Governing body matters:

Key issues arising out of the Sixty-seventh World Health Assembly and the 134th and 135th sessions of the WHO Executive Board

The attached working paper highlights, from the perspective of the WHO South-East Asia Region, the most important and relevant resolutions adopted at the Sixty-seventh World Health Assembly (19–24 May 2014) and the 134th (20–25 January 2014) and 135th sessions (26–27 May 2014) of the Executive Board. These resolutions are deemed to have important implications for the WHO South-East Asia Region and merit follow-up action by both Member States as well as WHO at the regional and country levels.

The background of the selected resolutions, their implications on collaborative activities with Member States, as applicable, along with actions proposed for Member States and WHO have been summarized. All the resolutions of the Sixty-seventh World Health Assembly are provided in the annex to this working paper.

The High-Level Preparatory (HLP) Meeting held in the Regional Office in New Delhi, India, from 14 to 17 July 2014, reviewed the attached working paper and made the following recommendations:

Actions by the WHO Regional Office

(1) The Regional Office should support Member States in scaling up action to develop national viral hepatitis strategies and guidelines to combat the high morbidity and mortality due to the disease in the Region.

(2) The Regional Office should play an active role in ensuring that the health concerns and overriding health priorities of the Region are reflected adequately in the agenda and discussions due to be held on the post-2015 health agenda.

(3) The Regional Office should provide support to Member States in capacity-building for the Global Plan of Action on Antimicrobial Resistance, and to ensure better access of Member States to critical medicine.

The working paper and recommendations of the HLP meeting are submitted to the Sixty-seventh Session of the WHO Regional Committee for its consideration.
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Introduction

1. The Sixty-seventh World Health Assembly and the 134th and 135th sessions of the WHO Executive Board adopted a number of resolutions and decisions during the course of their deliberations. These decisions and resolutions relate to health matters as well as Programme Budget and financial matters.

2. Resolutions on technical matters that have significant implications for the South-East Asia Region are presented in this paper. Salient information on implications of the resolutions, and actions already taken and to be taken is also included herein.

3. Copies of all the resolutions of the Sixty-seventh World Health Assembly have been annexed to this paper.

1. Global strategy and targets for tuberculosis prevention, care and control after 2015 (WHA67.1)

   Background

   - Tuberculosis (TB) remains a major global health problem affecting millions of people each year, and is the second leading cause of death from an infectious disease worldwide.

   - The WHO South-East Asia Region had an estimated 4.8 million prevalent and 3.4 million incident cases of TB in 2012 and carries about 40% of the global TB burden.

   - Following requests from Member States made at the Sixty-fifth World Health Assembly in May 2012, the Sixty-seventh World Health Assembly in May 2014 adopted the Global strategy and targets for tuberculosis prevention, core and control after 2015.

   - The persisting TB burden remains one of the main health challenges in the South-East Asia Region. Though considerable progress has been made in tuberculosis prevention and control, the South-East Asia Region continues to carry 40% of the global TB burden. There is slow progress in scaling up programmatic management of DR-TB (Drug–resistant tuberculosis) and TB-HIV collaborative activities. Laboratory capacity is inadequate and health systems are overstretched in most Member States. Insufficient resource mobilization and the consequent funding gap are also important constraints in the Region.
Implications on collaborative activities with Member States

- WHO will further guide Member States in adapting and operationalizing the Global strategy and targets for tuberculosis prevention, care and control after 2015 in line with their priorities and specific requirements. Key aspects of the strategy is as follows;
  - The new Global TB strategy and targets for tuberculosis prevention, care and control after 2015 has a bold vision of a world without tuberculosis, and targets ending the global tuberculosis epidemic by 2035 through reduction in tuberculosis deaths by 95% and tuberculosis incidence by 90%, and elimination of associated catastrophic costs for tuberculosis-affected households.
  - The strategy addresses the following principles: government stewardship and accountability; coalition-building with affected communities and civil society; human rights and ethics; and adaptation to fit the needs of each epidemiological, socioeconomic and health-system context;
  - The three pillars of the strategy are: integrated, patient-centred care and prevention; bold policies and supportive systems; and intensified research and innovation.

Actions already taken in the Region

- All Member States of the Region have made good progress in implementing the components of the Stop TB Strategy of 2006–2015.

- The goals and targets of reducing the TB prevalence and death rates by 50% compared with their levels in 1990 as adopted in the Millennium Development Goals 2015 and by the Stop TB Partnership are likely to be met in the Region by 2015 if current progress levels are maintained and scaling up of implementation of prevention and control activities is ensured.

Actions to be taken in the Region

- In collaboration with WHO, Member States will take the following actions:
  - Adapt and operationalize the new global TB strategy, including the development of indicators, milestones and targets, in line with national priorities and specifications.
  - Implement, monitor and evaluate the tuberculosis-specific health sector and multisectoral actions proposed by the strategy, with high-level commitment and adequate financing taking into account local settings.
  - Seek, with full engagement of a wide range of stakeholders, to prevent the persistence of high-incidence rates of tuberculosis within specific communities or geographical settings.
2. Hepatitis (WHA67.6)

Background

- On 24 May 2014 the Sixty-seventh World Health Assembly adopted resolution WHA67.6 on hepatitis that reaffirmed
  (1) resolution WHA63.18 of 2010, which recognized hepatitis as a global public health problem and called upon WHO to develop a global strategy,
  (2) resolution WHA45.17, which urged Member States to include hepatitis B vaccines in their national immunization programmes, expressing concern about the low global hepatitis B coverage rate (79% compared with the target of 90%), and
  (3) resolution WHA61.21, – which adopted the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property.

- The resolution also expressed concern over the fact that viral hepatitis causes 1.4 million deaths every year and millions infected with hepatitis are not aware of the consequences of the disease, which include serious risk of cirrhosis or liver cancer. The resolution noted the lack of equitable access and lack of availability of quality, effective, affordable and safe diagnostics and treatment regimens for hepatitis B and C. It recognized the need for the availability of safe blood to for recipients (as stated in resolution WHA28.72), and acknowledged the need to strengthen health systems and integrate a collaborative approach for the prevention and treatment of hepatitis, HIV and other sexual and bloodborne infections and diseases transmitted from the mother to the child. It also recalled the United Nations General Assembly resolution 65/77 paragraph 59(h), which recommends “giving consideration to implementing and expanding risk- and harm-reduction programmes” as well as the need of fight stigma and discrimination against those infected.

Implications on collaborative activities with Member States

The resolution urges Member States to:

- develop and implement multisectoral strategies for viral hepatitis and involve civil society, enhance health promotion and prevention, and strengthen immunization against hepatitis based on the local epidemiological context;
- put in place an adequate surveillance system for viral hepatitis;
- strengthen systems for collecting blood from low-risk, non-remunerated donors, ensure quality assurance in the screening of donated blood, tissues and organs, and good transfusion practices;
- increase delivery of the birth dose of hepatitis B vaccine, and include it where appropriate in national immunization programmes;
promote food and drinking water safety to prevent hepatitis A and E infections;

make special provisions in policies for equitable access to prevention, diagnosis and treatment for populations affected by viral hepatitis;

consider administrative and legal means in the fight against hepatitis including use of flexibilities contained in the agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to promote specific pharmaceutical products;

to implement hepatitis programmes for people who inject drugs;

to aim to transition by 2017 to the exclusive use, where appropriate, of WHO prequalified injection devices; and

review policies, procedures and practices associated with stigmatization of and discrimination against people living with hepatitis.

It requests WHO to:

provide technical support to Member States to develop robust national viral hepatitis strategies and specific guidelines;

provide guidance to Member States on cost-effective ways to integrate prevention and care of viral hepatitis into existing health systems;

develop a regular monitoring and reporting system for viral hepatitis, and examine strategies needed to eliminate hepatitis B and C;

work with national authorities and key stakeholders to promote equitable access to prevention, diagnosis and treatment of viral hepatitis, particularly with regard to syringe programmes and opioid substitution therapy;

provide technical guidance for and strengthen the system of safe donation of blood, and quality-assured screening of all donor tissues and organs;

estimate the economic impact and burden of viral hepatitis in Member States;

provide technical assistance in the use of flexibilities in the agreement on Trade-Related Aspects of Intellectual Property Rights; and


Actions already taken in the Region

The Regional Strategy for the Prevention and Control of Viral Hepatitis in South-East Asia Region countries was published in 2013. The strategy includes many of the recommendations for the prevention and control of viral hepatitis and highlights the need to work with partners and civil society as declared in the Resolution.
WHO is collaborating with Member States to increase the birth dose of hepatitis B vaccine. The Organization has provided guidelines on blood safety and infection prevention and control (IPC) in health-care settings, and is also providing technical assistance on harm reduction. WHO is also advocating with Member States to promote food and water safety.

Actions to be taken in the Region

Member States of the WHO South-East Asia Region need to:

- have national hepatitis strategies and implementation plans in place, including equitable access to treatment and care for those living with hepatitis;
- develop a robust surveillance system for hepatitis;
- integrate hepatitis into the functioning of the health system;
- increase uptake of the hepatitis B vaccine; and
- strengthen the screening process for donated blood, tissues and organs.

WHO will need to provide technical support and guidance to Member States to:

- develop robust national viral hepatitis strategies and specific guidelines; and
- initiate cost-effective ways to integrate prevention and care of viral hepatitis into existing health systems.

3. Disability (WHA67.7)

Background

- At the Sixty-sixth World Health Assembly in 2013, resolution WHA66.9 on disability endorsed the World report on disability 2011 and requested WHO for an action plan in line with the Convention on the Rights of Persons with Disabilities (CRPD) and the outcome document of the UN High-Level Meeting on Disability and Development (subsequently adopted by the UN General Assembly in resolution 68/3).
- The draft WHO Global Disability Action Plan 2014–2021 was developed with the aim of contributing towards the achievement of optimal health, well-being and human rights for all people with disabilities (PWD).
- The action plan supports the implementation of actions enunciated in 16 Articles of the CRPD and the actions recommended by the UN General Assembly in resolution 68/3 of 2013. It also takes note of the efforts being made by WHO to mainstream disability and align it with the priorities of the Twelfth General Programme of Work 2014–2019, and supports other plans and strategies related to disability adopted by the
Organization. The Action Plan recognizes the importance of formal and informal caregivers to support of PWDs and the particular requirements to fulfil their role.

- The success of the plan will depend on an effective multisectoral collaboration approach. Community-based rehabilitation (CBR) is a key component of this collaboration.

- The action plan has three objectives:
  - to reduce or remove barriers and improve access to health services and programmes;
  - to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation; and
  - to strengthen the collection of nationally relevant and internationally comparable data on disability, and support research on the issue and related services.

- For each objective, there are indicators of success, means of verification, evidence, actions for each objective, and proposed inputs from Member States, the Secretariat and international and national partners. Monitoring and reporting to Governing Bodies on progress has been recommended at the mid-term (2017) and in the final year (2021).

- Guidance from the Executive Board should be followed. The version of the report that follows has been updated (in particular, paragraphs 5, 8 and 10 and Annex).


### Implications on collaborative activities with Member States

- The resolution urges Member States to implement proposed actions in the Action Plan after adapting them to national priorities and national circumstances. It invites international and national partners to take note of the Action Plan and its objectives, and requests the Secretariat to provide guidance, training and technical support, and submit reports on progress achieved in implementing the plan.

### Actions already taken in the Region

- A factsheet on wheelchairs and a booklet on “Roles of the Health Sector as per CRPD” were published and distributed in 2010.

- All countries in the South-East Asia Region have national plans in place for disability prevention and rehabilitation.

- Disability in the South-East Asia Region 2013 was published and disseminated in at the Sixty-sixth session of the WHO Regional Committee for South-East Asia in 2013, and to Member States before the UN General Assembly High-Level Meeting on Disability.
The South-East Asia regional workshop on wheelchair service training course (basic level) was conducted in 2013.

The WHO Regional Offices for South-East Asia and the Western Pacific collaborated with headquarters to organize the consultation – in Manila, Philippines, in 2013 – on the draft WHO Global Disability Action Plan 2014–2021, and to support participation of representatives from the regional ministries of health and social development.

### Actions to be taken in the Region

- A regional meeting of focal persons on disability of the ministries of health is planned for 2015 to facilitate the development of national plans of action on disability in line with the approved global plan, the CBR strategy and CRPD.

### 4. Autism (WHA67.8)

#### Background

- Autism spectrum disorders (ASDs) comprise a range of developmental disorders characterized by impairment in functions related to the maturation of the central nervous system. This umbrella term covers conditions such as autism, childhood disintegrative disorder and Asperger syndrome. ASDs account for 0.3% of all disability-adjusted life years. The estimated lifetime costs of caring for individuals with ASD are between US$ 1.4 million and US$ 2.4 million per case, depending on the level of intellectual impairment.

#### Implications on collaborative activities with Member States

- Resolution WHA67.8 urges Member States to accord appropriate recognition to ASDs and developmental disabilities in all policies and programmes related to early childhood development, and to develop strategies for early detection and community-based interventions for children living with ASD.

- The resolution requests WHO to collaborate with Member States and partner agencies to strengthen national capacities and implement national efforts for early identification, management and care at all levels of facilities, and to monitor the progress of ASD-related activities.
**Actions already taken in the Region**

- Member States of the South-East Asia Region are progressively recognizing the need to promote stronger and coordinated actions in the Region for children with ASD by adopting the Dhaka Declaration on Autism Spectrum Disorders (26 July 2011) and the Delhi Declaration of the South Asia Autism Network (SAAN) (New Delhi, 11 February 2013).

- Furthermore, the Regional Committee for South-East Asia at its Sixty-fifth session adopted resolution SEA/RC65/R8 on “Comprehensive and Coordinated Efforts for the Management of Autism Spectrum Disorders and Developmental Disabilities”, at Yogyakarta, Indonesia, on 4–7 September 2012. The Regional Office has supported the review of childhood disability screening tools and has standardized screening tools for low- and middle-income (LAMI) countries for early identification of children living with ASD and other developmental disabilities.

**Actions to be taken in the Region**

- WHO will support Member States to develop comprehensive, integrated and responsive health- and social-care services in community-based settings.

5. **Psoriasis (WHA67.0)**

**Background**

- Psoriasis is a chronic, noncommunicable, painful, disfiguring and disabling disease for which there is no cure. In addition to the pain, itching and bleeding caused by psoriasis, many affected individuals around the world experience social and work-related stigma and discrimination. Persons afflicted with psoriasis face an elevated risk of a number of co-morbid conditions, namely, cardiovascular diseases, diabetes, obesity, Crohn’s disease, heart attack, ulcerative colitis, metabolic syndrome, stroke and liver disease.

- Up to 42% of those living with psoriasis also develop psoriatic arthritis, which causes pain, stiffness and swelling at the joints and can lead to permanent disfigurement and disability.

- Too many people in the world suffer from psoriasis due to incorrect or delayed diagnosis, inadequate treatment options and insufficient access to care.

- More advocacy efforts are needed on the part of stakeholders to raise awareness regarding psoriasis and the associated stigmatization of those living with it.
Implications on collaborative activities with Member States

- Resolution WHA67.9 encourages Member States to engage further in efforts at advocacy to raise awareness regarding psoriasis and fighting stigmatization.

- The resolution further requests WHO to draw attention to the public health impact of psoriasis, publish a global report on psoriasis including its global incidence and prevalence emphasizing the need for further research, and identify successful approaches for policy-makers and other stakeholders to integrate the management of psoriasis into existing services for noncommunicable diseases. The resolution also underscores the need to upload information about diagnosis, treatment and care of psoriasis on the WHO website to raise public awareness of the disease and its shared risk factors, and to promote education about and understanding of psoriasis.

Actions already taken in the Region

- Member States currently provide services for care of patients with psoriasis as a component of the service delivery packages in their health systems.

Actions to be taken in the Region

- WHO will provide support as requested to Member States for strengthening psoriasis care in their primary health-care systems.

6. Newborn health action plan (WHA67.10)

Background

- Considerable progress has been made in reducing the number of child deaths globally since 1990. But neonatal mortality has declined at a slower pace over the same period. In the South-East Asia Region, while child deaths have declined by more than 60% between 1990 and 2012, newborn deaths have declined by less than 50% in the corresponding period. Currently, newborn deaths account for about 55% of under-five mortality in the Region compared with 44% globally. In 2012, about one million newborns died in the Region and roughly the same number of stillbirths were recorded.

Implications on collaborative activities with Member States

- Every Newborn Action Plan (ENAP): A resolution on newborn health action plan was adopted at the Sixty-seventh World Health Assembly in May 2014 to end preventable newborn deaths and stillbirths. The Health Assembly endorsed the Every Newborn Action Plan (ENAP), an evidence-informed roadmap for improving newborn health based on country and multiple-stakeholder consultations. It aligns with global initiatives
to accelerate progress towards achieving the Millennium Development Goal 4 – such as the UN Secretary-General’s Strategy for Women’s and Children’s Health and “A Promise Renewed – Call to Action for Child Survival” – and aims at continued progress beyond 2015.

- ENAP is supported by multiple agencies, organizations and donors and would be implemented through more effective planning accompanied by close monitoring. Its focus is on implementation with high equitable coverage and good quality of interventions around the time of childbirth, within the continuum of care, and in the context of national reproductive, maternal, newborn, child and adolescent health plans. ENAP outlines a vision, proposes a goal and targets to end preventable newborn deaths. It proposes that all countries reach the goal of fewer than 10 newborn deaths per 1000 live births by 2035. By 2030, all countries will reach 12 newborn deaths or less per 1000 live births resulting in an average global neonatal mortality rate of 9 deaths per 1000 live births. The progress of ENAP will be periodically reported to the Health Assembly.

Actions already taken in the Region

- The Regional Strategy for Newborn and Child Health 2012 along with measures to strengthen national strategy and plans for newborn health in Member States.

- The Regional Director’s Flagship on ending preventable maternal, newborn and child deaths.

- Regional meeting "2015 and beyond: the unfinished agenda of MDG 4 and 5 in the South-East Asia Region", 29 April–1 May 2014, Kathmandu, Nepal. A joint statement on Women and Children was signed by the regional directors of WHO South-East Asia, UNICEF (South East Asia and EAPRO) and UNFPA.

- In terms of capacity-building, guidelines have been developed, including standard treatment protocols and training packages for newborn health.

- A regional framework for improving quality of care, including newborn care is being finalized.

- Country roadmaps for better monitoring have been developed, in line with the framework of the Commission on Information and Accountability for Every Woman and Every Child (COIA).

Actions to be taken in the Region

- In support of ENAP in countries, coordinated approaches within the Reproductive-Maternal-Newborn-Child-Adolescent Health (RMNCAH) plans must be strengthened for rapid scale-up with good quality of care of evidence-based interventions across the life-course continuum. The focus of this care – from pre-conception to the post-natal period – should be on labour and childbirth, and the sick newborns.
• Effective planning and health systems strengthening for RMNCAH programmes with better coordination and an emphasis on reaching unreached populations.

• Better coordination among government and non-state actors, partners, donors, health professionals and the community for efficient resource mobilization and effective implementation.

• Improve accountability through better monitoring, evaluation and reporting in line with COIA.

7. Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention (WHA67.11)

Background

• Mercury is a chemical of major public health concern that poses a particular threat to neurological development of children (in utero and in early life) and kidney and neurological damage in adults. In October 2013, the Minamata Convention on Mercury was adopted. The Convention aims to “protect human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds”. The Minamata Convention will be administered by the United Nations Environment Programme (UNEP).

• In order to achieve the Convention’s full potential, collaboration of various sectors will be needed at the national level. The health sector has to play a leading role in phasing out the use of mercury-containing products in health care (such as mercury thermometers and sphygmomanometers), and in the development of national action plans for small-scale and artisanal gold mining that need to include a public health strategy on exposure of miners and their communities to mercury. The health sector will also be called upon for public information campaigns, to establish and strengthen institutional and health professional capacities, and to provide appropriate health-care services for those affected.

Implications on collaborative activities with Member States

• Resolution WHA67.11 encourages Members States to sign, ratify and implement the Convention at the earliest, address health aspects of exposure to mercury and mercury compounds, and provide appropriate health-care services for the populations affected. Cooperation is encouraged with the ministries of environment and others responsible for implementation of the Convention, as well as active participation in national, regional and international implementation efforts. It requests the Director-General to facilitate WHO’s efforts to provide advice and technical support to Member States and provide support to develop and implement strategies and programmes to identify and protect populations at risk.
Actions already taken in the Region

- A number of mercury-free initiatives in health care have been successfully introduced in the region, including in the Democratic People’s Republic of Korea, India, Indonesia, Nepal, Sri Lanka and Thailand. Three Member States from the region have become signatories to the Minamata Convention (Bangladesh, Nepal and Indonesia), introducing the possibility for donor support for activities on early ratification and implementation. Indonesia is engaged in efforts to control the use of mercury in artisanal gold mining.

Actions to be taken in the Region

- WHO will provide advice and technical support as requested by Member States to help them prepare for the implementation of the Minamata Convention. WHO and UNEP plan to organize a workshop on early ratification and initial implementation in New Delhi on 18–20 September 2014.

