) approve the goals and indicators for the elimination and reduction of neglected diseases and other infections related to poverty considered as priorities by the Member States and listed in Annexes A and B of this resolution;
- (j) work to strengthen the monitoring mechanisms for neglected diseases and to increase access to available disease control tools.

2. To request the Director to:

- (a) continue advocating for an active mobilization of resources and promote the development of close partnerships to support the implementation of this resolution;
- (b) provide technical cooperation to the countries for preparing national plans of action and submitting financing proposals to the trust fund for the elimination of neglected diseases and other poverty-related infections and to other sources ;
- (c) promote the identification, development, and use of evidence-based interventions that are technically and scientifically sound;
- (d) promote the implementation of current PAHO/WHO guidelines for the prevention and control of the included diseases;
- (e) promote research and scientific development related to new or improved tools, strategies, technologies, and methods for the prevention and control of the neglected diseases and their consequences;
- (f) support the strengthening of surveillance systems and primary health care, as well as the monitoring and evaluation of the national action plans being implemented;
- (g) strengthen cross-border collaboration among the countries which share the same diseases;
- (h) continue to support and strengthen the mechanisms for acquiring medications, such as the Strategic Fund, so as to treat neglected diseases at the best cost in order to increase access.

Annexes

*(Ninth plenary, 2 October 2009)*

## Epidemiological situation, elimination goals, and primary elimination strategies for selected neglected diseases and other infections related to poverty.<sup>2</sup>

This annex details the diseases proposed for elimination and the epidemiological situation, goals, and strategies. The strategies should be adopted by the countries in a manner consistent with their health policies, epidemiological situation, and structure of their health services networks.

<b>GROUP 1: Diseases that have a greater potential for being eliminated (with available cost-effective interventions)</b>			
<b>Disease</b>	<b>Epidemiological situation</b>	<b>Goals</b>	<b>Primary strategy</b>
<b>Chagas' disease</b>	<ul style="list-style-type: none"> <li>– There was evidence of transmission in 21 countries of the Americas.</li> <li>– It is estimated that 8 to 9 million people are currently infected.</li> <li>– 40,000 new cases of vector-borne transmission per year.</li> <li>– Vector-borne transmission by the main vectors has been interrupted in several countries (Uruguay, Chile, Brazil, and Guatemala) and areas (Argentina and Paraguay).</li> <li>– Most countries in Latin America are close to reaching the goal of implementing screening for Chagas in 100% of their blood banks.</li> </ul>	<ul style="list-style-type: none"> <li>– To interrupt domestic vector-borne transmission of <i>T. cruzi</i> (domestic triatomine infestation index of less than 1% and negative seroprevalence in children up to five years of age, with the exception of the minimum represented by cases in children of seropositive mothers).</li> <li>– To interrupt transfusional transmission of <i>T. cruzi</i> (100% blood screening coverage).<sup>3</sup></li> <li>– To integrate diagnosis of Chagas' disease in the primary health care system, in order to provide treatment and medical care to all patients for both the acute and chronic phases and to reinforce the supply chain of the existing treatments within countries to scale up access.</li> <li>– To prevent the development of cardiomyopathies and intestinal problems related to Chagas' disease, offering adequate health care to those affected by the various stages of the disease.</li> </ul>	<ul style="list-style-type: none"> <li>– To eliminate vectors in the home through chemical control.</li> <li>– Environment management programs.</li> <li>– Information/Education/Communication (IEC).</li> <li>– Screening of blood samples in blood banks to avoid transmission by blood transfusion.</li> <li>– Screening of pregnant women and treatment to avoid congenital transmission.</li> <li>– Good practices on food preparation to avoid oral transmission.</li> <li>– Etiologic treatment of children</li> <li>– Offer medical care to adults with Chagas' disease.</li> </ul>

<sup>2</sup> PAHO/HSD/CD. Epidemiological Profiles of Neglected Diseases and Other Infections Related to Poverty in Latin America and the Caribbean. Presented at the Consultation on a Latin American and Caribbean Trust Fund for the Prevention, Control and Elimination of Neglected and Other Infectious Diseases. Washington, DC, 15-16 December 2008. Available at: [http://new.paho.org/hq/index.php?option=com\\_joomlabook&Itemid=259&task=display&id=37](http://new.paho.org/hq/index.php?option=com_joomlabook&Itemid=259&task=display&id=37).

## Availability, safety and quality of blood products

The Sixty-third World Health Assembly,

Recalling resolution WHA58.13 on blood safety: proposal to establish World Blood Donor Day and preceding related resolutions since resolution WHA28.72 on utilization and supply of human blood and blood products, which urged Member States to promote the full implementation of well-organized, nationally coordinated and sustainable blood programmes with appropriate regulatory systems and to enact effective legislation governing the operation of blood services;

Recognizing that achieving self-sufficiency, unless special circumstances preclude it, in the supply of safe blood components based on voluntary, non-remunerated blood donation, and the security of that supply are important national goals to prevent blood shortages and meet the transfusion requirements of the patient population;

Conscious that plasma-derived medicinal products for the treatment of haemophilia and immune diseases are included in the WHO Model List of Essential Medicines<sup>1</sup> and of the need to facilitate access to these products by developing countries;

Concerned by the unequal access globally to blood products, particularly plasma-derived medicinal products, leaving many patients in need of transfusion and with severe congenital and acquired disorders without adequate treatment;

Aware that a major factor limiting the global availability of plasma-derived medicinal products is an inadequate supply of plasma meeting internationally recognized standards for fractionation;

Bearing in mind that treatment using labile blood components is gradually being included in medical practice in developing countries and that thereby increased quantities of recovered plasma should become available for fractionation into plasma-derived medicinal products to meet their needs;

Concerned that in developing countries, blood components separation technology and fractionation capacity are lacking, and that, because of insufficient regulatory controls and failure to implement appropriate practices in blood establishments, plasma from developing countries is often unacceptable for contract fractionation, with considerable wastage of plasma as a result;

---

<sup>1</sup> The WHO Model List of Essential Medicines identifies individual medicines that together could provide safe and effective treatment for most communicable and noncommunicable diseases. This List includes plasma-derived medicinal products, namely immunoglobulins and coagulation factors, which are needed to prevent and treat a variety of serious conditions that occur worldwide (<http://www.who.int/medicines/publications/essentialmedicines/en/index.html>).

Convinced that assuring the suitability of plasma for fractionation requires the establishment of a nationally coordinated and sustainable plasma programme within a properly organized, legally established and regulated national blood programme;

Recognizing that, as the capacity to collect plasma is limited and would not suffice to produce enough essential medicines to cover global needs, it is essential that all countries have local capacity to collect plasma of acceptable quality and safety from voluntary and unpaid donations in order to meet their needs;

Convinced that fractionation should be set up as close to the source as possible, and that, where national plasma fractionation capacities are lacking, there should be an option for supply of fractionation capacity in other countries, ensuring that the supply of plasma derived medicinal products can be made available to meet local needs in the country of the plasma supplier;

Recognizing that access to information about strategies to ensure supplies of blood products sufficient to meet demand, effective mechanisms of regulatory oversight, technologies to ensure the quality and safety of blood products, and guidelines on the appropriate clinical use of blood products and the risks of transfusion have become more and more necessary;

Bearing in mind that voluntary and non-remunerated blood donations can contribute to high safety standards for blood and blood components, and being aware that the safety of blood products depends on testing of all donated blood for transfusion-transmissible infections, and correct labelling, storage and transportation of blood products;

Bearing in mind that patient blood management means that before surgery every reasonable measure should be taken to optimize the patient's own blood volume, to minimize the patient's blood loss and to harness and optimize the patient-specific physiological tolerance of anaemia following WHO's guide for optimal clinical use (three pillars of patient blood management);

Recognizing that excessive and unnecessary use of transfusions and of plasma-derived medicinal products, unsafe transfusion practices, and errors (particularly at the patient's bedside) seriously compromise patient safety;