8. Contributing to social and economic development: sustainable action across sectors to improve health and health equity (WHA67.12)

Background

- Taking cognizance of a number of past resolutions and commitments on several factors that contribute to social and economic determinants of health, health equity, and sustainable development, Member States endorsed resolution WHA67.12, which emphasized the importance of integrating and factoring in health in all policies to improve the well-being of the population and health equity through intersectoral actions and policies. Public policies impact health, health equity and the functioning of the health system at various levels of governance structures. Collaborative efforts are thus required for intersectoral actions at the policy level.


Implications on collaborative activities with Member States

- The resolution urges Member States to champion health and promotion of health equity on priority basis, and take efficient action on the social, economic and environmental determinants of health. It also urges them to take steps with regard to effective legislation, cross-sectoral structures, processes and methods, and resources such as the Urban Health Equity Assessment and Response Tool (Urban HEART) that enable community policies to address the impact on determinants of health.
Furthermore, Member States are also requested to take actions to enhance health and safeguard public health interest; include appropriate stakeholders in the development, implementation and monitoring of policies across sectors; and contribute to the development of the post-2015 development agenda emphasizing public policies other than health that have significant impacts on health outcomes.

- WHO will support implementation of the Framework for Country Action and report on the progress made in implementing this resolution to the Sixty-ninth World Health Assembly in 2016.

**Actions already taken in the Region**

- The Regional Framework on HiAP is in place through the expert meeting in December 2012 and regional consultation with Member States in April 2013. It was finalized in August 2013 and published in December that year. The regional framework takes into consideration the socioeconomic and cultural context of Member States of the South-East Asia Region. It also takes into account regional priorities on the road to achieving universal health coverage and intersectoral/multisectoral actions to address determinants of health and risk factors for both noncommunicable and communicable diseases. The framework revealed four strategic directions, including national, local/subnational, issue-based and combination strategies.

- Documentation of historical experiences on intersectoral actions resembling HiAP approach in the region has been published in January 2014 and disseminated to WHO country offices.

- Member States have been assisted by the WHO Regional Office for South-East Asia and the country offices, where needed, in developing a roadmap for HiAP implementation. Thailand has developed a roadmap in consultation with the Regional Office. Indonesia has prepared a plan for implementation at the city level in consultation with the ministry of health, and the WHO country and regional offices.

- Contributions have been made to the WHO HiAP training manual to be launched in September 2014. WHO headquarters has drafted the first manual in consultation with regional offices of the Organization across the world. Focal points concerned were communicated with and have contributed to its finalization.

**Actions to be taken in the Region**

- Support implementation and adaptation of the HiAP framework for country action through strengthened human resources capacity for health promotion, policy advocacy, health-lens analysis and others that will increase effective skills to lead, implement and monitor progress of HiAP.
• Generate regional and country-specific knowledge/evidences on impacts of public policies on health, equity and socioeconomic development.

• Support intersectoral actions and HiAP approach in strategic programmes addressing health inequities and factors determining health (e.g. gender, human rights, universal health coverage, urban health, environmental health and the like).


**Background**

- The Sixty-seventh World Health Assembly in May 2014 passed resolution WHA67.13 (Agenda item 16.1) on the “Implementation of the International Health Regulations (IHR) (2005)”. In this resolution, the World Health Assembly adopted the updated Annex 7 of the IHR (2005) that addresses requirements concerning vaccination or prophylaxis for specific diseases.

- The resolution was adopted based on the report to WHO of the Strategic Advisory Group of Experts on Immunization in 2013. Based on a review of scientific evidence, the report said a single dose of yellow fever vaccine is sufficient to confer sustained immunity and life-long protection against the disease, and hence a booster dose is not needed.

**Implications on collaborative activities with Member States**

- The principal recommendation and requirement of resolution WHA67.13 was on vaccination against yellow fever. It recommended that the certificate of vaccination against yellow fever shall remain valid for the life of the person, beginning 10 days after the date of vaccination.

- Further, the resolution stipulates the following:
  - The yellow fever vaccine must be approved by WHO. A person who has a valid certificate of vaccination against yellow fever shall not be treated as suspect.
  - Any traveller leaving an area that has been determined as having a risk of yellow fever may be required to be vaccinated against the disease.
  - A traveller who possesses a yellow fever vaccination certificate that is not yet valid may be allowed to leave. However, he/she may be subjected to paragraph 2(h) of the Annex.
  - Paragraph 2(h) of the Annex states that a person in a territory determined as being at risk of yellow fever, who cannot produce a valid certification of vaccination against yellow fever, may be quarantined until the certificate becomes valid, or for a maximum of six days, decided from the last possible date of exposure to infection, whichever occurs first.
– States Parties are to designate specific yellow fever vaccination centres in their territories, to ensure quality and safety of the material and procedures.
– Persons working at entry points to areas at risk of yellow fever, and crew members of conveyances using such ports of entry, must have a valid certificate of vaccination against yellow fever.
– Persons who possess an exemption from yellow fever vaccination, signed by an authorized medical officer or an authorized health worker, may still be allowed entry, subject to the other provisions of this Annex, as well as subject to being provided with information regarding protection from yellow fever vectors. If they are not quarantined, they may need to report any cases of fever or any other symptoms to a competent authority and be placed under surveillance.

**Actions already taken in the Region**

- The South-East Asia Region has not reported any incidence of yellow fever. Yellow fever vaccination centres have been designated for citizens of Member States of the South-East Asia Region who travel to countries with prevalence of yellow fever.

**Actions to be taken in the Region**

- The WHO South-East Asia Region needs to ensure that all health professionals, as well as crew members of conveyances that travel to countries deemed at risk of yellow fever, and members of the public, are aware that a single dose of the WHO-approved yellow fever vaccine confers immunity for life.
- Member States should also ensure that the designated yellow fever vaccination centres are functional and have adequate stocks of the WHO approved vaccine.

10. **Health in the post-2015 development agenda (WHA67.14)**

**Background**

- The Sixty-seventh World Health Assembly considered the report on monitoring the achievement of the health-related Millennium Development Goals: Health in the post-2015 development agenda and adopted the resolution WHA67.14. The 66th World Health Assembly adopted resolution WHA66.11 on Health in the post-2015 development agenda. A resolution also was adopted by the Sixty-sixth World Health Assembly.
Implications on collaborative activities with Member States

- Resolution WHA67.14 urges Member States to, in addition to ensuring that health is central to post-2015 development agenda, accelerate and sustain progress towards the achievement of health-related Millennium Development Goals (MDGs). Furthermore, it urges Member States to pay more attention to newborn health and neglected tropical diseases, reduce the preventable and avoidable burden of NCDs and injuries while promoting mental health, promote universal health coverage by strengthening health systems, emphasize multisectoral actions to address social, environmental and economic determinants of health and also engage actively in the processes of formulating the post-2015 development agenda.

- The resolution urges Member States to call for the full realization of the right of her citizens to the enjoyment of the highest attainable standard of physical and mental health, and to recognize the importance of accountability by improving civil registration, and vital statistics and health information systems. It requests the Director-General to continue with her active engagement in ongoing discussions on the post-2015 development agenda and inform Member States of the same and also to provide support, on request, on the process. The resolution, therefore, implies that WHO and Member States should further strengthen the ongoing processes and ensure that they remain priorities in the post-2015 development agenda.

Actions already taken in the Region

- The WHO South-East Asia Region has participated actively in deliberations not only on health in the post-2015 development agenda but also on the overall post-2015 development agenda. National consultations were held in Bangladesh, Bhutan, India, Indonesia, Thailand and Timor-Leste. The Regional Office organized two regional consultations, one on the overall post-2015 development agenda (in March 2013) and another on civil society and NGOs (in February 2013).

- The 31st Meeting of the Health Ministers of the WHO South-East Asia Region in New Delhi in September 2013 discussed the agenda and came up with recommendations in the context of resolution WHA66.11.

Actions to be taken in the Region

- While Member States are committed to participate in the intergovernmental process within the United Nations in a coordinated manner and reflect the regional perspectives on health in the post-2015 development agenda, the same commitment needs to continue. WHO in this respect should continue to ensure that Member States are fully informed of the negotiation process and can contribute meaningfully towards it.
11. Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children (WHA67.15)

Background

- Violence against women and girls, and against children persists in some degree in every country of the world. The World Health Assembly resolution WHA 49.25 of 1996 declared violence as a leading worldwide public health problem. Violence is a pervasive violation of human rights and has health-related consequences including death, disability and physical injuries, mental health impacts and sexual and reproductive health consequences, as well as social consequences. The power imbalance and structure inequality between men and women are among its root causes and effectively addressing violence requires actions from all levels of the government, as well as from health systems and civil society, for comprehensive approaches that promote gender equality and empowerment of women and girls to change harmful attitudes, customs, practices and stereotypes.

Implications on collaborative activities with Member States

- Health systems need to be strengthened to adequately address the magnitude and health consequences of violence, in particular against women and girls and against children, with the focus on interpersonal violence using a multisectoral approach. WHO, in collaboration with UN agencies and partners, will support Member States on requests to strengthen health systems in the prevention of violence – in particular against women, girls and children – including efforts in tandem by Member States to reduce child maltreatment and substance abuse. Collaborative activities will also include the scaling up of policies and programmes for the prevention of interpersonal violence and in particular those contributed by health systems; capacity strengthening of health systems in prevention and in providing health and psychosocial care and/or rehabilitation for victims and perpetrators; collection and dissemination of evidence on the effectiveness of prevention and response interventions; and promotion of research to evaluate the effectiveness of existing interventions and identify new interventions.

Actions already taken in the Region

- Factsheets on gender-based violence have been developed and disseminated in countries of the South-East Asia Region.

- The Regional Office collaborated with WHO headquarters and the Regional Office for the Western Pacific and the United Nations Population Fund (UNFPA) to organize a workshop to roll out WHO clinical and policy guidelines on responding to intimate partner violence and sexual violence against women in June 2013. Member States have been supported in developing the national protocol for the health sector response. The
Ministry of Health & Family Welfare of India has launched guidelines and protocols on medico-legal care for survivors and victims of sexual violence in March 2014.

- The Regional Office has collaborated with UN Women and other UN agencies in planning and implementing activities/campaigns to promote the prevention of violence against women and girls, and against children.

**Actions to be taken in the Region**

- Scientific evidence on the magnitude, trends, health consequences and risks and protective factors with regard to violence against women and girls and children has to be developed and data therein updated on a regular basis.
- Information on best practices including quality of care and effective prevention and response strategies needs to be collected and collated in order to develop effective national health systems prevention and response mechanisms.
- The role of health systems, including sexual and reproductive health, has to be strengthened in addressing violence, in particular against women and girls and children.
- Inputs to be provided to the Global Action Plan to strengthen the role of the health system within national multisectoral response to address interpersonal violence particular against women and girls and against children for consideration by the Sixty-ninth World Health Assembly in 2016.

**12. Traditional medicine (WHA67.18)**

**Background**

- The report of the WHO Secretariat A67/26, entitled Traditional Medicine, to the Sixty-seventh World Health Assembly describes the progress made, and changes and challenges in traditional medicine over the past 10 years and the implementation of the new WHO Traditional Medicine Strategy 2014–2023.
- The key objectives of the new strategy are to: (i) build a knowledge base for active management of traditional medicine through appropriate national policies; (ii) strengthen quality assurance, safety, proper use and effectiveness of traditional medicine by regulating products, practices and practitioners; and (iii) promote UHC by appropriate integration of traditional medicine into conventional health systems.

**Implications on collaborative activities with Member States**

- Resolution WHA67.27 urges Member States to:
  - adapt, adopt, implement the WHO Traditional Medicine Strategy 2014–2023 as the basis for the national programme and workplans for traditional medicine;
develop and implement, as appropriate, working plans to integrate traditional medicine into health services, particularly primary health-care services; and

Resolution WHA67.27 requests the Director General of WHO to:
facilitate implementation by Member States of the WHO Traditional Medicine Strategy 2014–2023, supporting the formulation of knowledge-based policies, standards and regulations, and strengthening national capacity-building accordingly through information sharing, networks, training workshops and similar activities;
continue to provide policy guidance to Member States on how to integrate traditional medicine services within their national and/or subnational health-care systems as well as provide technical guidance on ensuring safety, quality and effectiveness of such traditional medicine services;
continue to promote international cooperation and collaboration in traditional medicine to share evidence-based information, taking into account traditions and customs prevalent among indigenous people;
monitor the implementation of the WHO Traditional Medicine Strategy: 2014–2023; and
report periodically to the World Health Assembly on progress achieved.

Actions already taken in the Region

A Regional Expert Group Meeting on Strengthening Research Capacity in Traditional Medicine was held in Delhi on 11–13 December 2013. It recommended that Member States:
develop research methodology to evaluate procedure-based therapies (such as massage, yoga, etc);
facilitate the development of standard operating procedures/generic protocols/clinical practice guidelines/benchmarking for practice of traditional medicine treatments, including procedure-based therapies;
provide technical support for research methodologies to evaluate quality of care and integration of traditional medicine into health systems;
Strengthen pharmacovigilance systems to ensure safety and quality of traditional medicine practices and cure;
An independent website called HerbalNet was developed as a means for Member States to share information on traditional medicine This website has now been reviewed and is in the process of revision;
Technical support was provided to Member States to develop clinical guidelines on use of traditional medicine in primary care; and
• Support was provided to the Government of India to run an international conference on traditional medicine in February 2013 during which the Delhi Declaration was signed by all Member States in the South-East Asia region in which they agreed to cooperate, collaborate and provide mutual support to each other in all fields of Traditional Medicine in accordance with national priorities, legislation and circumstances.

**Actions to be taken in the Region**

• Implement, as far as current low resources allow, the recommendations from WHA67.18 and from the Expert Group Meeting on Strengthening Research Capacity in Traditional Medicine of December 2013, focusing on the evaluation of integration of traditional medicine into conventional health systems.

13. **Strengthening of palliative care as a component of comprehensive care throughout the life course (WHA67.19)**

**Background**

• The palliative care approach improves the quality of life of patients (both adults and children) who live with problems associated with life-threatening illnesses, and of their families, through prevention and relief of suffering by early identification and correct assessment and treatment of problems, including physical, psychosocial and spiritual. Globally, about 40 million people are in need of palliative care each year. In recent years, a growing consensus in favour of access to palliative care being a fundamental human right has emerged.

• Adequate access to palliative care and essential medicines (including opioid analgesics such as morphine) contributes to overall health and well-being. The availability and appropriate use of internationally controlled medicines, particularly for the relief of pain and suffering, is inadequate in many countries.

• There is an urgent need to include palliation across the continuum of care, especially at the primary care level. It is recognized that diverse, cost-effective and efficient palliative care models exist that use an interdisciplinary approach to address the needs of patients and their families. The delivery of quality palliative care is most likely to be realized in settings where strong networks exist between professional palliative care providers, and which support care providers for affected families, as well as between the community and providers of care for those suffering from acute illness and the elderly patients.

• Palliative care indicators have been included in the WHO comprehensive global monitoring framework for the prevention and control of noncommunicable diseases and in the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.
Implications on collaborative activities with Member States

- Resolution WHA67.19, inter alia, urges Member States to develop policies for comprehensive palliative care with emphasis on primary care, community- and home-based care, and universal coverage schemes. It also urges the strengthening of basic, intermediate and specialist training on palliative care for health-care providers; a review or revision of national and local legislation and policies for controlled medicines in the context of WHO policy guidance, and improving access to and rational use of pain management medicines in line with United Nations and other international drug control conventions. The resolution also urges Member States to update, as appropriate, their national essential medicines lists; foster partnerships between governments and civil society, including patients’ organizations; and to support, as appropriate, the provision of services for patients requiring palliative care.

- The resolution, inter alia, requests WHO to ensure that palliative care is an integral component of all relevant global disease control and health system plans, including those relating to noncommunicable diseases and universal health coverage; to update or develop, as appropriate, evidence-based guidelines and tools on palliation; and to develop and strengthen, where appropriate, evidence-based guidelines on the integration of palliative care into national health systems.

- The resolution also urges support for Member States for reviewing and improving national legislation and policies which can explore ways to increase availability and accessibility of medicines used in palliative care. It calls for regular monitoring of the global situation of palliative care, evaluating progress made in different initiatives and programmes in collaboration with Member States and international partners, and support to encourage research on models of palliative care that are effective in low- and middle-income countries.

Actions already taken in the Region

- Most Member States of the South-East Asia Region do not accord focused or specialized attention to palliative care as a distinct package of services in public health systems. The private sector, civil society and philanthropic organizations implement palliative care projects in several countries of the Region.

Actions to be taken in the Region

- The WHO Regional Office proposes to develop a regional strategy for strengthening palliative care in primary health care. Member States will be supported in their efforts to strengthen palliative care as a component of service delivery through PHC-based health systems.
14. Regulatory system strengthening of medical products (WHA67.20)

Background

- The report of the WHO Secretariat A67/32, entitled Regulatory System Strengthening, to the World Health Assembly outlines the current challenges with regard to drug regulation globally. These include lack of resources, conflict of interest, poor governance, lack of independence of national regulatory authorities, complexities in decision-making and greater interaction between regulators and the regulated in the setting of standards and the development of regulations.

- Approaches to more effective regulation include: globally recognized core curricula for regulatory training; regulatory networks to share knowledge, expertise and workload; strong governance to enforce policies and laws; regulatory convergence; and objective assessment of national regulatory authorities to strengthen capacity. The role of WHO in regulation includes: the development of norms and standards through its expert committees (e.g. specifications for pharmaceuticals and good manufacturing practices); capacity-building (including assessment and training of national regulatory authorities); the pre-qualification programme; global pharmacovigilance; and facilitation of networking and information exchange.

Implications on collaborative activities with Member States

- Resolution WHA67.20 urges Member States to:
  - strengthen national regulatory systems by: regulatory self-evaluations, data collection on regulatory performance, develop strong legal foundations and political leadership to underpin the regulatory system, develop core functions to meet country/regional needs, develop needed competencies and encourage regulation as a profession; facilitate the use of WHO expert committee guidance; and devising strategies for increasingly complex global supply chains;
  - engage in global/regional networks to pool regulatory capacity;
  - promote international cooperation for information sharing and convergence;
  - provide appropriate funding to support regulatory systems;
  - strengthen regulatory systems as an essential component of the development or expansion of local production capacity;
  - achieve access to and rational use of quality, safe, efficacious and affordable essential medicines keeping in view the growing emergence of antimicrobial resistance;
  - support WHO’s institutional capacity on promoting access to and rational use of quality, safe, efficacious and affordable medical products in the context of universal health coverage.
– strengthen national and regional initiatives of national regulatory authorities to improve capacity for review of medical products;
– support WHO’s prequalification programme and explore modalities for improved sustainability; and
– identify the need to strengthen regulatory system capacity, and collaboration and cooperation in complex areas where gaps still exist, such as with biotherapeutic products.

• Resolution WHA67.20 requests the Director General of WHO to:
  – support Member States in strengthening regulatory systems by continuing to: evaluate national regulatory authorities, apply WHO evaluation tools, generate and analyse evidence of regulatory system performance, facilitate the formulation and implementation of institutional development plans, and provide technical support to national regulatory authorities;
  – continue to develop appropriate norms, standards and guidelines for global use;
  – ensure a coordinated approach from WHO to strengthen regulation;
  – prioritize support for regional/subregional networks of national regulatory authorities and strengthen the least developed regulatory areas, such as devices and diagnostics;
  – promote greater Member State participation in existing international/regional initiatives for collaboration, harmonization and convergence;
  – strengthen WHO’s prequalification programme, including its integration and coherence (within national and regional regulatory systems), taking into account national and regional capacities;
  – support building up of effective regulatory systems within the health systems context;
  – increase support for the international conference of drug regulatory authorities;
  – raise awareness of the importance of regulation within health systems; and
  – increase support and guidance for the regulation of biotherapeutic products, blood products and associated in-vitro diagnostics, and, where appropriate, on new medicines for human use based on gene therapy, somatic-cell therapy and tissue engineering.

Actions already taken in the Region

• A situational analysis was conducted in each of the 11 Member States in 2010–2013, as per the terms of resolution SEA/RC64/R5 on National Essential Drug Policy including the rational use of medicines. It was observed in many countries that National Regulatory Authorities are severely under-resourced and there is inadequate sharing of information between them. At the regional consultation on effective management of medicines in April 2013 in Bangkok these situational analyses from all countries were discussed. The consultation recommended that Member States:
– invest in national regulatory authorities to ensure adequate human and financial resources to undertake all functions;
– regulate and monitor drug promotion; and
– set up a mechanism to share information and work towards regulatory convergence.

● These and other recommendations were incorporated into resolution SEA/RC66/R7 on Effective Management of Medicines in 2013. This resolution urged Member States to undertake a situational analysis once every four years and requested WHO to convene a regional consultation once every four years to discuss progress. A workbook tool for countries to use in situational analyses has been developed by the Regional Office. Specific technical support to national regulatory authorities has also been provided to Member States upon request.