Concerned that unsafe and/or poor-quality blood products can render patients vulnerable to avoidable risk if the blood programmes are not subject to the level of control now exercised by experienced national or regional regulatory authorities;

Alarmed that patients in developing countries continue to be exposed to the risk of preventable transfusion-transmitted infections by bloodborne pathogens such as hepatitis B virus, hepatitis C virus and HIV;

Noting the increasing movement across boundaries of blood products and blood safety-related in vitro diagnostic devices, together with their rapid development and introduction into health-care systems of both developed and developing countries;

Recognizing the value of international biological reference materials (WHO International Standards) for the quality control of blood products and related in vitro diagnostic devices for detection of known and emerging bloodborne pathogens;

Convinced that traceability at all stages of the preparation of blood products, from the donor to the recipient and vice versa, is essential to identify risks, particularly the transmission of pathogens and transfusion reactions, and to monitor the efficacy of corrective measures aiming to minimize such risks;

Convinced that good practices need to be implemented for recruiting voluntary, non-remunerated healthy blood and plasma donors from low-risk donor populations and testing of all donated blood for transfusion-transmissible pathogens, and that the whole chain of processes in the production of blood products, i.e. correct processing, labelling, storage and transportation, needs to be covered by relevant, reliable quality-assurance systems;

Recognizing that stringent regulatory control is vital in assuring the quality and safety of blood products, as well as of related in vitro diagnostic devices, and that special effort is needed to strengthen globally the technical capacity of regulatory authorities to assure the appropriate control worldwide;

Recalling previous resolutions of the Health Assembly mentioning the vital need to strengthen blood establishments and ensure the quality, safety and efficacy of blood products,

1. URGES Member States:<sup>1</sup>

- (1) to take all the necessary steps to establish, implement and support nationally-coordinated, efficiently-managed and sustainable blood and plasma programmes according to the availability of resources, with the aim of achieving self-sufficiency, unless special circumstances preclude it;
- (2) to take all the necessary steps to update their national regulations on donor assessment and deferral, the collection, testing, processing, storage, transportation and use of blood products, and operation of regulatory authorities in order to ensure that regulatory control in the area of quality and safety of blood products across the entire transfusion chain meets internationally recognized standards;
- (3) to establish quality systems, for the processing of whole blood and blood components, good manufacturing practices for the production of plasma-derived medicinal products and appropriate regulatory control, including the use of diagnostic devices to prevent transfusion-transmissible diseases with highest sensitivity and specificity;
- (4) to build human resource capacity through the provision of initial and continuing training of staff to ensure quality of blood services and blood products;
- (5) to enhance the quality of evaluation and regulatory actions in the area of blood products and associated medical devices, including in vitro diagnostic devices;
- (6) to establish or strengthen systems for the safe and rational use of blood products and to provide training for all staff involved in clinical transfusion, to implement potential solutions in order to minimize transfusion errors and promote patient safety, to promote the availability of transfusion alternatives including, where appropriate, autologous transfusion and patient blood management;

---

<sup>1</sup> And regional economic integration organizations, where applicable.

(7) to ensure the reliability of mechanisms for reporting serious or unexpected adverse reactions to blood and plasma donation and to the receipt of blood components and plasma-derived medicinal products, including transmissions of pathogens;

2. REQUESTS the Director-General:

(1) to guide Member States to meet internationally recognized standards in updating their legislation, national standards and regulations for effective control of the quality and safety of blood products and associated medical devices, including in vitro diagnostics;

(2) to advise and build capacity in Member States on leadership and management of blood supply systems in order to strengthen national coordinated and sustainable blood and plasma programmes by sharing best practices about the organizational structure of blood supply systems in order to increase efficiency and minimize error;

(3) to augment the support offered to Member States for developing and strengthening their national regulatory authorities and control laboratories so as to increase their competence in the control of blood products and associated medical devices, including in vitro diagnostic devices, and to foster the creation of regional collaborative and regulatory networks where necessary and appropriate;