Actions to be taken in the Region

● A situational analysis in each Member State will be conducted once every four years and the next regional consultation will be convened in 2016. The pharmaceutical country profile – in which pharmaceutical policy data is collected through questionnaires sent to the ministries of health once every four years – will be organised by WHO headquarters in collaboration with the Regional Office in 2015. The regional office will continue to provide technical support on regulation. All other actions concerning regulation can only be undertaken by WHO headquarters as human and financial resources in the Region are inadequate.

15. Access to biotherapeutic products including similar biotherapeutic products and ensuring their quality, safety and efficacy (WHA67.21)

Background

● The report A67/32 by the WHO Secretariat presented to the Sixty-seventh World Health Assembly on regulatory strengthening for medical products outlines the current challenges with regard to drug regulation and highlights the fact that new technological advances require new regulation. Thus, there are substantial gaps in the regulation of biotherapeutic products, blood products and in vitro diagnostics.

Implications on collaborative activities with Member States

● Resolution WHA67.21 urges Member States to:
  – develop or strengthen, as appropriate, the national regulatory assessment and authorization frameworks to meet the public health needs for biotherapeutic products;
– develop the necessary scientific expertise to facilitate development of solid scientifically-based regulatory frameworks that promote access to products that are affordable, safe, efficacious and of good quality; and
– work to ensure that the introduction of new national regulations does not become a barrier to access to quality, safe, efficacious and affordable similar biotherapeutic products.

• Resolution WHA67.21 requests the Director-General to:
  – support Member States to strengthen regulatory capacity for biotherapeutic products, including similar biotherapeutic products;
  – support the development of national regulatory frameworks that promote access to quality, safe and efficacious similar biotherapeutic products; and
  – promote cooperation and exchange of information among Member States on biotherapeutic products including similar biotherapeutic products;
  – To convene the WHO Expert Committee on Biological Standardization to update the 2009 guidelines, taking into account technological advances for the characterization of biotherapeutic products and considering national regulatory needs and capacities.

Actions already taken in the Region

• All actions related to access to quality biotherapeutic products taken in the South-East Asia Region have been listed in resolution WHA67.20 on regulatory system strengthening for medical products.

Actions to be taken in the Region

• All actions to be taken in the Region have been listed in resolution WHA67.20 on regulatory system strengthening for medical products. All other actions concerning biotherapeutic products can only be undertaken by WHO headquarters due to the insufficient human and financial resources in the Region.

16. Access to essential medicines (WHA67.22)

Background

• The report of the WHO Secretariat A67/30 entitled Access to essential medicines, to the World Health Assembly describes WHO’s strategy to improve access based on the principles of evidence-based selection of a limited range of medicines, efficient procurement, affordable prices, effective distribution systems and rational use of medicines. Unfortunately, problems persist with regard to availability and affordability of essential medicines in low- and middle-income countries because of inefficiency and corruption in the supply chain, inadequate government financing, global shortage of
medicines due to limited manufacturers of the active pharmaceutical ingredient and medical products and high prices in the private sector.

- Action taken by WHO to improve access to essential medicines include: demonstration of an evidence-based process in maintaining the WHO Model List of Essential Medicines; the good governance programme to improve efficiency in procurement and supply; WHO guidelines on country pharmaceutical pricing policies; strengthening health technology assessment for essential medicines and devices; technical support to monitor availability, affordability and use of medicines; WHO’s global plan of action for non-communicable diseases, which includes a package of essential technologies and risk prevention tools for treatment; capacity-building to promote rational use of medicines, particularly antibiotics; providing accurate information on medicines through a searchable portal on the WHO headquarters’ medicines website; and supporting universal health coverage through technical support reimbursement lists, pricing strategies and good governance.

**Implications on collaborative activities with Member States**

- Resolution WHA67.22 urges Member States to:
  - provide adequate resources for the development of comprehensive medicines policies, and regulatory, procurement and distribution systems;
  - improve national essential medicines selection policies;
  - support health systems research on procurement, supply and rational use;
  - promote collaboration and information exchange on best practices in the development, implementation and evaluation of medicines policies;
  - develop and manufacture appropriate paediatric formulations;
  - improve education and training of health-care professionals;
  - strengthen engagement with the public to increase knowledge about essential medicines;
  - identify barriers to access to essential medicines and develop strategies to counter these barriers;
  - strengthen monitoring of availability, affordability and use of essential medicines;
  - systematize collection of information and strengthen monitoring mechanisms to better detect and understand the causes of medicines shortages; and
  - adapt national legislation to use the flexibilities of the Doha Declaration of the TRIPS Agreement.

- Resolution WHA67.22 requests the Director-General to:
  - support Member States to recognise the importance of effective national medicines policies and their implementation under good governance and their importance in expediting the progress towards the Millennium Development Goals and universal health coverage;
– facilitate and support information exchange on best practices in the development and implementation of medicines policies and selection of essential medicines;
– help build Member State capacity on evidence-based selection, implementation of clinical guidelines and strategies to promote rational use of medicines;
– support Member States in developing and implementing national medicines policies and supply systems, especially with regard to regulation, financing, selection, procurement, distribution and use;
– support Member States in systematizing information collection and strengthening monitoring mechanisms in order to better understand cause of shortages;
– provide technical support, in collaboration with other international organizations, to Member States intending to make use of the flexibilities of the Doha Declaration of the TRIPS Agreement.

**Actions already taken in the Region**

- Situational analyses were conducted in all 11 Member States the Region during 2010–2013, as had been requested by resolution SEA/RC64/R5 on National Essential Drugs Policy, including rational use of medicines. It was found that in many countries there is: little monitoring of drug consumption; serious irrational use of medicines; and mostly manual drug management systems which are often severely under-resourced.
  A regional consultation on effective management of medicines was held in April 2013 in Bangkok, where the results of these situational analyses were discussed. The consultation recommended that Member States:
  - establish electronic drug management information systems for better stock management and forecasting of needs; and
  - invest in drug supply systems to ensure adequate human and financial resources to undertake all functions.

- These and other recommendations were incorporated into resolution SEA/RC66/R7 on Effective Management of Medicines in 2013. This resolution urged Member States to undertake a situational analysis once every four years. WHO was requested to convene a regional consultation once every four years to discuss progress, collect data on medicines use and policy to use for advocacy and monitoring progress, and to explore options to assist (geographically) small countries in the procurement of medicines. A workbook tool for countries to conduct a situational analysis has been developed by the Regional Office. A regional workshop on Strengthening Quantification and Procurement of Essential Medicines was held in June 2014 in New Delhi. It was agreed there that each Member State would work towards having a unified electronic drug management information system and use it to analyse drug consumption trends.
Actions to be taken in the Region

- A situational analysis will be conducted in each Member State once every four years and a regional consultation will be convened in 2016. The pharmaceutical country profile – in which pharmaceutical policy data is collected through questionnaires sent to the ministries of health once every four years – will be organised by WHO headquarters in collaboration with the Regional Office in 2015. The Regional Office will continue to maintain the WHO database of studies on the use of medicines in primary care and provide technical support to countries on supply chain management. All other actions concerning promotion of access to medicines can only be undertaken by WHO headquarters on account of the insufficient human and financial resources in the Region.

17. Health intervention and technology assessment in support of universal health coverage (WHA67.23)

Background

- As follow-up on the Regional Strategy on Universal Health Coverage (SEA/RC65/R6), a resolution on Health intervention and technology assessment in support of universal health coverage (SEA/RC66/R4) was endorsed in 2013 and subsequently proposed as a resolution to the Sixty-seventh World Health Assembly in May 2014 by Member States from the Region, endorsed as WHA 67.23. Both resolutions call for Member States and WHO to support the use of health intervention and technology assessments for evidence-based, strategic and cost-effective choices for universal health coverage, including country capacity development.

Implications on collaborative activities with Member States

- Systematic use of health intervention and technology assessments for universal health coverage policy and decision-making across health systems areas.

- Collaboration with key stakeholders for sustainable capacities in health intervention and technology assessments.

- Identify platforms for experience sharing.

Actions already taken in the Region

- Country case studies are being supported in collaboration with the Health Intervention and Technology Assessment Programme (HITAP) of the Ministry of Health, Thailand. For example, a case study (entitled Is diabetes and hypertension screening worthwhile in resource-limited settings? An economic evaluation based on a pilot of the Package of Essential Non-communicable (PEN) disease interventions in Bhutan) has been used to inform the policy process in Bhutan and is also forthcoming in the refereed
international journal Health Policy and Planning, co-authored by Ministry of Health, Bhutan.

- A special session on health intervention and technology assessments was organized at the Conference on Advancing Universal in South-East Asia on 23-25 April in Paro, Bhutan, in line with the Regional Director’s Flagship Priority assigned to universal health coverage. Health intervention and technology assessments for economic evaluation and impact assessments were discussed at the session vis-à-vis use for policy, advocacy and negotiation (e.g. cost effectiveness analysis to emphasize prevention activities in NDC strategies; price negotiation with pharmaceutical companies on price of medicines).

**Actions to be taken in the Region**

- WHO will continue to support country studies to inform the UHC policy process as requested by Member States.

- The Regional Office is working with the Health Intervention and Technology Assessment Programme of the Ministry of Health, Thailand to develop training for WHO focal points to coordinate technical assistance for capacity development and use of health intervention and technology assessments in support of universal health coverage in Member States. Other regions of WHO are likely to join this training in July-August to allow for broader exchange of experiences in the future.

**18. Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage (WHA67.24)**

**Background**

- The Third Global Forum on Human Resources for Health was jointly convened by the Government of Brazil, WHO, the WHO Regional Office for the Americas and the Global Health Workforce Alliance in Recife, Brazil, on 10–13 November 2013. Some 1800 participants from 93 Member States, including nearly 40 ministers or deputy ministers, attended the forum. The theme of the forum was Human Resources for Health: Foundation for universal health coverage and post-2015 development agenda.

- Leading to the 3rd Global Forum, countries and other entities were invited to make new human resources for health (HRH) commitments to advance the HRH agenda in countries and globally to accelerate progress towards universal health coverage. In response to this call, 84 HRH commitments have been made from 58 countries and 27 other entities, and these were announced during the Global Forum. Eight Member States from the Region presented their commitments at the forum. These were Bangladesh, Bhutan, Democratic People’s Republic of Korea, Indonesia, Maldives, Myanmar, Nepal and Sri Lanka. The representatives of Member States attending the
forum adopted the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage.

Implications on collaborative activities with Member States

- The needs for HRH that stem from the objective of universal health coverage demand renewed attention, strategic intelligence and action. It is necessary to go beyond mere numbers by addressing gaps in distribution, competencies, quality, motivation and performance. New competencies will be required, which will be acquired through professional education, aimed not only at equipping trainees with clinical skills but also at contributing more broadly to building institutional capacities.

- Member States were urged to implement, as appropriate, the commitments made in the Recife Political Declaration.

Actions already taken in the Region

- The Regional Office has already initiated action to bolster the teaching of public health in undergraduate medical schools by developing a regional strategic framework and training modules that will boost public health teaching in medical schools in the region.

- Country assessments for health workforce education and training have been conducted in 10 Member States, and based on the outcome of the assessment, a regional strategy for strengthening health workforce education and training in the region has been drafted.

- Actions have been taken to monitor the implementation of the HRH commitments made in the political declaration by Member States.

Actions to be taken in the Region

- WHO has been requested to provide technical support to Member States to implement their commitments made in the Recife declaration on human resources for health.

- There is a need for increased government commitment and sufficient investment for implementation of the HRH commitments by Member States.

19. Antimicrobial resistance (WHA67.25)

Background

- During the past seven decades antimicrobial agents have played a critical role in reducing the burden of communicable diseases all over the world. The emergence of resistance and its rapid spread is negating the impact of these drugs, obstructing progress towards achievement of the Millennium Development Goals and hindering effective application of modern technologies in mitigating human misery. If urgent and
comprehensive steps are not taken to combat antimicrobial resistance (AMR), the world shall slip into a “post-antibiotic era” where mortality and morbidity due to infectious diseases shall be at par with those that were seen in “pre-antibiotic era”. Health and economic consequences of antimicrobial resistance constitute a heavy and growing burden on countries, requiring urgent action at national, regional and global levels.

- The importance of this issue led to adoption of a resolution on antimicrobial resistance at the Sixty-seventh World Health Assembly. Member States supported the resolution and urged WHO to develop development a comprehensive global action plan for endorsement by the Health Assembly in 2015.

Implications on collaborative activities with Member States

- Political awareness, engagement, leadership and commitment in the form of developing or strengthening national plans and strategies and secure financial resources to combat AMR are important. Infection prevention and control, regulatory mechanisms to govern the quality of medicines and their rational use, monitoring the use of antimicrobials, and research and development to introduce an innovative model to incentivize and encourage novel diagnostics and antimicrobial drugs are needed. The development of an antimicrobial resistance surveillance system to understand the magnitude and trends of the problem is very important. Member States and the Secretariat collaborate in developing and implementing an evidence-based global action plan (based on good practices) to combat antimicrobial resistance.

- WHO needs to capture capacity, role, responsibility and active engagement of all relevant stakeholders, and strengthen tripartite collaboration between FAO, OIE to combat AMR. Allocation of resources for AMR-related work needs to be in line with the Programme Budget 2014–2015 and the Twelfth General Programme of Work 2014–2019. WHO shall take a multisectoral approach and lead to the development of an evidence-based global action plan (to be submitted to the Sixty-eight World Health Assembly in 2015) incorporating best practices which will address the need to ensure that all countries have the capacity to combat AMR by:
  (i) committing themselves to comprehensive, financed national plans;
  (ii) strengthening laboratory surveillance to understand magnitude and trends of AMR;
  (iii) ensuring uninterrupted access and rational use of quality medicine;
  (iv) strengthening infection prevention and control; and
  (v) foster innovation and research and development for new tools.

Actions already taken in the Region

- The SEA Regional Strategy on Prevention and Control of AMR (2010).
- The SEA Regional Committee Resolution (RC/63/R4) on AMR (2010).
The Jaipur Declaration on AMR by the Health Ministers of the SEA Region (2011).

Antimicrobial resistance was the theme of World Health Day 2011.

It has also been declared a Flagship Priority Area by the Regional Director for South-East Asia.

**Actions to be taken in the Region**

- Member States need to take part in the development and implementation of national and regional activities (with focus on governance and keeping in mind the estimated burdens of AMR) in line with the global action plan and incorporating the guiding principles of the Regional Strategy on Antimicrobial Resistance and the Jaipur declaration on Antimicrobial Resistance.
### Annex 1

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Global strategy and targets for tuberculosis prevention, care and control after 2015

The Sixty-seventh World Health Assembly,

Having considered the report on the draft global strategy and targets for tuberculosis prevention, care and control after 2015;¹

Acknowledging the progress made towards the achievement of Millennium Development Goal 6 (Combat HIV/AIDS, malaria and other diseases) for 2015 following the United Nations Millennium Declaration and related 2015 tuberculosis targets, through the adoption of the DOTS strategy, the Stop TB Strategy and the Global Plan to Stop TB 2006–2015, as well as the financing of national plans based on those frameworks, as called for, inter alia, in resolution WHA60.19 on tuberculosis control;

Concerned by the persisting gaps and the uneven progress made towards current targets, and in addition that some regions, Member States, communities and vulnerable groups require specific strategies and support to accelerate progress in preventing disease and deaths, and to expand access to needed interventions and new tools;

Further concerned that even with significant progress, an estimated three million people who contract tuberculosis each year will not have their disease detected or will not receive appropriate care and treatment;

Cognizant of the serious economic and social consequences of tuberculosis and of the burden borne by many of those affected when seeking care and adhering to tuberculosis treatment;

Considering resolution WHA62.15 on prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis, and its appeal for action; aware that the response to the crisis to date has been insufficient despite the introduction of new rapid diagnostic tests and efforts to scale up disease management; aware also that the vast majority of those in need still lack access to high-quality prevention, treatment and care services; and alarmed at the grave individual and public health risks posed by multidrug-resistant tuberculosis;

Aware that HIV coinfection is the main reason for the failure to meet tuberculosis control targets in high-HIV prevalence settings and that tuberculosis is a major cause of deaths among people living with HIV, and recognizing the need for substantially enhanced joint action in addressing the dual epidemics of tuberculosis and HIV/AIDS through increasing integration of primary care services in order to improve access to care;

¹ Document A67/11.
Recognizing that further progress on tuberculosis and other health priorities identified in the United Nations Millennium Declaration must be made in the decades beyond 2015, and that progress on all of those priorities requires overall commitment to health system strengthening and progress towards universal health coverage;

Acknowledging that progress against tuberculosis depends on action within and beyond the health sector in order to address the social and economic determinants of disease, including expansion of social protection and overall poverty reduction;

Guided by resolution WHA61.17 on the health of migrants and its appeal for action, and recognizing the need for increased collaboration between high- and low-incidence countries and regions in strengthening tuberculosis monitoring and control mechanisms, including with regard to the growing mobility of labour;

Noting the need for increased investment in accelerated implementation of innovations at country level as well as in the research and development of new tools for tuberculosis care and prevention that are essential for the elimination of tuberculosis,

1. ADOPTS the global strategy and targets for tuberculosis prevention, care and control after 2015 with:

   (1) its bold vision of a world without tuberculosis, and its targets of ending the global tuberculosis epidemic by 2035 through a reduction in tuberculosis deaths by 95% and in tuberculosis incidence by 90% (or to fewer than 10 tuberculosis cases per 100 000 population), and elimination of associated catastrophic costs for tuberculosis-affected households;

   (2) its associated milestones for 2020, 2025 and 2030;

   (3) its principles addressing: government stewardship and accountability; coalition-building with affected communities and civil society; equity, human rights and ethics; and adaptation to fit the needs of each epidemiological, socioeconomic and health system context;

   (4) its three pillars of: integrated, patient-centred care and prevention; bold policies and supportive systems; and intensified research and innovation;

2. URGES all Member States:¹

   (1) to adapt the strategy in line with national priorities and specificities;

   (2) to implement, monitor and evaluate the strategy’s proposed tuberculosis-specific health sector and multisectoral actions with high-level commitment and adequate financing, taking into account the local settings;

   (3) to seek, with the full engagement of a wide range of stakeholders, to prevent the persistence of high incidence rates of tuberculosis within specific communities or geographical settings;

¹ And, where applicable, regional economic integration organizations.
3. INVITES international, regional, national and local partners from within and beyond the health sector to engage in, and support, the implementation of the strategy;

4. REQUESTS the Director-General:

(1) to provide guidance to Member States on how to adapt and operationalize the strategy, including the promotion of cross-border collaboration to address the needs of vulnerable communities, including migrant populations, and the threats posed by drug resistance;

(2) to coordinate and contribute to the implementation of the post-2015 global tuberculosis strategy, working with Member States, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID and other global and regional financing institutions, as well as all constituencies of the Stop TB Partnership and the additional multisectoral partners required to achieve the goal and objectives of the strategy;

(3) to further develop and update global normative and policy guidance on tuberculosis prevention, care and control, as new evidence is gathered and innovations are developed, adding to the tools and strategic approaches that are available for ending the global epidemic and moving far more rapidly towards tuberculosis elimination;

(4) to support Member States upon request in the adaptation and implementation of the strategy, as well as in the development of nationally appropriate indicators, milestones and targets to contribute to local and global achievement of the 2035 target;

(5) to monitor the implementation of the strategy, and evaluate impact in terms of progress towards set milestones and targets;

(6) to promote the research and knowledge generation required to end the global tuberculosis epidemic and eliminate tuberculosis, including accelerated discovery and development of new or improved diagnostics, treatment and preventive tools, in particular efficient vaccines, and the stimulation of the uptake of resulting innovations;

(7) to promote equitable access to new tools and medical products for the prevention, diagnosis, and treatment of tuberculosis and multidrug-resistant tuberculosis as they become available;

(8) to work with the Stop TB Partnership, including active support of the development of the global investment plan, and, where appropriate, seeking out new partners who can leverage effective commitment and innovation within and beyond the health sector in order to implement the strategy effectively;

(9) to report on the progress achieved to the Seventieth and Seventy-third World Health Assemblies, and at regular intervals thereafter, through the Executive Board.

Sixth plenary meeting, 21 May 2014
A67/VR/6
Improved decision-making by the governing bodies

The Sixty-seventh World Health Assembly,

Having considered the report on improved decision-making by the governing bodies,1

1. DECIDES to introduce webcasting of future public meetings of committees A and B of the Health Assembly, as well as of its plenary meetings, to all internet users through a link on the WHO website, subject to resolution of any relevant technical issues and the availability of financial resources;

2. APPROVES the recommendations of the Executive Board, contained in decision EB134(3), to rent a cost-effective and secure electronic voting system for the nomination and appointment of the Director-General, and to test such a system in advance through mock votes by the governing bodies before the election of the next Director-General;

3. DELETES Rule 49 and REPLACES Rule 48 of the Rules of Procedure of the World Health Assembly, with effect from the closure of the Sixty-seventh World Health Assembly, with the following text:

   “Formal proposals relating to items of the agenda may be introduced until the first day of a regular session of the Health Assembly and no later than two days before the opening of a special session. All such proposals shall be referred to the committee to which the item of the agenda has been allocated, except if the item is considered directly in a plenary meeting.”;

4. FURTHER DECIDES that progress reports shall henceforth be considered only by the Health Assembly and no longer by the Executive Board.

Eighth plenary meeting, 23 May 2014
A67/VR/8

1 Document A67/5.
Financial report and audited financial statements for the year ended 31 December 2013

The Sixty-seventh World Health Assembly,

Having considered the financial report and audited financial statements for the year ended 31 December 2013;¹

Having noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-seventh World Health Assembly;²

ACCEPTS the Director-General’s financial report and audited financial statements for the year ended 31 December 2013.

Eighth plenary meeting, 23 May 2014
A67/VR/8

¹ Document A67/43.
² Document A67/56.
Supplementary funding for real estate and longer-term staff liabilities

The Sixty-seventh World Health Assembly,

Considering the Financial report and audited financial statements for the year ended 31 December 2013,¹

1. APPROVES the use of US$ 40 million of the balance of the Member States’ Assessed Contributions Fund as at 31 December 2013 as follows:

   (a) US$ 25 million to the Real Estate Fund for building up the reserve needed for capital financing;

   (b) US$ 15 million to cover longer-term staff liabilities (for separation costs);

2. REQUESTS the Director-General to report to the Sixty-eighth World Health Assembly and subsequent Health Assemblies on use of these funds, through the financial reports and audited financial statements, beginning with the report for the year ended 31 December 2014.

Eighth plenary meeting, 23 May 2014
A67/VR/8

¹ Documents A67/43 and A67/43 Add.1.
Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution

The Sixty-seventh World Health Assembly,

Having considered the report on status of collection of assessed contributions, including Members in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution;¹

Having noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-seventh World Health Assembly;²

Noting that, at the time of opening of the Sixty-seventh World Health Assembly, the voting rights of Central African Republic, Comoros, Grenada, Guinea-Bissau and Somalia were suspended, such suspension to continue until the arrears of the Members concerned have been reduced, at the present or future Health Assemblies, to a level below the amount that would justify invoking Article 7 of the Constitution;

Noting that the voting rights of Antigua and Barbuda, were suspended during the Sixty-sixth World Health Assembly, effective from the Sixty-seventh World Health Assembly and to continue until the arrears of the Members concerned have been reduced, at the present or future Health Assemblies, to a level below the amount that would justify invoking Article 7 of the Constitution;

Noting that Lesotho, Mauritania, Saint Vincent and the Grenadines, South Sudan, Suriname and Ukraine were in arrears at the time of the opening of the Sixty-seventh World Health Assembly to such an extent that it was necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether the voting privileges of those countries should be suspended – for Ukraine at the opening of the Sixty-seventh World Health Assembly, and for the remaining five Member States at the opening of the Sixty-eighth World Health Assembly,

DECIDES:

(1) that in accordance with the statement of principles set out in resolution WHA41.7 if, by the time of the opening of the Sixty-eighth World Health Assembly, Lesotho, Mauritania,

¹ Document A67/44.
² Document A67/57.
Saint Vincent and the Grenadines, South Sudan and Suriname are still in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution, their voting privileges shall be suspended as from the said opening; and in accordance with resolution WHA64.20 if, by the time of the opening of the Sixty-seventh World Health Assembly, Ukraine is still in arrears in the payment of its rescheduled assessments, its voting privileges shall be suspended automatically;

(2) that any suspension that takes effect as set out in paragraph (1) above shall continue at the Sixty-eighth World Health Assembly and subsequent Health Assemblies, until the arrears of Lesotho, Mauritania, Saint Vincent and the Grenadines, South Sudan, Suriname and Ukraine have been reduced to a level below the amount that would justify invoking Article 7 of the Constitution;

(3) that this decision shall be without prejudice to the right of any Member to request restoration of its voting privileges in accordance with Article 7 of the Constitution.

Eighth plenary meeting, 23 May 2014
A67/VR/8
The Sixty-seventh World Health Assembly,

Having considered the report on hepatitis;

Reaffirming resolution WHA63.18, adopted in 2010 by the World Health Assembly, which recognized viral hepatitis as a global public health problem and the need for governments and populations to take action to prevent, diagnose and treat viral hepatitis, and that called upon WHO to develop and implement a comprehensive global strategy to support these efforts, and expressing concern at the slow pace of implementation;

Recalling also resolution WHA45.17 on immunization and vaccine quality, which urged Member States to include hepatitis B vaccines in national immunization programmes, and expressing concern that currently the global hepatitis B vaccine coverage for infants is estimated at 79% and is therefore below the 90% global target;

Recalling further resolution WHA61.21, which adopted the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property;

Noting with deep concern that viral hepatitis is now responsible for 1.4 million deaths every year (compared to 1.6 million deaths from HIV/AIDS, 1.3 million deaths from tuberculosis and 600,000 deaths from malaria), that around 500 million people are currently living with viral hepatitis and some 2000 million have been infected with hepatitis B virus, and considering that most people with chronic hepatitis B or C are unaware of their infection and are at serious risk of developing cirrhosis or liver cancer, contributing to global increases in both of those chronic diseases;

Also noting that millions of acute infections with hepatitis A virus and hepatitis E virus occur annually and result in tens of thousands of deaths almost exclusively in lower- and middle-income countries;

Considering that while hepatitis C is not preventable by vaccination, current treatment regimens offer high cure rates that are expected to further improve with upcoming new treatments; and that although hepatitis B is preventable with a safe and effective vaccine, there are 240 million people living with hepatitis B virus infection and available effective therapies could prevent cirrhosis and liver cancer among many of those infected;

Expressing concern that preventive measures are not universally implemented and that equitable access to and availability of quality, effective, affordable and safe diagnostics and treatment regimens for both hepatitis B and C are lacking in many parts of the world, particularly in developing countries;

Recognizing the role of health promotion and prevention in the fight against viral hepatitis, and emphasizing the importance of strengthening vaccination strategies as high impact and cost-effective actions for public health;

Noting with concern that globally the birth dose coverage rate with hepatitis B vaccine remains unacceptably low;

Acknowledging also that, in Asia and Africa, hepatitis A and E continue to cause major outbreaks while a safe effective hepatitis A vaccine has been available for nearly two decades, that hepatitis E vaccine candidates have been developed but not yet certified by WHO, that lack of basic hygiene and sanitation promotes the risks of hepatitis A virus and hepatitis E virus transmission and that most vulnerable populations do not have that access to those vaccines;

Taking into account the fact that injection overuse and unsafe practices account for a substantial burden of death and disability worldwide, with an estimated 1.7 million hepatitis B virus infections and 320 000 hepatitis C virus infections in 2010;

Recognizing the need for safe blood to be available to blood recipients, as established by resolution WHA28.72 on utilization and supply of human blood and blood products, in which the Health Assembly recommended the development of national public services for blood donation, and in resolution WHA58.13, in which the Health Assembly agreed to the establishment of an annual World Blood Donor Day, considering that one of the main routes of transmission of hepatitis B virus and hepatitis C virus is parenteral;

Further recognizing the need to strengthen health systems and integrate collaborative approaches and synergies between prevention and control measures for viral hepatitis and those for infectious diseases such as HIV and other related sexually transmitted and bloodborne infections and other mother-to-child transmitted diseases, as well as for cancer and noncommunicable disease programmes;

Noting that hepatitis B virus, and particularly hepatitis C virus, disproportionally impact people who inject drugs, and that of the 16 million people who inject drugs around the world, an estimated 10 million are living with hepatitis C virus infection and 1.2 million are living with hepatitis B virus infection;

Recalling United Nations General Assembly resolution 65/277 paragraph 59(h) which recommends “giving consideration, as appropriate, to implementing and expanding risk- and harm-reduction programmes, taking into account the WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users” in accordance with national legislation, as important components of both hepatitis B and hepatitis C prevention, diagnosis and treatment programmes and that access to these remain limited or

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absent in many countries that have a high burden of infection with hepatitis B virus and hepatitis C virus;

Cognizant of the fact that 4–5 million people living with HIV are coinfected with hepatitis C virus and more than 3 million are coinfected with hepatitis B virus, which has become a major cause of disability and mortality among those receiving antiretroviral therapy;

Taking into account the fact that viral hepatitis is a major problem within indigenous communities in some countries;

Welcoming the development by WHO of a global strategy, within a health systems approach, on the prevention and control of viral hepatitis infection;¹

Considering that most Member States lack adequate surveillance systems for viral hepatitis to enable them to take evidence-based policy decisions;

Taking into account that a periodic evaluation of implementation of the WHO strategy is crucial to monitoring the global response to viral hepatitis and the fact that the process was initiated with the publication in 2013 of the Global policy report on the prevention and control of viral hepatitis in WHO Member States;²

Acknowledging the need to reduce liver cancer mortality rates and that viral hepatitis is responsible for 78% of cases of primary liver cancer, and welcoming the inclusion of an indicator on hepatitis B vaccination in the comprehensive global monitoring framework adopted in resolution WHA66.10 on the Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases;

Acknowledging the need to fight and to eliminate stigmatization of, and discrimination against, people living with or affected by viral hepatitis and determined to protect and safeguard their human rights,

1. **URGES** Member States:³

   (1) to develop and implement coordinated multisectoral national strategies for preventing, diagnosing, and treating viral hepatitis based on the local epidemiological context;

   (2) to enhance actions related to health promotion and prevention of viral hepatitis, while stimulating and strengthening immunization strategies, including for hepatitis A, based on the local epidemiological context;

   (3) to promote the involvement of civil society in all aspects of preventing, diagnosing and treating viral hepatitis;

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³ And, where applicable, regional economic integration organizations.
(4) to put in place an adequate surveillance system for viral hepatitis in order to support decision-making on evidence-based policy;

(5) to strengthen the system for collection of blood from low-risk, voluntary, non-remunerated donors, for quality-assured screening of all donated blood to avoid transmission of HIV, hepatitis B, hepatitis C and syphilis, and for good transfusion practices to ensure patient safety;

(6) to strengthen the system for quality-assured screening of all donors of tissues and organs to avoid transmission of HIV, hepatitis B, hepatitis C and syphilis;

(7) to reduce the prevalence of chronic hepatitis B infection as proposed by WHO regional committees, in particular by enhancing efforts to prevent perinatal transmission through the delivery of the birth dose of hepatitis B vaccine;

(8) to strengthen measures for the prevention of hepatitis A and E, in particular the promotion of food and drinking water safety and hygiene;

(9) to strengthen infection control in health care settings through all necessary measures to prevent the reuse of equipment designed only for single use, and cleaning and either high-level disinfection or sterilization, as appropriate, of multi-use equipment;

(10) to include hepatitis B vaccine for infants, where appropriate, in national immunization programmes, working towards full coverage;

(11) to make special provision in policies for equitable access to prevention, diagnosis and treatment for populations affected by viral hepatitis, particularly indigenous people, migrants and vulnerable groups, where applicable;

(12) 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;¹

(13) to consider, whenever necessary, the use of administrative and legal means in order to promote access to preventive, diagnostic and treatment technologies against viral hepatitis;

(14) to implement comprehensive hepatitis prevention, diagnosis and treatment programmes for people who inject drugs, including the nine core interventions,² as appropriate, in line with the WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to

¹ 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.”

² Needle and syringe programmes; opioid substitution therapy and other drug dependence treatment; HIV testing and counselling; antiretroviral therapy; prevention and treatment of sexually transmitted infections; condom programmes for people who inject drugs and their sexual partners; targeted information, education and communication for people who inject drugs and their sexual partners; vaccination, diagnosis and treatment of viral hepatitis; prevention, diagnosis and treatment of tuberculosis.
HIV prevention, treatment and care for injecting drug users, and in line with the global health sector strategy on HIV/AIDS, 2011–2015, and the United Nations General Assembly resolution 65/277, taking into account the domestic context, legislation and jurisdictional responsibilities;

(15) to aim to transition by 2017 to the exclusive use, where appropriate, of WHO prequalified or equivalent safety-engineered injection devices including reuse-prevention syringes and sharp injury prevention devices for therapeutic injections and develop related national policies;

(16) to review, as appropriate, policies, procedures and practices associated with stigmatization and discrimination, including the denial of employment, training and education, as well as travel restrictions, against people living with and affected by viral hepatitis, or impairing their full enjoyment of the highest attainable standard of health;

2. CALLS upon all relevant United Nations funds, programmes, specialized agencies and other stakeholders:

(1) to include prevention, diagnosis and treatment of viral hepatitis in their respective work programmes and work in close collaboration;

(2) to identify and disseminate mechanisms to support countries in the provision of sustainable funding for the prevention, diagnosis and treatment of viral hepatitis;

3. REQUESTS the Director-General:

(1) to provide the necessary technical support to enable Member States to develop robust national viral hepatitis prevention, diagnosis and treatment strategies with time-bound goals;

(2) to develop specific guidelines on adequate, effective and affordable algorithms for diagnosis in developing countries;

(3) in consultation with Member States, to develop a system for regular monitoring and reporting on the progress in viral hepatitis prevention, diagnosis and treatment;

(4) to provide technical guidance on cost-effective ways to integrate the prevention, testing, care and treatment of viral hepatitis into existing health care systems and make best use of existing infrastructure and strategies;

(5) to work with national authorities, upon their request, to promote comprehensive and equitable access to prevention, diagnosis and treatment of viral hepatitis, with particular attention to needle and syringe programmes and opioid substitution therapy or other evidence-based treatments for people who inject drugs, in national plans, taking into consideration national policy context and procedures and to support countries, upon request, to implement these measures;

(6) to provide technical guidance on prevention of transfusion-transmitted hepatitis B and C through safe donation from low-risk, voluntary, non-remunerated donors, counselling, referral and treatment of infected donors, and effective blood screening;

(7) to examine the feasibility of and strategies needed for the elimination of hepatitis B and hepatitis C with a view to potentially setting global targets;

(8) to estimate global, regional and domestic economic impact and burden of viral hepatitis in collaboration with Member States and relevant organizations, taking into due account potential and perceived conflicts of interest;

(9) to support Member States with technical assistance in the use of the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights when needed, in accordance with the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property;

(10) to lead a discussion and work with key stakeholders to facilitate equitable access to quality, effective, affordable and safe hepatitis B and C treatments and diagnostics;

(11) to assist Member States to ensure equitable access to quality, effective, affordable and safe hepatitis B and C treatments and diagnostics, in particular in developing countries;

(12) to maximize synergies between viral hepatitis prevention, diagnosis and treatment programmes and ongoing work to implement the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020;

(13) to report to the Sixty-ninth World Health Assembly, or earlier if needed, through the Executive Board, on the implementation of this resolution.

Ninth plenary meeting, 24 May 2014
A67/VR/9
Disability

The Sixty-seventh World Health Assembly,

Having considered the *World report on disability*,¹ the report on disability,² and the draft WHO global disability action plan 2014–2021: better health for all people with disability,³

1. ADOPTS the WHO global disability action plan 2014–2021: better health for all people with disability;

2. URGES Member States to implement the proposed actions for Member States in the WHO global disability action plan 2014–2021: better health for all people with disability, adapted to national priorities and specific contexts;

3. INVITES international, regional and national partners to implement the necessary actions to contribute to the accomplishment of the three objectives of the WHO global disability action plan 2014–2021: better health for all people with disability;

4. REQUESTS the Director-General:

(1) to implement the actions for the Secretariat in the WHO global disability action plan 2014–2021: better health for all people with disability;

(2) to submit reports on the progress achieved in implementing the action plan to the Seventieth and Seventy-fourth World Health Assemblies.

Ninth plenary meeting, 24 May 2014
A67/VR/9

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² Document A67/16.
Autism

The Sixty-seventh World Health Assembly,

Having considered the report on comprehensive and coordinated efforts for the management of autism spectrum disorders;¹

Recalling the Universal Declaration of Human Rights; the Convention on the Rights of the Child; the Convention on the Rights of Persons with Disabilities; United Nations General Assembly resolution 62/139 declaring 2 April as World Autism Awareness Day; and United Nations General Assembly resolution 67/82 on addressing the socioeconomic needs of individuals, families and societies affected by autism spectrum disorders, developmental disorders and associated disabilities;

Further recalling, as appropriate, resolution WHA65.4 on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level and resolution WHA66.9 on disability; resolution SEA/RC65/R8 adopted by the Regional Committee for South-East Asia on comprehensive and coordinated efforts for the management of autism spectrum disorders (ASD) and developmental disabilities; resolution EUR/RC61/R5 adopted by the Regional Committee for Europe on the WHO European Declaration and Action Plan on the Health of Children and Young People with Intellectual Disabilities and their Families; resolution EM/RC57/R.3 adopted by the Regional Committee for the Eastern Mediterranean on maternal, child and adolescent mental health: challenges and strategic directions 2010–2015, all of which emphasize a strong response to the needs of persons with developmental disorders including autism spectrum disorders and other developmental disorders;

Reiterating commitments to safeguard citizens from discrimination and social exclusion on the grounds of disability irrespective of the underlying impairment whether physical, mental, intellectual or sensory according to the Convention on the Rights of Persons with Disabilities; and promoting all persons’ basic necessities of life, education, health care and social security, as well as ensuring attention to vulnerable persons;

Noting that globally, an increasing number of children are being diagnosed with autism spectrum disorders and other developmental disorders and that it is likely that still more persons remain unidentified or incorrectly identified in society and in health facilities;

Highlighting that there is no valid scientific evidence that childhood vaccination leads to autism spectrum disorders;

¹ Document A67/17.
Understanding that autism spectrum disorders are developmental disorders and conditions that emerge in early childhood and, in most cases, persist throughout the lifespan and are marked by the presence of impaired development in social interaction and communication and a restricted repertoire of activity and interest, with or without accompanying intellectual and language disabilities; and that manifestations of the disorder vary greatly in terms of combinations and levels of severity of symptoms;

Further noting that persons with autism spectrum disorders continue to face barriers in their participation as equal members of society, and reaffirming that discrimination against any person on the basis of disability is inconsistent with human dignity;

Deeply concerned that individuals with autism spectrum disorders and their families face major challenges including social stigma, isolation and discrimination, and that children and families in need, especially in low resource contexts, often have poor access to appropriate support and services;

Acknowledging the comprehensive mental health action plan 2013–2020\(^1\) and, as appropriate, the policy measures that are recommended in resolution WHA66.9 on disability, which can be particularly instrumental for developing countries in the scaling-up of care for autism spectrum disorders and other developmental disorders;

Recognizing the need to create or strengthen, as appropriate, health systems that support all persons with disabilities, mental health and developmental disorders, without discrimination,

1. **URGES** Member States:

   (1) to give appropriate recognition to the specific needs of the individuals affected by autism spectrum disorders and other developmental disorders in policies and programmes related to early childhood and adolescent development, as part of a comprehensive approach to address child and adolescent mental health and developmental disorders;

   (2) to develop or update and implement relevant policies, legislation, and multisectoral plans, as appropriate, in line with resolution WHA65.4, supported by sufficient human, financial and technical resources to address issues related to autism spectrum disorders and other developmental disorders, as part of a comprehensive approach to supporting all persons living with mental health issues or disabilities;

   (3) to support research and public awareness-raising and stigma-removal campaigns consistent with the Convention on the Rights of Persons with Disabilities;

   (4) to increase the capacity of health and social care systems, as appropriate, to provide services for individuals and families with autism spectrum disorders and other developmental disorders;

   (5) to mainstream into primary health care services the promotion and monitoring of child and adolescent development in order to ensure timely detection and management of autism spectrum disorders and other developmental disorders according to national circumstances;

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\(^1\) See document WHA66/2013/REC/1, Annex 3.
(6) to shift systematically the focus of care away from long-stay health facilities towards community-based, non-residential services;

(7) to strengthen different levels of infrastructure for comprehensive management of autism spectrum disorders and other developmental disorders, as appropriate, including care, education, support, intervention, services and rehabilitation;

(8) to promote sharing of best practices and knowledge about autism spectrum disorders and other developmental disorders;

(9) to promote sharing of technology to support developing countries in the diagnosis and treatment of autism spectrum disorders and other developmental disorders;

(10) to provide social and psychological support and care to families affected by autism spectrum disorders, including persons with autism spectrum disorders and developmental disorders and their families in disability benefit schemes, where available and as appropriate;

(11) to recognize the contribution of adults living with autism spectrum disorders in the workforce, continuing to support workforce participation in partnership with the private sector;

(12) to identify and address disparities in access to services for persons with autism spectrum disorders and other developmental disorders;

(13) to improve health information and surveillance systems that capture data on autism spectrum disorders and other developmental disorders, conducting national level needs assessment as part of the process;

(14) to promote context-specific research on the public health and service delivery aspects of autism spectrum disorders and other developmental disorders, strengthening international research collaboration to identify causes and treatments;

2. REQUESTS the Director-General:

(1) to collaborate with Member States and partner agencies in order to provide support, strengthening national capacities to address autism spectrum disorders and other developmental disorders as part of a well-balanced approach that strengthens systems addressing mental health and disability and is in line with existing, related action plans and initiatives;

(2) to engage with autism-related networks, and other regional initiatives, as appropriate, supporting networking with other international stakeholders for autism spectrum disorders and other developmental disorders;

(3) to work with Member States, facilitating resource mobilization in different regions and particularly in resource-poor countries, in line with the approved programme budget, which addresses autism spectrum disorders and other developmental disorders;

(4) to implement resolution WHA66.8 on the comprehensive mental health action plan 2013–2020, as well as resolution WHA66.9 on disability, in order to scale up care for individuals with autism spectrum disorders and other developmental disorders, as applicable, and as an integrated component of the scale-up of care for all mental health needs;
(5) to monitor the global situation of autism spectrum disorders and other developmental disorders, evaluating the progress made in different initiatives and programmes in collaboration with international partners as part of the existing monitoring efforts embedded in related action plans and initiatives;

(6) to report on progress made with regard to autism spectrum disorders, in a manner that is synchronized with the reporting cycle on the comprehensive mental health action plan 2013–2020, to the Sixty-eighth, Seventy-first and Seventy-fourth World Health Assemblies.