(4) to ensure sustainable development and provision of international biological reference materials (WHO International Standards) for use in the quality control and regulation of blood products and related in vitro diagnostic devices;

(5) to improve access by developing countries to international biological reference materials and to the scientific information obtained in their validation in order to assure the appropriate use of these materials;

(6) to develop, provide and disseminate guidance and technical support to strengthen national coordinated blood and plasma programmes and introduction of blood component separation and plasma fractionation technology, to meet local needs, and promote effective regulatory oversight of blood services and implementation of good manufacturing practices in plasma-fractionation programmes, under the responsibility of regulatory authorities;

(7) to provide guidance, training and support to Member States on safe and rational use of blood products and to support the introduction of transfusion alternatives including, where appropriate, autologous transfusion, safe transfusion practices and patient blood management;

(8) to encourage research into new technologies for producing safe and effective blood substitutes;

(9) to inform regularly, at least every four years, the Health Assembly, through the Executive Board, on actions taken by Member States and other partners to implement this resolution.

Eighth plenary meeting, 21 May 2010  
A63/VR/8

= = =

## **WHA63.18      Viral hepatitis<sup>2</sup>**

The Sixty-third World Health Assembly,

Having considered the report on viral hepatitis;<sup>3</sup>

Taking into account the fact that some 2000 million people have been infected by hepatitis B virus and that about 350 million people live with a chronic form of the disease;

Considering that hepatitis C is still not preventable by vaccination and around 80% of hepatitis C virus infections become a chronic infection;

---

<sup>1</sup> See Annex 6.

<sup>2</sup> For financial and administrative implications for the Secretariat of this resolution, see document EB126/2010/REC/1, Annex 7.

<sup>3</sup> Document A63/15.

Considering the seriousness of viral hepatitis as a global public health problem and the need for advocacy to governments, all parties and populations for action on health promotion, disease prevention, diagnosis and treatment;

Expressing concern at the lack of progress in the prevention and control of viral hepatitis in developing countries, in particular in sub-Saharan Africa, due to the lack of access to affordable, appropriate treatment and care as well as an integrated approach to the prevention and control measures of the disease;

Considering the need for a global approach to all forms of viral hepatitis – with a special focus on viral hepatitis B and C, which have the higher rates of morbidity;

Recalling that one route of transmission of hepatitis B and C viruses is parenteral and that the Health Assembly in resolution WHA28.72 on utilization and supply of human blood and blood products recommended the development of national public services for blood donation and in resolution WHA58.13 agreed to the establishment of an annual World Blood Donor Day, and that in both resolutions the Health Assembly recognized the need for safe blood to be available to blood recipients;

Reaffirming resolution WHA45.17 on immunization and vaccine quality which urged Member States to include hepatitis B vaccines in national immunization programmes;

Considering the need to reduce liver cancer mortality rates and that viral hepatitis are responsible for 78% of cases of primary liver cancer;

Considering the collaborative linkages between prevention and control measures for viral hepatitis and those for infectious diseases like HIV and other related sexually transmitted and bloodborne infections;

Recognizing the need to reduce incidence to prevent and control viral hepatitis, to increase access to correct diagnosis and to provide appropriate treatment programmes in all regions;

Further recognizing the need for universal coverage for safe injection practices as promoted through the WHO Safe Injection Global Network,

1. RESOLVES that 28 July or such other day or days as individual Member States decide shall be designated as World Hepatitis Day in order to provide an opportunity for education and greater understanding of viral hepatitis as a global public health problem, and to stimulate the strengthening of preventive and control measures of this disease in Member States;
2. URGES Member States:
  - (1) to implement and/or improve epidemiological surveillance systems and to strengthen laboratory capacity, where necessary, in order to generate reliable information for guiding prevention and control measures;
  - (2) to support or enable an integrated and cost-effective approach to the prevention, control and management of viral hepatitis considering the linkages with associated coinfection such as HIV through multisectoral collaboration among health and educational institutions, nongovernmental organizations and civil society, including measures that strengthen safety and quality and the regulation of blood products;