Ninth plenary meeting, 24 May 2014
A67/VR/9
Psoriasis

The Sixty-seventh World Health Assembly,

Having considered the report on psoriasis,¹

Recalling all relevant resolutions and decisions adopted by the World Health Assembly on the prevention and control of noncommunicable diseases, and underlining the importance for Member States to continue addressing key risk factors for noncommunicable diseases through the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020;²

Recognizing the urgent need to pursue multilateral efforts to promote and improve human health, providing access to treatment and health care education;

Recognizing also that psoriasis is a chronic, noncommunicable, painful, disfiguring, and disabling disease for which there is no cure;

Recognizing further that in addition to the pain, itching and bleeding caused by psoriasis, many affected individuals around the world experience social and work-related stigma and discrimination;

Underscoring that those with psoriasis are at an elevated risk for a number of co-morbid conditions, namely, cardiovascular diseases, diabetes, obesity, Crohn disease, heart attack, ulcerative colitis, metabolic syndrome, stroke and liver disease;

Underscoring also that up to 42% of those with psoriasis also develop psoriatic arthritis, which causes pain, stiffness and swelling at the joints and can lead to permanent disfigurement and disability;

Underscoring that too many people in the world suffer needlessly from psoriasis due to incorrect or delayed diagnosis, inadequate treatment options and insufficient access to care;

Recognizing the advocacy efforts of stakeholders, in particular through activities held every year on 29 October in many countries, to raise awareness regarding the disease of psoriasis, including awareness of the stigmatization suffered by those with psoriasis;

Welcoming the consideration of psoriasis issues by the Executive Board at its 133rd session,

¹ Document A67/18.
² See document WHA66/2013/REC/1, Annex 4.
1. ENCOURAGES Member States to engage further in advocacy efforts to raise awareness regarding the disease of psoriasis, fighting stigmatization suffered by those with psoriasis, in particular through activities held every year on 29 October in Member States;

2. REQUESTS the Director-General:

   (1) to draw attention to the public health impact of psoriasis, publishing a global report on psoriasis, including the global incidence and prevalence, emphasizing the need for further research on psoriasis, and identifying successful approaches for integrating the management of psoriasis into existing services for noncommunicable diseases, for stakeholders, in particular policy-makers, by the end of 2015;

   (2) to include information about psoriasis diagnosis, treatment and care on the WHO website, aiming to raise public awareness of psoriasis and its shared risk factors, and to provide an opportunity for education and greater understanding of psoriasis.

Ninth plenary meeting, 24 May 2014
A67/VR/9
Newborn health action plan

The Sixty-seventh World Health Assembly,

Having considered the reports on the newborn health: draft action plan,\(^1\) monitoring the achievement of the health-related Millennium Development Goals,\(^2\) and health in the post-2015 development agenda;\(^3\)

Recalling resolution WHA58.31 on working towards universal coverage of maternal, newborn and child health intervention, resolution WHA63.15 on monitoring of the achievement of the health-related Millennium Development Goals, resolution WHA64.9 on sustainable health financing structures and universal coverage, resolution WHA64.13 on working towards the reduction of perinatal and neonatal mortality, and resolution WHA65.7 on implementation of the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health;

Acknowledging the pledges and commitments made by a large number of Member States and partners to the United Nations Secretary-General’s Global Strategy for Women’s and Children’s Health, which aims to save 16 million lives by 2015;

Recognizing that millions of children and women die needlessly each year during and around the time of childbirth, and that effective interventions are available and feasible for implementation at scale to end preventable maternal, newborn and child deaths;

Recognizing that ending preventable maternal mortality will accelerate the achievement of the newborn mortality target;

Concerned that there has been insufficient and uneven progress towards achieving Millennium Development Goal 5 (Improve maternal health);

Also concerned that, although progress has been made towards achieving Millennium Development Goal 4 (Reduce child mortality) in terms of the overall reduction of child mortality, the reduction of perinatal and neonatal mortality has stagnated and the proportion of neonatal deaths among all child deaths is increasing;

\(^1\) Document A67/21.
\(^2\) Document A67/19.
\(^3\) Document A67/20.
Recognizing the need to intensify action urgently in order to end preventable neonatal deaths and preventable stillbirths, especially by improving access to and quality of health care for women and newborns, particularly of those at risk, especially for high-risk groups and including the prevention of the transmission of HIV from mother to child, within the continuum of care for reproductive, maternal, newborn and child health,

1. ENDORSES the newborn health action plan,

2. URGES Member States to put into practice the newborn health action plan, through steps that include:

   (1) reviewing, revising and strengthening their national strategies, policies, plans and guidelines for reproductive, maternal, newborn and child health in line with the goal, targets and indicators defined in the newborn health action plan, and strongly committing to their implementation with particular focus on high-risk groups;

   (2) committing themselves, according to their capacities, to allocating adequate human and financial resources to improve the access to and the quality of care, particularly care for the mother and the newborn during labour, around birth and the first week, and achieve the national newborn health targets in line with the global action plan;

   (3) strengthening health information systems so as better to monitor quality of care and to track progress towards ending preventable maternal and neonatal deaths and stillbirths;

   (4) sharing information on lessons learnt, progress made, remaining challenges and updated actions to reach the national newborn and maternal health targets;

3. REQUESTS the Director-General:

   (1) to foster alignment and coordination of all stakeholders to support the implementation of the newborn health action plan;

   (2) to identify and mobilize, within approved current and subsequent programme budgets, more human and financial resources for the provision of technical support to Member States in implementing the newborn health component of national plans and monitoring their impact;

   (3) to prioritize the finalization of the more detailed monitoring plan with coverage and outcome metrics to track progress of the newborn health action plan;

   (4) to take into due account the views expressed at the Sixty-seventh World Health Assembly as well as the domestic context when supporting the implementation of the action plan at the national level;

   (5) to monitor progress and report, periodically until 2030, to the Health Assembly on progress towards achievement of the global goal and targets using the proposed monitoring framework to guide discussion and future actions.

Ninth plenary meeting, 24 May 2014
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1 “Every newborn: an action plan to end preventable deaths” contained in document A67/21.

2 And, where applicable, regional economic integration organizations.
Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention

The Sixty-seventh World Health Assembly,

Having considered the report on public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention;¹

Recalling World Health Assembly resolutions WHA60.17 on oral health: action plan for promotion and integrated disease prevention, WHA63.25 on the improvement of health through safe and environmentally sound waste management, and WHA59.15 on the Strategic Approach to International Chemicals Management, as well as the strategy for strengthening the engagement of the health sector in the implementation of the strategic approach adopted by the International Conference on Chemicals Management at its third session;

Recognizing the importance of dealing effectively with the health aspects of the challenges that chemicals and wastes, including mercury, may pose, particularly to vulnerable populations, especially women, children, and, through them, future generations;

Recalling the renewed commitments on sustainable development set out in the United Nations Conference on Sustainable Development Rio+20 outcome document “The future we want”, of June 2012, as well as the Adelaide Statement on Health in All Policies of 2010, and the 8th Global Conference on Health Promotion, held in Helsinki in 2013, which promoted intersectoral collaboration across all sectors to achieve healthy populations;

Taking note that negotiations on the text of a new multilateral environmental agreement on mercury were concluded in October 2013 with the adoption of the Minamata Convention on Mercury, being the first time that a multilateral environmental agreement includes a specific article on health, as well as other relevant provisions, and that the Convention places certain obligations on Parties that will require action, as applicable, by the health sector, together with other competent sectors, including the progressive phase-out, resulting from banning the manufacture, import or export by 2020 of mercury thermometers and sphygmomanometers, of mercury-containing cosmetics, including skin-lightening soaps and creams, and mercury-containing topical antiseptics, measures to be taken to

¹ Document A67/24.
Recalling that the objective of the Minamata Convention on Mercury is to protect human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds;

Bearing in mind that the Minamata Convention on Mercury encourages Parties to: (a) promote the development and implementation of strategies and programmes to identify and protect populations at risk, particularly vulnerable populations, and which may include adopting science-based health guidelines relating to the exposure to mercury and mercury compounds, setting targets for mercury exposure reduction, where appropriate, and public education, with the participation of public health and other involved sectors; (b) promote the development and implementation of science-based educational and preventive programmes on occupational exposure to mercury and mercury compounds; (c) promote appropriate health care services for prevention, treatment and care for populations affected by the exposure to mercury or mercury compounds; and (d) establish and strengthen, as appropriate, the institutional and health professional capacities for the prevention, diagnosis, treatment and monitoring of health risks related to the exposure to mercury and mercury compounds;

Noting that the Minamata Convention on Mercury states that the Conference of the Parties, in considering health-related activities, should consult, collaborate and promote cooperation and exchange of information with WHO, ILO and other relevant intergovernmental organizations, as appropriate;

Thanking the Secretariat for its preparatory work, during the negotiations, analysing different risks and available substitutes, as well as analysing and identifying areas requiring additional or new effort, under the Minamata Convention, and encouraging further and continuous analysis and other efforts as may be needed,

1. WELCOMES the formal adoption by Parties of the Minamata Convention on Mercury in October 2013;

2. ENCOURAGES Member States:\(^1\)

   (1) to take the necessary domestic measures promptly to sign, ratify and implement the Minamata Convention on Mercury, which sets out internationally legally binding measures to address the risks of mercury and mercury compounds on human health and the environment;

   (2) to participate actively in national, regional and international efforts to implement the Minamata Convention on Mercury;

   (3) to address the health aspects of exposure to mercury and mercury compounds in the context of their health sector uses, and also the other negative health impacts that should be prevented or treated, by ensuring the sound management of mercury and mercury compounds throughout their life cycle;

   (4) to recognize the interrelation between the environment and public health in the context of the implementation of the Minamata Convention on Mercury and sustainable development;

\(^1\) And, where applicable, regional economic integration organizations.
(5) to promote appropriate health care services for prevention, treatment and care for populations affected by the exposure to mercury or mercury compounds, including effective risk communication strategies targeted at vulnerable groups, such as children and women of childbearing age, especially pregnant women;

(6) to ensure close cooperation between ministries of health and ministries of environment, as well as ministries of labour, industry, economy, agriculture and other ministries responsible for the implementation of aspects of the Minamata Convention on Mercury;

(7) to facilitate the exchange of epidemiological information concerning health impacts associated with exposure to mercury and mercury compounds, in close cooperation with WHO and other relevant organizations, as appropriate;

3. REQUESTS the Director-General:

(1) to facilitate WHO’s efforts to provide advice and technical support to Member States to support the implementation of the Minamata Convention on Mercury in all health aspects related to mercury, consistent with WHO’s programme of work, in order to promote and protect human health;

(2) to provide support to Member States in developing and implementing strategies and programmes to identify and protect populations at risk, particularly vulnerable populations, which may include adopting science-based health guidelines relating to exposure to mercury and mercury compounds, setting targets for mercury exposure reduction, where appropriate, and public education, with the participation of health and other involved sectors;

(3) to cooperate closely with the Minamata Convention Intergovernmental Negotiating Committee, the Conference of the Parties and other international organizations and bodies, mainly UNEP, to fully support the implementation of the health-related aspects of the Minamata Convention on Mercury and to provide information to the Committee and Conference of the Parties on the progress made in this regard;

(4) to report to the Seventieth World Health Assembly in 2017 on progress in the implementation of this resolution.

Ninth plenary meeting, 24 May 2014
A67/VR/9
Contributing to social and economic development: sustainable action across sectors to improve health and health equity

The Sixty-seventh World Health Assembly,

Having considered the report on contributing to social and economic development: sustainable action across sectors to improve health and health equity;

Reaffirming the principles of the Constitution of the World Health Organization stating that governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures;

Reaffirming the right of every human being without distinction of any kind to the enjoyment of the highest attainable standard of physical and mental health, and to a standard of living adequate for the health and well-being of oneself and one’s family, including adequate food, clothing, housing and to the continuous improvement of living conditions;

Recalling the Declaration of Alma-Ata on Primary Health Care, 1978 and the Global Strategy of Health for All by the year 2000, and their calls for coordination, cooperation and intersectoral action for health;

Acknowledging the United Nations General Assembly document “The Future we want”, and in particular its recognition that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development and the call for the involvement of all relevant sectors for coordinated multisectoral action to address urgently the health needs of the world’s population;

Recalling World Health Assembly resolutions on health promotion, public information and education for health, health promotion, health promotion and healthy lifestyles, health promotion in a globalized world, and social determinants of health, and taking note of the outcome documents of

1 Document A67/25.
3 Resolution WHA42.44.
4 Resolution WHA51.12.
5 Resolution WHA57.16.
6 Resolution WHA60.24.
7 Resolution WHA65.8.
the seven global WHO conferences on health promotion,\(^1\) in particular the Ottawa Charter, the Adelaide Statement and the Nairobi Call for Action;

   Reaffirming commitments made to global health in the context of foreign policy and reiterating the request to consider universal health coverage in the discussions on the post-2015 development agenda, also considering broad public health measures, health protection and addressing determinants of health through policies across sectors;

   Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases\(^2\) and the WHO global strategy and action plan on the prevention and control of noncommunicable diseases, which recognize the primary role of governments in responding to the challenge of noncommunicable diseases and the essential need for the efforts and engagement of all sectors, rather than by making changes in health sector policy alone, as well as the important role of the international community and international cooperation in assisting the Member States in these efforts;

Noting that the health sector has a key role in working with other sectors in ensuring drinking water quality, sanitation, food and nutritional safety, air quality and limiting exposure to health-damaging chemicals and radiation levels, as recognized in World Health Assembly resolutions;\(^3\)

Recognizing that a number of mental disorders can be prevented and that mental health can be promoted in the health sector and in sectors outside health and that global support is necessary for national and local work on mental health and development, for instance through the Mental Health Action Plan and the WHO MINDbank;

Noting further the relevance of the WHO Framework Convention on Tobacco Control for many sectors, underscoring the importance of addressing common risk factors for noncommunicable diseases across sectors and the cooperation needs under the International Health Regulations (2005), including among the organizations in the United Nations system, and between and within Member States;

Acknowledging the final report of the Commission on Social Determinants of Health\(^4\) as a source of evidence, as well as the Rio Political Declaration on Social Determinants of Health and its call for the development and implementation of robust, evidence-based, reliable measures of societal well-being, and recognizing the important advocacy role of health ministries in this regard;

Recognizing that Health in All Policies refers to taking the health implications of decisions systemically into account in public policies across sectors, seeking synergies and avoiding harmful health impacts, in order to improve population health and health equity through assessing the consequences of public policies on the determinants of health and well-being and on health systems;

\(^1\) Ottawa, 1986; Adelaide, Australia, 1988; Sundsvall, Sweden, 1991; Jakarta, 1997; Mexico City, 2000; Bangkok, 2005; Nairobi, 2009.

\(^2\) Document A/66/L.1.

\(^3\) Resolutions WHA59.15, WHA61.19, WHA63.25, WHA63.26, WHA64.15, WHA64.24.

Concerned about gaps in taking into account across government, at various levels of governance, the impacts of policies on health, health equity and the functioning of the health system,

1. NOTES with appreciation the Helsinki Statement on Health in All Policies, endorsed by the 8th Global Conference on Health Promotion, (Helsinki, 10–14 June 2013), and notes the ongoing work on the Health in All Policies Framework for Country Action;

2. URGES Member States:¹

(1) to champion health and the promotion of health equity as a priority and take efficient action on social, economic and environmental determinants of health, consistent with resolution WHA65.8, including on noncommunicable disease prevention;

(2) to take steps, including, where appropriate, effective legislation, cross-sectoral structures, processes, methods and resources such as the Urban Health Equity Assessment and Response Tool, that enable societal policies which take into account and address their impacts on health determinants, health protection, health equity and health systems functioning, and which measure and track social determinants and disparities in health;

(3) to develop, as appropriate, sustainable institutional capacity with adequate knowledge and skills in assessing health impacts of policy initiatives in all sectors, identifying solutions and negotiating policies across sectors, including within health authorities and relevant research and development institutes such as national public health institutes, to achieve improved outcomes from the perspective of health, health equity and health systems functioning;

(4) to take action to enhance health and safeguard public health interests from undue influence by any form of real, perceived or potential conflict of interest, through managing risk, strengthening due diligence and accountability and increasing the transparency of decision-making and engagement;

(5) to include, as appropriate, relevant stakeholders such as local communities and civil society actors in the development, implementation and monitoring of policies across sectors;

(6) to contribute to development of the post-2015 development agenda by emphasizing that policies in sectors other than health have a significant impact on health outcomes, and by identifying synergies between health and other sector policy objectives;

3. REQUESTS the Director-General:

(1) to prepare, for the consideration of the Sixty-eighth World Health Assembly, in consultation with Member States,¹ United Nations organizations and other relevant stakeholders as appropriate, and within existing resources, a Framework for Country Action, for adaptation to different contexts, taking into account the Helsinki Statement on Health in All Policies, aimed at supporting national efforts to improve health, ensure health protection, health equity and health systems functioning, including through action across sectors on determinants of health and risk factors of noncommunicable diseases, based on best available knowledge and evidence;

¹ And, where applicable, regional economic integration organizations.
(2) to provide guidance and technical assistance, upon request, to Member States in their efforts to build the necessary capacities, structures, mechanisms and processes in order to integrate health perspectives in non-health sector policies, including, where appropriate, through implementation of Health in All Policies, and for measuring and tracking social determinants and disparities in health;

(3) to strengthen WHO’s role, capacities and knowledge resources, including by compiling and analysing good practices by Member States, to give guidance and technical assistance for implementation of policies across sectors at the various levels of governance, and ensure coherence and collaboration across programmes and initiatives within WHO;

(4) to continue to work with and provide leadership for the organizations in the United Nations system, development banks, other international organizations and foundations, in order to encourage them to take health considerations into account in major strategic initiatives and their monitoring, including the post-2015 development agenda, and to achieve coherence and synergy with commitments and obligations related to health and health determinants, including social determinants of health, in their work with Member States;

(5) to report on the progress made in implementing this resolution to the Sixty-ninth World Health Assembly through the Executive Board.

Ninth plenary meeting, 24 May 2014
A67/VR/9
Implementation of the International Health Regulations (2005)

The Sixty-seventh World Health Assembly,

Having considered the report on implementation of the International Health Regulations (2005);¹

Recalling the recent meeting and report of the Strategic Advisory Group of Experts on immunization,² which completed its scientific review and analysis of evidence on issues concerning vaccination against yellow fever and concluded that a single dose of yellow fever vaccine is sufficient to confer sustained immunity and life-long protection against yellow fever disease, and that a booster dose of yellow fever vaccine is not needed;

Noting that in its report the Strategic Advisory Group of Experts on immunization recommended that WHO should revisit the provisions in the International Health Regulations (2005) relating to the period of validity for international certificates for vaccination against yellow fever,

1. ADOPTS, in accordance with paragraph 3 of Article 55 of the International Health Regulations (2005), the updated Annex 7 of the International Health Regulations (2005) that is set out below.

ANNEX 7

REQUIREMENTS CONCERNING VACCINATION OR PROPHYLAXIS FOR SPECIFIC DISEASES

1. In addition to any recommendation concerning vaccination or prophylaxis, the following diseases are those specifically designated under these Regulations for which proof of vaccination or prophylaxis may be required for travellers as a condition of entry to a State Party:

   Vaccination against yellow fever.

¹ Document A67/35.

2. Recommendations and requirements for vaccination against yellow fever:

(a) For the purpose of this Annex:

(i) the incubation period of yellow fever is six days;

(ii) yellow fever vaccines approved by WHO provide protection against infection starting 10 days following the administration of the vaccine;

(iii) this protection continues for the life of the person vaccinated; and

(iv) the validity of a certificate of vaccination against yellow fever shall extend for the life of the person vaccinated, beginning 10 days after the date of vaccination.

(b) Vaccination against yellow fever may be required of any traveller leaving an area where the Organization has determined that a risk of yellow fever transmission is present.

(c) If a traveller is in possession of a certificate of vaccination against yellow fever which is not yet valid, the traveller may be permitted to depart, but the provisions of paragraph 2(h) of this Annex may be applied on arrival.

(d) A traveller in possession of a valid certificate of vaccination against yellow fever shall not be treated as suspect, even if coming from an area where the Organization has determined that a risk of yellow fever transmission is present.

(e) In accordance with paragraph 1 of Annex 6 the yellow fever vaccine used must be approved by the Organization.

(f) States Parties shall designate specific yellow fever vaccination centres within their territories in order to ensure the quality and safety of the procedures and materials employed.

(g) Every person employed at a point of entry in an area where the Organization has determined that a risk of yellow fever transmission is present, and every member of the crew of a conveyance using any such point of entry, shall be in possession of a valid certificate of vaccination against yellow fever.

(h) A State Party, in whose territory vectors of yellow fever are present, may require a traveller from an area where the Organization has determined that a risk of yellow fever transmission is present, who is unable to produce a valid certificate of vaccination against yellow fever, to be quarantined until the certificate becomes valid, or until a period of not more than six days, reckoned from the date of last possible exposure to infection, has elapsed, whichever occurs first.

(i) Travellers who possess an exemption from yellow fever vaccination, signed by an authorized medical officer or an authorized health worker, may nevertheless be allowed entry, subject to the provisions of the foregoing paragraph of this Annex and to being provided with information regarding protection from yellow fever vectors. Should the travellers not be quarantined, they may be required to report any feverish or other symptoms to the competent authority and be placed under surveillance.

Ninth plenary meeting, 24 May 2014
A67/VR/9
Health in the post-2015 development agenda

The Sixty-seventh World Health Assembly,

Having considered the report on monitoring the achievement of the health-related Millennium Development Goals: Health in the post-2015 development agenda;¹

Reaffirming the Constitution of the World Health Organization, which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social conditions;

Reaffirming also the principles of the United Nations Millennium Declaration adopted by the United Nations General Assembly in resolution 55/2, including human dignity, equality and equity, and stressing the need for their reflection in the post-2015 development agenda;

Recalling the United Nations General Assembly’s resolution 66/288 “The future we want”, in which it recognizes that health is a precondition for and an outcome and indicator of all dimensions of sustainable development;

Stressing also that concerns related to health equity and rights should be addressed in efforts to achieve the Millennium Development Goals;

Recalling resolution WHA66.11 on health in the post-2015 development agenda, which urged Member States to ensure that health is central to the post-2015 development agenda;

Reaffirming the need to sustain current achievements and intensify efforts in those countries where accelerated progress is needed towards achievement of the health-related Millennium Development Goals, especially maternal, newborn and child health;

Cognizant also of the burden of maternal, newborn and child morbidity and mortality, communicable diseases, including HIV/AIDS, tuberculosis, malaria and neglected tropical diseases, emerging diseases and the rising burden of noncommunicable diseases and injuries;

Acknowledging that universal health coverage implies that all people have access without discrimination to nationally determined sets of the needed promotive, preventive, curative, palliative and rehabilitative essential health services and essential, safe, affordable, effective and quality medicines, while ensuring that the use of these services does not expose the users to financial hardship with a special emphasis on the poor, vulnerable and marginalized segments of the population;

¹ Document A67/20.
Recognizing the importance of implementing relevant internationally agreed commitments, including the Beijing Platform for Action, the Programme of Action of the International Conference on Population and Development and the review conferences to date, the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases, and the Political Declaration on HIV and AIDS and United Nations General Assembly resolution 67/81 in achieving provision of universal health coverage and improved health outcomes;

Recognizing the importance of strengthening health systems and building capacities for broad public health measures, health protection and addressing determinants of health towards attaining equitable universal coverage;

Emphasizing that policies and actions in sectors other than health have a significant impact on health outcomes and vice-versa, hence the need to identify synergies between policy objectives in the health and other sectors through a whole-of-government, whole-of-society and Health in All Policies approach to the post-2015 development agenda;

Reiterating its determination to take action on social determinants of health as collectively agreed in resolution WHA62.14;

Recognizing the importance of strengthened international cooperation and honouring commitments towards national and international health financing, and ensuring that international development cooperation in health is effective and aligned with national health priorities;

Recognizing that the monitoring of health improvement should include measuring health system performance as well as health outcomes that capture healthy life expectancy, mortality, morbidity and disability;

Recognizing the importance of the health workforce and its essential contribution to health systems functioning and the need for continued commitment to relevant Health Assembly resolutions, in particular WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel,

1. URGES Member States,¹ in the context of health in the post-2015 development agenda:

   (1) to engage actively in discussions on the post-2015 development agenda, respecting the process established by the United Nations General Assembly;

   (2) to ensure that health is central to the post-2015 development agenda;

   (3) to ensure that the post-2015 development agenda will accelerate and sustain progress towards the achievement of health-related Millennium Development Goals including, child, maternal, sexual and reproductive health, nutrition, HIV/AIDS, tuberculosis and malaria;

   (4) to recognize that additional attention needs to be paid to newborn health and neglected tropical diseases;

¹ And, where applicable, regional economic integration organizations.
(5) to incorporate into the post-2015 agenda the need for action to reduce the preventable and avoidable burden of mortality, morbidity and disability related to noncommunicable diseases, and injuries while also promoting mental health;

(6) to promote universal health coverage, defined as universal access to quality prevention, promotion, treatment, rehabilitation and palliation services and financial risk protection as fundamental to the health component in the post-2015 development agenda;

(7) to emphasize the need for multisectoral actions to address social, environmental and economic determinants of health, to reduce health inequities and contribute to sustainable development, including Health-in-All-Policies as appropriate;

(8) to call for the full realization of the right to the enjoyment of the highest attainable standard of physical and mental health and to consider that this right is fundamental to equitable and inclusive sustainable development;

(9) to recognize the importance of accountability through regular assessment of progress by strengthening of civil registration and vital statistics and health information systems with disaggregated data to monitor health equity;

(10) to include health related indicators for measuring progress in all relevant dimensions of sustainable development;

(11) to emphasize the importance of strengthening health systems, including the six building blocks of a health system (service delivery; health workforce; information; medical products, vaccines and technologies; financing; governance and leadership), to progress towards and sustain universal health coverage and improved health outcomes;

2. REQUESTS the Director-General:

(1) to continue active engagement with ongoing discussions on the post-2015 development agenda, working with the United Nations Secretary-General, in order to ensure the centrality of health in all relevant processes;

(2) to continue to inform Member States and provide support, upon request, on issues and processes concerning the positioning of health in the post-2015 development agenda;

Ninth plenary meeting, 24 May 2014
A67/VR/9
Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children

The Sixty-seventh World Health Assembly,

Having considered the report on addressing the global challenge of violence, in particular against women and girls, and against children;¹


Cognizant of the many efforts across the United Nations system to address the challenge of violence, in particular against women and girls, and against children including the International Conference on Population and Development, the Beijing Declaration and Platform for Action, and all relevant United Nations General Assembly and Human Rights Council resolutions, as well as all relevant Commission on the Status of Women agreed conclusions;

Noting that violence is defined by the WHO as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”;²

Noting also that interpersonal violence, distinguished from self-inflicted violence and collective violence, is divided into family and partner violence and community violence, and includes forms of violence throughout the life course, such as child abuse, partner violence, abuse of the elderly, family members, youth violence, random acts of violence, rape or sexual assault and violence in institutional settings such as schools, workplaces, prisons and nursing homes;³

Recalling the definition of violence against women as stated in the 1993 Declaration on the Elimination of Violence against Women;⁴

¹ Document A67/22.
Concerned that the health and well-being of millions of individuals and families is adversely affected by violence and that many cases go unreported;

Further concerned that violence has health-related consequences including death, disability and physical injuries, mental health impacts and sexual and reproductive health consequences, as well as social consequences;

Recognizing that health systems often are not adequately addressing the problem of violence and contributing to a comprehensive multisectoral response;

Deeply concerned that globally, one in three women experience either physical and/or sexual violence, including by their spouses, at least once in their lives;¹

Concerned that violence, in particular against women and girls, is often exacerbated in situations of humanitarian emergencies and post-conflict settings, and recognizing that national health systems have an important role to play in responding to its consequences;

Noting that preventing interpersonal violence against children – boys and girls – can contribute significantly to preventing interpersonal violence against women and girls and children, that being abused and neglected during infancy and childhood makes it more likely that people will grow up to perpetrate violence against women, maltreat their own children, and engage in youth violence, and underscoring that there is good evidence for the effectiveness of parenting-support programmes in preventing child abuse and neglect in order to halt the intergenerational perpetuation of interpersonal violence;

Noting also that violence against girls needs specific attention because they are subjected to forms of violence related to gender inequality that too often remain hidden and unrecognized by society, including by health providers, and while child abuse (physical, emotional) and neglect affects boys and girls equally, girls suffer more sexual violence;

Deeply concerned that violence against women during pregnancy has grave consequences on the health of both the woman and the pregnancy, such as miscarriage and premature labour, and for the baby such as low birth weight, as well as recognizing the opportunity that antenatal care provides for early identification, and prevention of the recurrence of such violence;

Concerned that children, particularly in child-headed households, are vulnerable to violence, including physical, sexual and emotional violence, such as bullying, and reaffirming the need to take action across sectors to promote the safety, support, protection, health care and empowerment of children, especially girls in child-headed households;

Recognizing that boys and young men are among those most affected by interpersonal violence, which contributes greatly to the global burden of premature death, injury and disability, particularly for young men, and has a serious and long-lasting impact on a person’s psychological and social functioning;

Deeply concerned that interpersonal violence, in particular against women and girls, and children, persists in every country in the world as a major global challenge to public health, and is a

pervasive violation of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and a major impediment to achieving gender equality, and has negative socioeconomic consequences;

Recognizing that violence against women and girls is a form of discrimination, that power imbalances and structural inequality between men and women are among its root causes, and that effectively addressing violence against women and girls requires action at all levels of government including by the health system, as well as the engagement of civil society, the involvement of men and boys and the adoption and implementation of multifaceted and comprehensive approaches that promote gender equality and empowerment of women and girls and that change harmful attitudes, customs, practices and stereotypes;

Aware that the process under way for the post-2015 development agenda may, in principle, contribute to addressing, from a health perspective, the health consequences of violence, in particular against women and girls, and children, through a comprehensive and multisectoral response;

Acknowledging also the many regional, subregional and national efforts aimed at coordinating prevention and response by health systems, to violence, in particular against women and girls and against children;

Noting with great appreciation the leading role WHO has played in establishing the evidence base on the magnitude, risk and protective factors, consequences, prevention of and response to violence, in particular against women and girls, and against children, in the development of norms and standards, in advocacy and in supporting efforts to strengthen research, prevention programmes and services for those affected by violence;

Also noting that addressing violence, in particular against women and girls and against children is included within the leadership priorities of WHO’s Twelfth General Programme of Work 2014–2019 in particular to address the social, economic and environmental determinants of health;

Recognizing the need to scale up interpersonal violence prevention policies and programmes to which the health system contributes and that while some evidence-based guidance exists on effective interventions, more research and evaluation of these and other interventions is required;

Stressing the importance of preventing interpersonal violence before it begins or reoccurs, and noting that the role of the health system in the prevention of violence, in particular against women and

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1 Protective factors are those that decrease or buffer against the risk and impact of violence. While much of the research on violence against women and violence against children has focused on risk factors, it is important for prevention also to understand protective factors. Prevention strategies and programmes aim to decrease risk factors and/or to enhance protective factors.


3 Including the WHO Multi-country Study on Women’s Health and Domestic Violence against Women (2005); Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence (2013); Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines (2013).

4 This work is carried out mainly by the Department of Violence and Injury Prevention and Disability, the Department of Reproductive Health and Research, the Department for Mental Health and Substance Dependence and the Department for Emergency Risk Management and Humanitarian Response, in close collaboration with Regional and Country Offices.
girls, and against children, includes supporting efforts to: reduce child maltreatment, such as through parenting support programmes; address substance abuse including the harmful use of alcohol; prevent the reoccurrence of violence by providing health and psychosocial care and/or rehabilitation for victims and perpetrators and to those who have witnessed violence; and, collect and disseminate evidence on the effectiveness of prevention and response interventions;

Affirming the health system’s role in advocating, as an element of prevention, for interventions to combat the social acceptability and tolerance of interpersonal violence, in particular against women and girls, and against children, emphasizing the role such advocacy can play in promoting societal transformation;

Recognizing that interpersonal violence, in particular against women and girls, and against children, can occur within the health system itself, which can negatively impact the health workforce, the quality of health care provided and lead to disrespect and abuse of patients, and discrimination to access of services provided;

Affirming the important and specific role that national health systems must play in identifying and documenting incidents of violence, and providing clinical care and appropriate referrals for those affected by such incidents, particularly women and girls, and children, as well as contributing to prevention and advocating within governments and among all stakeholders for an effective, comprehensive, multisectorial response to violence;

1. **URGES** Member States:¹

   1. to strengthen the role of their health systems in addressing violence, in particular against women and girls, and against children, to ensure that all people at risk and or affected by violence have timely, effective, and affordable access to health services, including health promotion, curative, rehabilitation and support services that are free of abuse, disrespect and discrimination, to strengthen their contribution to prevention programmes and to support WHO’s work related to this resolution;

   2. to ensure health system engagement with other sectors, such as education, justice, social services, women’s affairs, and child development, in order to promote and develop an effective, comprehensive, national multisectorial response to interpersonal violence, in particular against women and girls, and against children, by, inter alia, adequately addressing violence in health and development plans, establishing and adequately financing national multisectoral strategies on violence prevention and response including protection, as well as promoting inclusive participation of relevant stakeholders;

   3. to strengthen their health system’s contribution to ending the acceptability and tolerance of all forms of violence against women and girls, including through advocacy, counselling and data collection, while promoting the age-appropriate engagement of men and boys alongside women and girls, as agents of change, in their family and community, so as to promote gender equality and the empowerment of women and girls;

   4. to strengthen the national response, in particular the national health system response, by improving the collection and, as appropriate, dissemination of comparable data disaggregated for sex, age, and other relevant factors, on the magnitude, risk and, protective factors, types, and

¹ And, where applicable, regional economic integration organizations.
health consequences of violence, in particular against women and girls, and against children, as well as information on best practices, including the quality of care and effective prevention and response strategies;

(5) to continue to strengthen the role of their health systems so as to contribute to the multisectoral efforts in addressing interpersonal violence, in particular against women and girls, and against children, including by the promotion and protection of human rights, as they relate to health outcomes;

(6) to provide access to health services, as appropriate, including in the area of sexual and reproductive health;

(7) to seek to prevent reoccurrence and break the cycle of interpersonal violence, by strengthening, as appropriate, the timely access for victims, perpetrators and those affected by interpersonal violence to effective health, social and psychological services and to evaluate such programmes to assess their effectiveness in reducing reoccurrence of interpersonal violence;

(8) to enhance capacities, including through appropriate continuous training of all public and private professionals from health and non-health sectors, as well as caregivers and community health workers, to provide care and support, as well as other related preventive and health promotion services to victims and those affected by violence, in particular women and girls and children;

(9) to promote, establish, support and strengthen standard operating procedures targeted to identify violence against women and girls, and against children, taking into account the important role of the health system in providing care and making referrals to support services;

2. REQUESTS the Director-General:

(1) to develop, with the full participation of Member States¹, and in consultation with United Nations organizations, and other relevant stakeholders focusing on the role of the health system, as appropriate, a draft global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence in particular against women and girls and against children, building on existing relevant WHO work;

(2) to continue to strengthen WHO efforts to develop the scientific evidence on the magnitude, trends, health consequences and risk and protective factors for violence, in particular against women and girls and against children, and update the data on a regular basis, taking into account Member States input, and to collect information on best practices, including the quality of care and effective prevention and response strategies in order to develop effective national health systems prevention and response;

(3) to continue to support Member States, upon their request, by providing technical assistance for strengthening the role of the health system, including in sexual and reproductive health, in addressing violence, in particular against women and girls, and against children;

(4) to report to the Executive Board at its 136th session on progress in implementing this resolution, and on the finalization in 2014 of a global status report on violence and health which

¹ And, where applicable, regional economic integration organizations.
is being developed in cooperation with UNDP and UNODC, and reflects national violence prevention efforts, and to report also to the Executive Board at its 138th session on progress in implementing this resolution, including presentation of the draft global action plan, for consideration by the Sixty-ninth World Health Assembly.

Ninth plenary meeting, 24 May 2014
A67/VR/9
The Sixty-seventh World Health Assembly,

Having considered the report of the External Auditor to the Health Assembly;¹

Having noted the related report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-seventh World Health Assembly,²

ACCEPTS the report of the External Auditor to the Health Assembly.

Ninth plenary meeting, 24 May 2014
A67/VR/9

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¹ Document A67/45.
² Document A67/58.
Salaries of staff in ungraded posts and of the Director-General

The Sixty-seventh World Health Assembly,

Noting the recommendations of the Executive Board with regard to the remuneration of staff in ungraded posts and of the Director-General,¹

1. ESTABLISHES the salaries of assistant directors-general and regional directors at US$ 172 436 gross per annum with a corresponding net salary of US$ 134 205 (dependency rate) or US$ 121 527 (single rate);

2. ESTABLISHES the salary of the Deputy Director-General at US$ 189 744 gross per annum with a corresponding net salary of US$ 146 321 (dependency rate) or US$ 131 682 (single rate);

3. ESTABLISHES the salary of the Director-General at US$ 252 055 gross per annum with a corresponding net salary of US$ 176 836 (dependency rate) or US$ 157 262 (single rate);

4. DECIDES that the adjustments in remuneration shall take effect on 1 January 2014.

Ninth plenary meeting, 24 May 2014
A67/VR/9

¹ Document A67/49.
Traditional medicine

The Sixty-seventh World Health Assembly,

Having considered the report on traditional medicine,¹

Recalling resolutions WHA22.54, WHA29.72, WHA30.49, WHA31.33, WHA40.33, WHA41.19, WHA42.43, WHA44.34, WHA54.11, WHA56.31, WHA61.21, and in particular WHA62.13 on traditional medicine, which requested the Director-General, inter alia, to update the WHO traditional medicine strategy 2002–2005, based on countries’ progress and current new challenges in the field of traditional medicine;

Affirming the growing importance and value of traditional medicine in the provision of health care nationally and globally, and that such medicines are no longer limited exclusively to any particular regions or communities;

Noting the heightened level of interest in aspects of traditional and complementary medicine practices and in their practitioners, and related demand from consumers and governments that consideration be given to integration of those elements into health service delivery with the aim of supporting healthy living;

Noting also that the major challenges to the area of traditional and complementary medicine include deficiencies in: knowledge-based management and policy, appropriate regulation of practices and practitioners; monitoring and implementation of regulation on products; and appropriate integration of traditional and complementary medicine services into health care service delivery and self-health care,

1. TAKES NOTE of the WHO traditional medicine strategy: 2014–2023, its three objectives, and the relevant strategic directions and strategic actions that guide the traditional medicine sector in its further development and the importance of key performance indicators in guiding the evaluation of the implementation of the strategy over the next decade;

2. URGES Member States, in accordance with national capacities, priorities, relevant legislation and circumstances:

(1) to adapt, adopt and implement, where appropriate, the WHO traditional medicine strategy: 2014–2023 as a basis for national traditional and complementary medicine programmes or work plans;

(2) to develop and implement, as appropriate, working plans to integrate traditional medicine into health services particularly primary health care services;

(3) to report to WHO, as appropriate, on progress in implementing the WHO traditional medicine strategy 2014–2023;

3. REQUESTS the Director-General:

(1) to facilitate, upon request, Member States’ implementation of the WHO traditional medicine strategy: 2014–2023, supporting their formulation of related knowledge-based national policies, standards and regulations, and strengthening national capacity-building accordingly through information sharing, networks and training workshops;

(2) to continue to provide policy guidance to Member States on how to integrate traditional and complementary medicine services within their national and/or subnational health care system(s), as well as the technical guidance that would ensure the safety, quality and effectiveness of such traditional and complementary medicine services with emphasis on quality assurance;

(3) to continue to promote international cooperation and collaboration in the area of traditional and complementary medicine in order to share evidence-based information, taking into account the traditions and customs of indigenous peoples and communities;

(4) to monitor and allocate appropriate funds in accordance with the WHO programme budget towards the implementation of the WHO traditional medicine strategy: 2014–2023;

(5) to report to the World Health Assembly periodically, as appropriate, on progress made in implementing this resolution.