(3) to incorporate in their specific contexts the policies, strategies and tools recommended by WHO in order to define and implement preventive actions, diagnostic measures and the provision of assistance to the population affected by viral hepatitis including migrant and vulnerable populations;

(4) to strengthen national health systems in order to address prevention and control of viral hepatitis effectively through the provision of health promotion and national surveillance, including tools for prevention, diagnosis and treatment of viral hepatitis, vaccination, information, communication and injection safety;

(5) to provide vaccination strategies, infection-control measures, and means for injection safety for health-care workers;

(6) to use national and international resources, either human or financial, to provide technical support to strengthen health systems in order to provide local populations adequately with the most cost-effective and affordable interventions that suit the needs of local epidemiological situations;

(7) to consider, as necessary, national legislative mechanisms for the use of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights in order to promote access to specific pharmaceutical products;<sup>1</sup>

(8) to consider, whenever necessary, using existing administrative and legal means in order to promote access to preventive, diagnostic and treatment technologies against viral hepatitis;

(9) to develop and implement monitoring and evaluation tools in order to assess progress towards reducing the burden from viral hepatitis and to guide evidence-based strategy for policy decisions related to preventive, diagnostic and treatment activities;

(10) to promote the observance of 28 July each year, or on such other day or days as individual Member States may decide, as World Hepatitis Day;

(11) to promote total injection safety at all levels of national health-care systems;

3. REQUESTS the Director-General:

(1) to establish in collaboration with Member States the necessary guidelines, strategies, time-bound goals and tools for the surveillance, prevention and control of viral hepatitis;

(2) to provide the necessary support to the development of scientific research related to the prevention, diagnosis and treatment of viral hepatitis;

(3) to improve the assessment of global and regional economic impact and estimate the burden of viral hepatitis;

---

<sup>1</sup> The WTO General Council in its Decision of 30 August 2003 (i.e. on Implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health) decided that “‘pharmaceutical product’ means any patented product, or product manufactured through a patented process, of the pharmaceutical sector needed to address the public health problems as recognized in paragraph 1 of the Declaration. It is understood that active ingredients necessary for its manufacture and diagnostic kits needed for its use would be included.”

- (4) to support, as appropriate, resource-constrained Member States in conducting events to mark World Hepatitis Day;
- (5) to invite international organizations, financial institutions and other partners to give support to, and assign resources for, the strengthening of surveillance systems, prevention and control programmes, diagnostic and laboratory capacity, and management of viral hepatitis to developing countries in an equitable, most efficient, and suitable manner;
- (6) to strengthen the WHO Safe Injection Global Network;
- (7) to collaborate with other organizations in the United Nations system, partners, international organizations and other relevant stakeholders in enhancing access to affordable treatments in developing countries;
- (8) to report to the Sixty-fifth World Health Assembly, through the Executive Board, on the implementation of this resolution.

## **WHA63.20 Chagas disease: control and elimination<sup>2</sup>**

The Sixty-third World Health Assembly,

Having considered the report on Chagas disease: control and elimination;<sup>3</sup>

Recognizing that all transmission routes (namely by vectors, transfusion, organ transplantation, and by vertical and oral routes) have to be tackled, and that, in particular, domestic vectorial transmission in Latin America has to be eliminated, with the understanding that elimination means stable interruption of domestic transmission;

Expressing its satisfaction at the considerable progress achieved by countries towards the goal of eliminating Chagas disease, as recommended in resolution WHA51.14;

---

<sup>1</sup> *Joint action for results: UNAIDS Outcome Framework 2009–2011*. Geneva, UNAIDS, 2010 (document UNAIDS/09.13E).

<sup>2</sup> For financial and administrative implications for the Secretariat of this resolution, see document EB124/2009/REC/1, Annex 7.

<sup>3</sup> Document A63/17.

Underlining that 2009 marked the centenary of the description of this disease by Dr Carlos Chagas;

Recognizing the success achieved through the intergovernmental initiatives in Latin America, and acknowledging the progress made through vector-control strategies;

Recognizing the increasing number of cases of Chagas disease in countries where the disease is not endemic;

Taking into account the need for harmonization of diagnostic and treatment procedures;

Recognizing the need for the provision of appropriate medical care for people affected by Chagas disease;

Underlining the need for more effective, safe and adequate medicines, including paediatric formulations, and for better coverage and distribution of those currently available;

Recalling resolution CD49.R19 adopted by the 49th Directing Council of PAHO in 2009, which urges Member States to commit themselves to the elimination or the reduction of neglected diseases and other related poverty diseases, including Chagas disease, with the aim that disease no longer represents a public health problem;

Acknowledging the significant collaboration and support among Member States and the support of other partners and appreciating their continuous assistance,

1. URGES Member States:

- (1) to reinforce efforts to strengthen and consolidate national control programmes especially in areas where Chagas disease has re-emerged, in disease-endemic and non-endemic countries and to establish them where there are none;
- (2) to establish mechanisms to ensure broad coverage of adequate control measures, including the promotion of decent and healthy living conditions, prevention, and the integration of specific actions within health services based on primary health care, together with strengthening community participation;
- (3) to harmonize systems and strengthen capacities for surveillance, data collection and analysis and dissemination of information;
- (4) to integrate the care of patients with acute and chronic clinical forms of Chagas disease into primary health services;
- (5) to reinforce the provision of existing treatments in countries where Chagas disease is endemic with the aim of making access universal;
- (6) to promote and encourage operational research on control of Chagas disease in order:
  - (a) to interrupt transmission by domestic insect vectors through their control and elimination;
  - (b) to promote the development of medicines that are more suitable, safe and affordable;

- 
- (c) to promote the development of a valid and accessible test of cure;
  - (d) to reduce the risk of late complications of the infection;
  - (e) to establish systems of early detection, in particular for the detection of new infections, congenital infections in newborns and the reactivation of the disease in immunocompromised patients;
  - (f) to optimize blood transfusion safety and screening procedures in disease-endemic countries and to consider implementation of appropriate screening procedures in countries where the disease is not endemic;
- (7) to strengthen and harmonize public health policies to reduce the burden of Chagas disease, particularly in countries where the disease is not endemic;
- (8) to promote the development of public health measures in disease-endemic and non-endemic countries, with special focus on endemic areas, for the prevention of transmission through blood transfusion and organ transplantation, early diagnosis of congenital transmission and management of cases;
- (9) to integrate, at the primary health-care level, diagnosis and treatment of Chagas disease in patients in both acute and chronic phases of the disease;
2. REQUESTS the Director-General:
- (1) to draw attention to the burden of Chagas disease and to the need to provide equitable access to medical services for the management and prevention of the disease;
  - (2) to strengthen implementation of vector-control activities in order to achieve interruption of domestic transmission of *Trypanosoma cruzi* and to promote research to improve or develop new prevention strategies;
  - (3) to promote in areas endemic for Chagas disease action to detect infected donors at blood banks in order to integrate strategies for safe blood;
  - (4) to provide support to the countries of the Americas in order to strengthen intergovernmental initiatives and the technical secretariat of the Pan American Sanitary Bureau as a successful form of technical cooperation among countries, and to consider an initiative for the prevention and control of Chagas disease in non-endemic regions;
  - (5) to collaborate with Member States and intergovernmental initiatives with the aim of setting objectives and goals for the interruption of transmission, particularly for domestic vectorial transmission in Latin American countries;
  - (6) to support the mobilization of national and international, public and private financial and human resources to ensure achievement of the goals;
  - (7) to promote research related to prevention, control and care of Chagas disease;
  - (8) to promote intersectoral efforts and collaboration, and facilitate networking between organizations and partners interested in supporting the development and the strengthening of Chagas disease-control programmes;

- (9) to report on progress in the elimination of Chagas disease to the Sixty-fifth World Health Assembly through the Executive Board.