Ninth plenary meeting, 24 May 2014
A67/VR/9
Strengthening of palliative care as a component of comprehensive care throughout the life course

The Sixty-seventh World Health Assembly,

Having considered the report on strengthening of palliative care as a component of integrated treatment throughout the life course;¹

Recalling resolution WHA58.22 on cancer prevention and control, especially as it relates to palliative care;

Taking into account the United Nations Economic and Social Council’s Commission on Narcotic Drugs’ resolutions 53/4 and 54/6 respectively on promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse, and promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse;

Acknowledging the special report of the International Narcotics Control Board on the availability of internationally controlled drugs: ensuring adequate access for medical and scientific purposes,² and the WHO guidance on ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines;³

Also taking into account resolution 2005/25 of the United Nations Economic and Social Council on treatment of pain using opioid analgesics;

Bearing in mind that palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual;

Recognizing that palliative care, when indicated, is fundamental to improving the quality of life, well-being, comfort and human dignity for individuals, being an effective person-centred health service that values patients’ need to receive adequate, personally and culturally sensitive information on their health status, and their central role in making decisions about the treatment received;

¹ Document 67/31.
Affirming that access to palliative care and to essential medicines for medical and scientific purposes manufactured from controlled substances, including opioid analgesics such as morphine, in line with the three United Nations international drug control conventions,\(^1\) contributes to the realization of the right to the enjoyment of the highest attainable standard of health and well-being;

Acknowledging that palliative care is an ethical responsibility of health systems, and that it is the ethical duty of health care professionals to alleviate pain and suffering, whether physical, psychosocial or spiritual, irrespective of whether the disease or condition can be cured, and that end-of-life care for individuals is among the critical components of palliative care;

Recognizing that more than 40 million people currently require palliative care every year, foreseeing the increased need for palliative care with ageing populations and the rise of noncommunicable and other chronic diseases worldwide, considering the importance of palliative care for children, and, in respect of this, acknowledging that Member States should have estimates of the quantities of the internationally controlled medicines needed, including medicines in paediatric formulations;

Realizing the urgent need to include palliation across the continuum of care, especially at the primary care level, recognizing that inadequate integration of palliative care into health and social care systems is a major contributing factor to the lack of equitable access to such care;

Noting that the availability and appropriate use of internationally controlled medicines for medical and scientific purposes, particularly for the relief of pain and suffering, remains insufficient in many countries, and highlighting the need for Member States, with the support of the WHO Secretariat, the United Nations Office on Drugs and Crime and the International Narcotics Control Board, to ensure that efforts to prevent the diversion of narcotic drugs and psychotropic substances under international control pursuant to the United Nations international drug control conventions do not result in inappropriate regulatory barriers to medical access to such medicines;

Taking into account that the avoidable suffering of treatable symptoms is perpetuated by the lack of knowledge of palliative care, and highlighting the need for continuing education and adequate training for all hospital- and community-based health care providers and other caregivers, including nongovernmental organization workers and family members;

Recognizing the existence of diverse cost–effective and efficient palliative care models, acknowledging that palliative care uses an interdisciplinary approach to address the needs of patients and their families, and noting that the delivery of quality palliative care is most likely to be realized where strong networks exist between professional palliative care providers, support care providers (including spiritual support and counselling, as needed), volunteers and affected families, as well as between the community and providers of care for acute illness and the elderly;

Recognizing the need for palliative care across disease groups (noncommunicable diseases, and infectious diseases, including HIV and multidrug-resistant tuberculosis), and across all age groups;

Welcoming the inclusion of palliative care in the definition of universal health coverage and emphasizing the need for health services to provide integrated palliative care in an equitable manner in order to address the needs of patients in the context of universal health coverage;

Recognizing the need for adequate funding mechanisms for palliative care programmes, including for medicines and medical products, especially in developing countries;

Welcoming the inclusion of palliative care actions and indicators in the WHO comprehensive global monitoring framework for the prevention and control of noncommunicable diseases and in the global action plan for the prevention and control of noncommunicable diseases 2013–2020;

Noting with appreciation the inclusion of medicines needed for pain and symptom control in palliative care settings in the 18th WHO Model List of Essential Medicines and the 4th WHO Model List of Essential Medicines for Children, and commending the efforts of WHO collaborating centres on pain and palliative care to improve access to palliative care;

Noting with appreciation the efforts of nongovernmental organizations and civil society in continuing to highlight the importance of palliative care, including adequate availability and appropriate use of internationally controlled substances for medical and scientific purposes, as set out in the United Nations international drug control conventions;

Recognizing the limited availability of palliative care services in much of the world and the great avoidable suffering for millions of patients and their families, and emphasizing the need to create or strengthen, as appropriate, health systems that include palliative care as an integral component of the treatment of people within the continuum of care,

1. **URGES** Member States:1

   (1) to develop, strengthen and implement, where appropriate, palliative care policies to support the comprehensive strengthening of health systems to integrate evidence-based, cost-effective and equitable palliative care services in the continuum of care, across all levels, with emphasis on primary care, community and home-based care, and universal coverage schemes;

   (2) to ensure adequate domestic funding and allocation of human resources, as appropriate, for palliative care initiatives, including development and implementation of palliative care policies, education and training, and quality improvement initiatives, and supporting the availability and appropriate use of essential medicines, including controlled medicines for symptom management;

   (3) to provide basic support, including through multisectoral partnerships, to families, community volunteers and other individuals acting as caregivers, under the supervision of trained professionals, as appropriate;

   (4) to aim to include palliative care as an integral component of the ongoing education and training offered to care providers, in accordance with their roles and responsibilities, according to the following principles:

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1 And, where applicable, regional economic integration organizations.
(a) basic training and continuing education on palliative care should be integrated as a routine element of all undergraduate medical and nursing professional education, and as part of in-service training of caregivers at the primary care level, including health care workers, caregivers addressing patients’ spiritual needs and social workers;

(b) intermediate training should be offered to all health care workers who routinely work with patients with life-threatening illnesses, including those working in oncology, infectious diseases, pediatrics, geriatrics and internal medicine;

(c) specialist palliative care training should be available to prepare health care professionals who will manage integrated care for patients with more than routine symptom management needs;

(5) to assess domestic palliative care needs, including pain management medication requirements, and promote collaborative action to ensure adequate supply of essential medicines in palliative care, avoiding shortages;

(6) to review and, where appropriate, revise national and local legislation and policies for controlled medicines, with reference to WHO policy guidance, on improving access to and rational use of pain management medicines, in line with the United Nations international drug control conventions;

(7) to update, as appropriate, national essential medicines lists in the light of the recent addition of sections on pain and palliative care medicines to the WHO Model List of Essential Medicines and the WHO Model List of Essential Medicines for Children;

(8) to foster partnerships between governments and civil society, including patients’ organizations, to support, as appropriate, the provision of services for patients requiring palliative care;

(9) to implement and monitor palliative care actions included in WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2020;

2. REQUESTS the Director-General:

(1) to ensure that palliative care is an integral component of all relevant global disease control and health system plans, including those relating to noncommunicable diseases and universal health coverage, as well as being included in country and regional cooperation plans;

(2) to update or develop, as appropriate, evidence-based guidelines and tools on palliation, including pain management options, in adults and children, including the development of WHO guidelines for the pharmacological treatment of pain, and ensure their adequate dissemination;

(3) to develop and strengthen, where appropriate, evidence-based guidelines on the integration of palliative care into national health systems, across disease groups and levels of care, that adequately address ethical issues related to the provision of comprehensive palliative

care, such as equitable access, person-centred and respectful care, and community involvement,
and to inform education in pain and symptom management and psychosocial support;

(4) to continue, through WHO’s Access to Controlled Medicines Programme, to support
Member States in reviewing and improving national legislation and policies with the objective
of ensuring balance between the prevention of misuse, diversion and trafficking of controlled
substances and appropriate access to controlled medicines, in line with the United Nations
international drug control conventions;

(5) to explore ways to increase the availability and accessibility of medicines used in
palliative care through consultation with Member States and relevant networks and civil society,
as well as other international stakeholders, as appropriate;

(6) to work with the International Narcotics Control Board, the United Nations Office on
Drugs and Crime, health ministries and other relevant authorities in order to promote the
availability and balanced control of controlled medicines for pain and symptom management;

(7) to further cooperate with the International Narcotics Control Board to support Member
States in establishing accurate estimates in order to enable the availability of medicines for pain
relief and palliative care, including through better implementation of the guidance on estimating
requirements for substances under international control;¹

(8) to collaborate with UNICEF and other relevant partners in the promotion and
implementation of palliative care for children;

(9) to monitor the global situation of palliative care, evaluating the progress made in different
initiatives and programmes in collaboration with Member States and international partners;

(10) to work with Member States to encourage adequate funding and improved cooperation
for palliative care programmes and research initiatives, in particular in resource-poor countries,
in line with the Programme budget 2014–2015, which addresses palliative care;

(11) to encourage research on models of palliative care that are effective in low- and middle-
income countries, taking into consideration good practices;

(12) to report back to the Sixty-ninth World Health Assembly in 2016 on progress in the
implementation of this resolution.

Ninth plenary meeting, 24 May 2014
A67/VR/9

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¹ International Narcotics Control Board, World Health Organization. Guide on estimating requirements for substances
Regulatory system strengthening for medical products

The Sixty-seventh World Health Assembly,

Having considered the report on regulatory system strengthening;¹

Welcoming the efforts of the Director-General, and recognizing the pivotal role that WHO plays in supporting countries in strengthening their regulatory systems of medical products for human use,² and in promoting equitable access to quality, safe, efficacious, and affordable medical products;

Recalling the Constitution of the World Health Organization, which affirms that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

Recalling also United Nations General Assembly resolution 67/81 on global health and foreign policy, which, inter alia, recognized the importance of universal coverage in national health systems, especially through primary health care and social protection mechanisms, in the provision of access to health services for all, in particular for the poorest segments of the population;

Recalling further resolutions WHA45.17, WHA47.17, WHA52.19, WHA54.11, WHA59.24, WHA63.12, and WHA65.19, all of which encompass aspects of the need to promote the quality, safety, efficaciousness and affordability of medicines, including blood products;

Reaffirming resolution WHA65.19 on substandard/spurious/falsely-labelled/falsified/counterfeit medical products, which establishes a new Member State mechanism for international collaboration, from a public health perspective, excluding trade and intellectual property considerations, to prevent and control substandard/spurious/falsely-labelled/falsified/counterfeit medical products and to promote access to affordable, safe and quality medical products;

Recognizing that effective regulatory systems are an essential component of health system strengthening and contribute to better public health outcomes, that regulators are an essential part of the health workforce, and that inefficient regulatory systems themselves can be a barrier to access to safe, effective and quality medical products;

Recognizing also that effective regulatory systems are necessary for implementing universal health coverage, responding to the dual burden of infectious and noncommunicable diseases, and

¹ Document A67/32.

² For the purpose of this resolution, medical products include medicines, vaccines, diagnostics and medical devices.
achieving Millennium Development Goal 4 (Reduce child mortality), Goal 5 (Improve maternal health) and Goal 6 (Combat HIV/AIDS, malaria and other diseases);

Aware that health systems need to promote access to essential medical products and that, in order to ensure universal access to health care, rational use of medicines and the sustainability of health systems, urgent action is needed by the international community, Member States and relevant actors in health systems;

Very concerned by the impact on patients of medical products of compromised quality, safety and efficacy, in terms of poisoning, inadequate or no treatment, contributions to drug resistance, the related economic burden, and erosion of public trust in the health system;

Aware of the regulatory challenges presented by the ever-increasing complexities of medical product supply chains and welcoming the work plan of the Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products;

Emphasizing WHO’s role in strengthening regulatory systems for medical products from a public health perspective, and in supporting national drug regulatory authorities and relevant regional bodies in this area, and in particular in developing countries;

Recalling WHO’s Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, in particular element three, which calls for establishing and strengthening regulatory capacity in developing countries as one effective policy for building and improving innovative capacity, and element six, which promotes establishing and strengthening mechanisms to improve ethical review and regulate the quality, safety and efficacy of health products and medical devices;

Noting with appreciation the many existing national and regional efforts to strengthen regulatory capacity (including through a variety of models), improve regulatory coherence and convergence among regulatory authorities, and enhance good governance, including transparency in decision-making, leading to the improved availability of quality, safe, efficacious and affordable medical products, such as the European Union regulatory framework for medical products, work under way in PAHO following the adoption by its Directing Council in 2010 of resolution CD50.R9 on strengthening national regulatory authorities for medicines and biologicals, the African Medicines Regulatory Harmonization Initiative, and the regulatory harmonization and cooperation work in ASEAN;

Noting the ongoing collaboration between national and regional regulatory authorities in promoting cooperation among regulatory authorities at the regional and global levels;

Recognizing the significant investments made in the procurement of medicines through national health budgets and global health initiatives;

Also recognizing the essential role of WHO’s prequalification programme in facilitating procurement of medical products with assured quality, safety and efficacy;

Stressing that the strengthening of regulatory systems should complement the efforts of the Secretariat and Member States to promote access to affordable medical products with assured quality, safety and efficacy;
Recalling the WHO good clinical practices that focus on the protection of human research subjects;

Recalling also WHO’s ongoing reform agenda and welcoming in this regard the establishment in November 2012 of the Health Systems and Innovation cluster,

1. **URGES** Member States:¹

   (1) to strengthen national regulatory systems, including – as appropriate and voluntarily – by:

   (a) undergoing self-evaluations, including with WHO support, to identify the strengths and opportunities for improvement in regulatory system functions, as a first step towards formulating plans for regulatory system strengthening, including through WHO-coordinated institutional development plans;

   (b) collecting data on regulatory system performance to enable analysis and benchmarking for improved systems in the future;

   (c) developing strong legal foundations and political leadership to underpin a regulatory system with a clear focus on patient safety and transparency in decision-making;

   (d) identifying and developing a core set of regulatory functions to meet country and/or regional needs, such as market control and postmarket surveillance;

   (e) developing needed competencies as an integral part of, although not limited to, the health workforce, and encouraging the development of the regulatory field as a profession;

   (f) facilitating the use of relevant guidance and science-based outputs of WHO expert committees and good regulatory practices at the national, regional and international levels;

   (g) devising and implementing strategies to address the increasing complexities of supply chains;

   (2) to engage in global, regional and subregional networks of national regulatory authorities, as appropriate, recognizing the importance of collaboration to pool regulatory capacities to promote greater access to quality, safe, efficacious and affordable medical products;

   (3) to promote international cooperation, as appropriate, for collaboration and information sharing, including through electronic platforms;

   (4) to support regulatory systems for medical products with appropriate funding as an essential component of the health system;

   (5) to support regulatory system strengthening as an essential component of the development or expansion of local or regional production of quality, safe and efficacious medical products;

¹ And, where applicable, regional economic integration organizations.
(6) to achieve access to and rational use of quality, safe, efficacious and affordable essential medicines, noting the growing emergence of resistance, and as a foundation for achieving broader access to quality, safe, efficacious and affordable medical products;

(7) to support WHO’s institutional capacity relating to promoting access to and rational use of quality, safe, efficacious and affordable medical products in the context of universal health coverage;

(8) to strengthen the national and regional initiatives of regulatory authorities to improve regulatory capacities for review of medical products, promoting WHO’s long-term objective of supporting the strengthening of national regulatory authority capacity among Member States;

(9) to support WHO’s prequalification programme, including exploring modalities in consultation with Member States¹ for improved sustainability of this critical programme;

(10) to identify the need to strengthen regulatory system capacity, collaboration and cooperation in the technically complex areas where substantial gaps may still exist, such as the regulation of biotherapeutic products, blood products, and in vitro diagnostics;

2. REQUESTS the Director-General:

(1) to continue to support Member States upon their request in the area of regulatory system strengthening, including, as appropriate, by continuing to:

(a) evaluate national regulatory systems;

(b) apply WHO evaluation tools;

(c) generate and analyse evidence of regulatory system performance;

(d) facilitate the formulation and implementation of institutional development plans; and

(e) provide technical support to national regulatory authorities and governments;

(2) to continue to develop appropriate norms, standards and guidelines, including taking into account national, regional and international needs and initiatives, in accordance with WHO principles;

(3) to ensure that all relevant parts of the Organization, at all levels, are actively engaged and coordinated in the carrying out of WHO’s mandate pertaining to regulatory system strengthening as an integrated part of health system development, recognizing that WHO’s support in this critical area, particularly for developing countries, may be required, as appropriate, well into the future;

(4) to prioritize support for establishing and strengthening regional and subregional networks of regulatory authorities, as appropriate, including strengthening areas of regulation of health

¹ And, where applicable, regional economic integration organizations.
products that are the least developed, such as regulation of medical devices, including diagnostics;

(5) to promote the greater participation of Member States in existing international and regional initiatives for collaboration and cooperation in accordance with WHO principles and guidelines;

(6) to strengthen WHO’s prequalification programme, including its integration and coherence, taking into account the needs and capacities of national and regional regulatory systems to assist in ensuring a supply of quality, safe, efficacious and affordable medical products;

(7) to support the building-up of effective national and regional regulatory bodies and networks;

(8) to increase support for and recognition of the significant role of the International Conference of Drug Regulatory Authorities in promoting the exchange of information and collaborative approaches among drug regulatory authorities, and as a resource to facilitate further development of regulatory cooperation and coherence;

(9) to raise awareness of the importance of effective regulatory systems within the health system context;

(10) to increase support and guidance for strengthening the capacity to regulate increasingly complex biological products with the focus on biotherapeutic products, blood products and associated in vitro diagnostics, and, where appropriate, on new medicines for human use based on gene therapy, somatic-cell therapy and tissue engineering;

(11) to ensure that any activity carried out under this resolution does not duplicate or circumvent the work plan and mandate of the Member States mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products;

(12) to report to the Seventieth and Seventy-second World Health Assemblies on progress in the implementation of this resolution.

Ninth plenary meeting, 24 May 2014
A67/VR/9
Access to biotherapeutic products including similar biotherapeutic products\(^1\) and ensuring their quality, safety and efficacy

The Sixty-seventh World Health Assembly,

Having considered the report on regulatory system strengthening;\(^2\)

Recalling the WHO Constitution, which affirms that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

Noting with particular concern that for millions of people, the right to the enjoyment of the highest attainable standard of physical and mental health, including access to medicines, remains a distant goal, that especially for children and those living in poverty, the likelihood of achieving this goal is becoming increasingly remote, that millions of people are driven below the poverty line each year because of catastrophic out-of-pocket payments for health care, and that excessive out-of-pocket payments can discourage the impoverished from seeking or continuing care;

Recalling resolution WHA55.14 on ensuring accessibility of essential medicines, which recognizes “the responsibility of Member States to support solid scientific evidence, excluding any biased information or external pressures that may be detrimental to public health”;

Further recalling that in resolution WHA55.14 the Health Assembly urged Member States, inter alia, “to reaffirm their commitment to increasing access to medicines, and to translate such commitment into specific regulation within countries, especially enactment of national drug policies and establishment of lists of essential medicines based on evidence and with reference to WHO’s Model List, and into actions designed to promote policy for, access to, and quality and rational use of, medicines within national health systems”;

Considering that one of the objectives of pharmaceutical regulation is the assurance of the quality, safety and efficacy of pharmaceutical products through the regulatory processes of authorization, vigilance and monitoring;

Considering also that national pharmaceutical regulation should contribute to the performance and sustainability of health systems and the general welfare of society;

\(^1\) Acknowledging that national authorities may use different terminologies when referring to similar biotherapeutic products.

\(^2\) Document A67/32.
Considering that an update of the norms and standards applicable to medicines is required in the light of advances made in biotechnology, and the new generation of medicines introduced as a result, in order to ensure the entry into the market of medicines that are affordable, safe, efficacious, of quality and accessible in a timely and adequate fashion;

Recognizing that the use of such medicines has a positive impact on morbidity and mortality rates and that, while there are multiple barriers to access, their high cost affects the sustainability of health systems and could in many cases affect access to them;

Noting the importance of, and using as appropriate, WHO guidelines on evaluation of similar biotherapeutic products (2009) by the WHO Expert Committee on Biological Standardization, and recognizing the need to update them, particularly in terms of technological advances and characterization, in order to promote more efficient regulatory frameworks from a public health perspective that ensure the efficacy, quality and safety of these products at the national and regional levels;

Conscious that similar biotherapeutic products could be more affordable and offer better access to treatments of biological origin, while ensuring quality, safety and efficacy,

1. URGES Member States:

   (1) to develop or strengthen, as appropriate, national regulatory assessment and authorization frameworks, with a view to meeting the public health needs for biotherapeutic products, including similar biotherapeutic products;

   (2) to develop the necessary scientific expertise to facilitate development of solid, scientifically-based regulatory frameworks that promote access to products that are affordable, safe, efficacious and of quality, taking note of the relevant WHO guidelines that may be adapted to the national context and capacity;

   (3) to work to ensure that the introduction of new national regulations, where appropriate, does not constitute a barrier to access to quality, safe, efficacious and affordable biotherapeutic products, including similar biotherapeutic products;

2. REQUESTS the Director-General:

   (1) to support Member States in strengthening their capacity in the area of the health regulation of biotherapeutic products, including similar biotherapeutic products;

   (2) to support, as appropriate, the development of national regulatory frameworks that promote access to quality, safe, efficacious and affordable biotherapeutic products, including similar biotherapeutic products;

   (3) to encourage and promote cooperation and exchange of information, as appropriate, among Member States in relation to biotherapeutic products, including similar biotherapeutic products;

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1 And, where applicable, regional economic integration organizations.
(4) to convene the WHO Expert Committee on Biological Standardization to update the 2009 guidelines, taking into account the technological advances for the characterization of biotherapeutic products and considering national regulatory needs and capacities and to report on the update to the Executive Board;

(5) to report to the Sixty-ninth World Health Assembly on progress in the implementation of this resolution.

Ninth plenary meeting, 24 May 2014
A67/VR/9
Access to essential medicines

The Sixty-seventh World Health Assembly,

Having considered the report on access to essential medicines;¹

Noting that WHO’s definition of an essential medicine² contains the following elements: “Essential medicines are those that satisfy the priority health care needs of the population” and “Essential medicines are selected with due regard to their public health relevance, evidence of efficacy and safety, and comparative cost–effectiveness”;

Recalling resolution WHA28.66 on prophylactic and therapeutic substances that relates to the formulation and implementation of medicines policies and pharmaceutical strategies; the Declaration of Alma-Ata in 1978 that recognized the provision of essential medicines as one of the pillars of primary health care, and subsequent resolutions in relation to essential medicines, such as resolution WHA54.11 on the WHO medicines strategy, WHA58.27 on improving the containment of antimicrobial resistance, WHA60.16 on progress in the rational use of medicines, WHA60.20 on better medicines for children, WHA60.29 on health technologies, WHA61.21 on the global strategy and plan of action on public health, innovation and intellectual property, and WHA64.9 on sustainable health financing structures and universal coverage, as well as WHA66.10 in which the Health Assembly endorsed the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, and which includes Target (9) on the availability of essential medicines required to treat noncommunicable diseases;

Bearing in mind that the WHO medicines strategy, as set out in the Twelfth General Programme of Work 2014–2019, is based on the principles of evidence-based selection of a limited range of medicines, efficient procurement and distribution systems, affordable prices, and the rational use of medicines in order to promote better management and greater availability of medicines, more cost-effective use of health resources, and higher quality health care;

Considering that the effective implementation of the above principles is of critical importance to improving people’s health, progressing towards universal health coverage and achieving the health-related Millennium Development Goals;

Welcoming WHO’s regional actions in support of greater access to – and availability, affordability and rational use of – safe, effective and quality-assured essential medicines, including

¹ Document A67/30.

development of the Regional Office for the Western Pacific Regional Framework for Action on Access to Essential Medicines (2011–2016);

Acknowledging the complexity of the medicines supply chain and the challenges that countries encounter in this regard, the importance of good governance for medicines programmes,¹ and the consequences of the high costs of medicines, which are among the factors that make accessing care and treatment unaffordable;

Aware that shortages of essential medicines are a global problem that has an impact on the care of patients, the causes and implications of which vary from one country to another, and that there is insufficient information to determine the magnitude and specific characteristics of the problem;

Realizing the role of evidence-based clinical treatment guidelines to guide cost-effective treatment practices, the need for reliable and unbiased information to support rational prescribing, and the importance of increased health literacy to support patients and consumers to use medicines wisely;

Noting with concern that despite sustained efforts over a number of decades by Member States, the Secretariat and partners, most low-income countries are still facing a multitude of challenges in improving the availability, affordability and rational use of essential medicines;

Noting that the goal of Member States is to increase access to affordable, safe, effective and quality-assured essential medicines, including as appropriate, through the full use of the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights in line with the Global Strategy and Plan of Action on Public Health Innovation and Intellectual Property;

Noting that support for research and development is important for the sustainable supply of future essential medicines, to address public health needs,

1. URGES Member States:²

   (1) to provide adequate resources, as required, for the development and implementation of comprehensive national medicine policies, as appropriate, to strengthen good governance of pharmaceutical systems – including regulatory, procurement and distributions systems – and to coordinate responses to address the complex and interrelated activities that affect access to essential medicines, in order to improve their availability, affordability, quality and rational use;

   (2) to improve national policies for selection of essential medicines that should include medicines critical to their priority public health needs, particularly by using transparent, rigorous, evidence-based processes based on the methods of health technology assessment in selecting medicines for inclusion in the national essential medicines lists according to each country’s health needs and priorities;

   (3) to encourage and support research on health systems regarding the procurement, supply and rational use of essential medicines;

¹ In WHO’s assessment instrument for measuring transparency in the public pharmaceutical sector (document WHO/EMP/MAR/2009.4), “good governance” refers to the formulation and implementation of appropriate policies and procedures that ensure the effective, efficient and ethical management of pharmaceutical systems, in particular medicines regulatory systems and medicine supply systems, in a manner that is transparent, accountable, follows the rule of law and minimizes corruption.

² And, where applicable, regional economic integration organizations.
(4) to promote collaboration and strengthen the exchange of information on best practices in the development, implementation and evaluation of medicine policies and strategies, that enhance access to affordable, safe, effective and quality-assured essential medicines;

(5) to place greater emphasis on medicines for children and to promote the availability, affordability, quality and safety of essential medicines for children through the development and manufacture of appropriate paediatric formulations and to facilitate market access to these medicines;

(6) to improve the education and training of health care professionals in order to support the implementation of national policies and strategies in relation to essential medicines, and to develop and implement evidence-based clinical practice guidelines and other interventions for the rational use of essential medicines;

(7) to strengthen the engagement with the general public and civil society to increase awareness and knowledge of essential medicines and public involvement, as appropriate, and through transparent mechanisms and structures, in enhancing access to and the rational use of these medicines;

(8) to identify key barriers to access to essential medicines and to develop strategies to address these barriers, making use of WHO’s tools and guidance as appropriate;

(9) to establish or strengthen, as appropriate, systems to monitor the availability using effective inventory management systems, affordability and utilization of safe, effective and quality-assured essential medicines in public and private health facilities;

(10) to systematize information collection and strengthen monitoring mechanisms, in order to better detect and understand the causes of essential medicines shortages, and to develop strategies to prevent and mitigate the associated problems and risk caused by shortages;

(11) to consider, as appropriate, adapting national legislation in order to make full use of the provisions contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights, including the flexibilities recognized by the Doha Ministerial Declaration on the TRIPS Agreement and Public Health and other WTO instruments related to that agreement, in order to promote access to essential medicines, in line with the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property;

2. REQUESTS the Director-General:

(1) to urge Member States to recognize the importance of effective national medicines policies, and their implementation under good governance, in order to ensure equity of access to affordable, safe, effective and quality-assured essential medicines and their rational use in practice;

(2) to facilitate and support the exchange of information and collaboration among Member States on best practices in the development and implementation of medicines policies;

1 Including but not limited to: pharmaceutical sector country profiles, the assessment instrument for measuring transparency in the public pharmaceutical sector, the WHO/Health Action International tool for measuring medicine prices, availability, affordability and price components, and guidance on how to investigate drug use in health facilities.
(3) to support Member States in sharing best practices in the selection of essential medicines, and in developing processes for the selection of medicines for national essential medicines lists consistent with the evidence-based methods used for updating the WHO Model List of Essential Medicines;

(4) to support Member States in building capacity for the evidence-based selection of essential medicines, the development and dissemination of, and adherence to, clinical practice guidelines and the promotion of other strategies for the rational use of affordable, safe, effective and quality-assured essential medicines by health care professionals and the public;

(5) to support Member States in developing and implementing their national medicines policies and supply systems especially with regard to regulation, financing, selection, procurement, distribution, pricing, reimbursement and use, in order to increase their efficiency and ensure the access to safe, effective and quality-assured essential medicines, including high price essential medicines;

(6) to support Member States in systematizing information collection and strengthening monitoring mechanisms, in order to better detect and understand the causes of essential medicines shortages, and in developing strategies to prevent and mitigate the associated problems and risk caused by shortages;

(7) to urge Member States to expedite progress towards the achievement of the Millennium Development Goals and universal health coverage by, inter alia, implementing national medicines policies for improving access to affordable, safe, effective, and quality-assured essential medicines;

(8) to provide, as appropriate, upon request, in collaboration with other competent international organizations, technical support, including, where appropriate, to policy processes to Member States that intend to make use of the provisions contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights, including the flexibilities recognized by the Doha Ministerial Declaration on the TRIPS Agreement and Public Health and other WTO instruments related to that Agreement, in order to promote access to essential medicines, in accordance with the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property;

(9) to report to the Sixty-ninth World Health Assembly on the implementation of this resolution.

Ninth plenary meeting, 24 May 2014
A67/VR/9
Health intervention and technology assessment in support of universal health coverage

The Sixty-seventh World Health Assembly,

Having considered the report on health intervention and technology assessment in support of universal health coverage;¹

Recalling resolutions WHA52.19 on the revised drug strategy, WHA58.33 on sustainable health financing, universal coverage and social health insurance, WHA60.16 on progress in the rational use of medicines, WHA60.29 on health technologies, WHA63.21 on WHO’s role and responsibilities in health research, and WHA64.9 on sustainable health financing structures and universal coverage;

Recognizing the importance of evidence-based policy development and decision-making in health systems, including decisions on resource allocation, service system designs and translation of policies into practice, as well as reaffirming WHO’s roles and responsibilities in provision of support to strengthen information systems and health research capacity, and their utilization in Member States;

Noting that the efficient use of resources is a crucial factor in the sustainability of health systems’ performance, especially when significant increases in access to essential medicines, including generic medicines, to medical devices and procedures, and to other health care interventions for promotion, prevention, diagnosis and treatment, rehabilitation and palliative care are pursued by Member States, as they move towards universal health coverage;

Noting that The world health report 2010² indicates that as much as 40% of spending on health is being wasted and that there is, therefore, an urgent need for systematic, effective solutions to reduce such inefficiencies and to enhance the rational use of health technology;

Acknowledging the critical role of independent health intervention and technology assessment, as multidisciplinary policy research, in generating evidence to inform prioritization, selection, introduction, distribution, and management of interventions for health promotion, disease prevention, diagnosis and treatment, and rehabilitation and palliation;

Emphasizing that with rigorous and structured research methodology and transparent and inclusive processes, assessment of medicines, vaccines, medical devices and equipment, and health

¹ Document A67/33.
procedures, including preventive intervention, could help to address the demand for reliable information on the safety, efficacy, quality, appropriateness, cost–effectiveness and efficiency dimensions of such technologies to determine if and when they are integrated into particular health interventions and systems;

Concerned that the capacity to assess, research and document the public health, economic, organizational, social, legal and ethical implications of health interventions and technologies is inadequate in most developing countries, resulting in inadequate information to guide rational policy, and professional decisions and practices;

Recognizing the importance of strengthened national capacity, regional and international networking, and collaboration on health intervention and technology assessment to promote evidence-based health policy,

1. **URGES Member States:**

   (1) to consider establishing national systems of health intervention and technology assessment, encouraging the systematic utilization of independent health intervention and technology assessment in support of universal health coverage to inform policy decisions, including priority-setting, selection, procurement supply system management and use of health interventions and/or technologies, as well as the formulation of sustainable financing benefit packages, medicines, benefits management including pharmaceutical formularies, clinical practice guidelines and protocols for public health programmes;

   (2) to strengthen the link between health technology assessment and regulation and management, as appropriate;

   (3) to consider, in addition to the use of established and widely agreed methods, developing, as appropriate, national methodological and process guidelines and monitoring systems for health intervention and technology assessment in order to ensure the transparency, quality and policy relevance of related assessments and research;

   (4) to further consolidate and promote health intervention and technology assessment within national frameworks, such as those for health system research, health professional education, health system strengthening and universal health coverage;

   (5) to consider strengthening national capacity for regional and international networking, developing national know-how, avoiding duplication of efforts and achieving better use of resources;

   (6) to consider also collaborating with other Member States’ health organizations, academic institutions, professional associations and other key stakeholders in the country or region in order to collect and share information and lessons learnt so as to formulate and implement national strategic plans concerning capacity-building for and introduction of health intervention and technology assessment, and summarizing best practices in transparent, evidence-informed health policy and decision-making;

   (7) to identify gaps with regard to promoting and implementing evidence-based health policy, as well as improving related information systems and research capacity, and considering

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1 And, where applicable, regional economic integration organizations.
seeking technical support and exchanging information and sharing experiences with other Member States, regional networks and international entities, including WHO;

(8) to develop and improve the collection of data on health intervention and technology assessment, training relevant professionals, as appropriate, so as to improve assessment capacity;

2. REQUESTS the Director-General:

(1) to assess the status of health intervention and technology assessment in Member States in terms of methodology, human resources and institutional capacity, governance, linkage between health intervention and technology assessment units and/or networks with policy authorities, utilization of assessment results, and interest in and impediments to strengthening capacity;

(2) to raise awareness, foster knowledge and encourage the practice of health intervention and technology assessment and its uses in evidence-based decision-making among national policy-makers and other stakeholders, by drawing best practices from the operation, performance and contribution of competent research institutes and health intervention and technology assessment agencies and programmes, and sharing such experiences with Member States through appropriate agencies and activities, including global and regional networks and academic institutions;

(3) to integrate health intervention and technology assessment concepts and principles into the relevant strategies and areas of work of WHO, including, but not limited to, those on universal health coverage, including health financing, access to and rational use of quality-assured medicines, vaccines and other health technologies, the prevention and management of noncommunicable and communicable diseases, mother and child care, and the formulation of evidence-based health policy;

(4) to provide technical support to Member States, especially low-income countries, relevant intergovernmental organizations and global health partners, in order to strengthen capacity for health intervention and technology assessment, including, when appropriate, the development and use of global guidance on methods and processes based on internationally agreed practices;

(5) to ensure adequate capacity at all levels of WHO, utilizing its networks of experts and collaborating centres, as well as other regional and international networks, in order to address the demand for support to facilitate evidence-based policy decisions in Member States;

(6) to support the exchange of information, sharing of experiences and capacity-building in health intervention and technology assessment through collaborative mechanisms and networks at global, regional and country levels, as well as ensuring that these partnerships are active, effective and sustainable;

(7) to report on progress in the implementation of this resolution to the Sixty-ninth World Health Assembly.

Ninth plenary meeting, 24 May 2014
A67/VR/9
Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage

The Sixty-seventh World Health Assembly,

Having considered the report on the follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage,¹ and the outcome document of the Third Global Forum on Human Resources for Health (Recife, Brazil, 10–13 November 2013);²

Recognizing the leadership role of WHO in human resources for health, and the mandate given in this regard by resolution WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel, WHA66.23 on transforming health workforce education in support of universal health coverage, WHO’s global policy recommendations on increasing access to health workers in remote and rural areas through improved retention³ (2010) and WHO’s guidelines on transforming and scaling up health professionals’ education and training (2013);⁴

Recalling the commitment to attain universal health coverage and the need for an improved health workforce to achieve it;

Reaffirming the importance of the Kampala Declaration and Agenda for Global Action, as well as the WHO Global Code of Practice on the International Recruitment of Health Personnel, and recognizing the need to renew these commitments and take them forward in light of new developments with a view to progressing towards universal health coverage,

1. ENDORSES the call to action in the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage;

2. WELCOMES the commitments made by Member States in the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage;

¹ Document A67/34.
3. URGES Member States\(^1\) to implement, as appropriate, and in accordance with national and subnational responsibilities, the commitments made in the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage;

4. REQUESTS the Director-General:

   (1) to take into consideration the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage in the future work of WHO;

   (2) to develop and submit a new global strategy for human resources for health for consideration by the Sixty-ninth World Health Assembly.

Ninth plenary meeting, 24 May 2014

A67/VR/9

\(^{1}\) And, where applicable, regional economic integration organizations.
Antimicrobial resistance

The Sixty-seventh World Health Assembly,

Having considered the report on antimicrobial drug resistance;¹

Recognizing WHO’s leadership role in the containment of antimicrobial resistance;

Recalling resolutions WHA39.27 and WHA47.13 on the rational use of drugs, WHA51.17 on emerging and other communicable diseases: antimicrobial resistance, WHA54.14 on global health security, WHA58.27 on improving the containment of antimicrobial resistance, WHA60.16 on progress in the rational use of medicines and WHA66.22 on follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination;

 Aware that access to effective antimicrobial agents constitutes a prerequisite for most of modern medicine, that hard-won gains in health and development, in particular those brought about through the health-related Millennium Development Goals, are at risk due to increasing resistance to antimicrobials, and that antimicrobial resistance threatens the sustainability of the public health response to many communicable diseases, including tuberculosis, malaria and HIV/AIDS;

 Aware that the health and economic consequences of antimicrobial resistance constitute a heavy and growing burden on high-, middle- and low-income countries, requiring urgent action at national, regional and global levels, particularly in view of the limited development of new antimicrobial agents;

 Recognizing that the main impact of antimicrobial resistance is on human health, but that the contributing factors and consequences, including economic and others, go beyond health and therefore there is a need for a coherent, comprehensive and integrated approach at global, regional and national levels, in a “One Health” approach and beyond, involving different actors and sectors such as human and veterinary medicine, agriculture, environment and consumers;

 Noting that awareness of the broad scope and urgency of the threat posed has been limited and that previous resolutions of the Health Assembly and WHO’s strategies for the containment of antimicrobial resistance have not yet been widely implemented;

 Recognizing that antimicrobial resistance involves a wide range of pathogens including bacteria, viruses and parasites but that the development of resistance among some pathogens, particularly antibiotic-resistant bacteria, is of particular urgency and most in need of immediate attention;

¹ Document A67/39.
Welcoming the establishment of the WHO Global Task Force on Antimicrobial Resistance and the tripartite collaboration between FAO, OIE and WHO,

1. **URGES Member States:**

   (1) to increase political awareness, engagement and leadership in order to accelerate efforts to secure access to effective antimicrobials and to use them responsibly;

   (2) to take urgent action at national, regional and local levels to strengthen infection prevention and control, by means that include application of basic hygiene measures;

   (3) to develop or strengthen national plans and strategies and international collaboration for the containment of antimicrobial resistance;

   (4) to mobilize human and financial resources in order to implement plans and strategies to strengthen the containment of antimicrobial resistance;

   (5) to strengthen overall pharmaceutical management systems, including regulatory systems and supply chain mechanisms, and, where appropriate, laboratory infrastructure, with a view to ensuring access to and availability of effective antimicrobial agents, taking into account financial and other incentives that might have a negative impact on policies for prescribing and dispensing;

   (6) to monitor the extent of antimicrobial resistance including regular monitoring of the use of antibiotics in all relevant sectors, in particular health and agriculture, including animal husbandry, and to share such information so that national, regional and global trends can be detected and monitored;

   (7) to improve, among all relevant care providers, the public and other sectors and stakeholders, awareness of (i) the threat posed by antimicrobial resistance, (ii) the need for responsible use of antibiotics and (iii) the importance of infection prevention and control measures;

   (8) to encourage and support research and development, including by academia and through new collaborative and financial models, to combat antimicrobial resistance and promote responsible use of antimicrobial medicines, develop practical and feasible approaches for extending the lifespan of antimicrobial medicines and encourage the development of novel diagnostics and antimicrobial medicines;

   (9) to collaborate with the Secretariat in developing and implementing a draft global action plan to combat antimicrobial resistance, including antibiotic resistance, which is based on all available evidence and best practices;

   (10) to develop antimicrobial resistance surveillance systems in three separate sectors: (i) inpatients in hospitals; (ii) outpatients in all other health care settings and the community; and (iii) animals and non-human usage of antimicrobials;

2. **REQUESTS the Director-General:**

   (1) to ensure that all relevant parts of the Organization, at headquarters, regional and country levels, are actively engaged and coordinated in promoting work on containing antimicrobial resistance;

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1 And, where appropriate, regional economic integration organizations.
resistance, including through the tracking of resource flows for research and development on antimicrobial resistance in the new global health research and development observatory;

(2) to set aside adequate resources for the work in the Secretariat, in line with the Programme budget 2014–2015 and the Twelfth General Programme of Work, 2014–2019;

(3) to strengthen the tripartite collaboration between FAO, OIE and WHO for combating antimicrobial resistance in the spirit of the “One Health” approach;

(4) to explore with the United Nations Secretary-General options for a high-level initiative, including a high-level meeting, to increase political awareness, engagement and leadership on antimicrobial resistance;

(5) to develop a draft global action plan to combat antimicrobial resistance, including antibiotic resistance, which addresses the need to ensure that all countries, especially low- and middle-income countries, have the capacity to combat antimicrobial resistance and which takes into account existing action plans and all available evidence and best practice as well as the recommendations of WHO’s Strategic Technical Advisory Group on antimicrobial resistance and the WHO policy package to combat antimicrobial resistance, which asks Member States:

(a) to commit to a comprehensive, financed national plan with accountability and civil society engagement;

(b) to strengthen surveillance and laboratory capacity;

(c) to ensure uninterrupted access to essential medicines of assured quality;

(d) to regulate and promote rational use of medicines, including in animal husbandry, and ensure proper patient care;

(e) to enhance infection prevention and control;

(f) to foster innovation and research and development for new tools;

(6) to apply a multisectoral approach to inform the drafting of the global action plan, by consulting Member States1 as well as other relevant stakeholders, especially other multilateral stakeholders, such as FAO and OIE, taking into account the need to manage potential conflicts of interest;

(7) to submit to the Sixty-eighth World Health Assembly, through the Executive Board at its 136th session, a draft global action plan to combat antimicrobial resistance, including antibiotic resistance, together with a summary report on progress made in implementing the other aspects of this resolution.

Ninth plenary meeting, 24 May 2014
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1 And, where applicable, regional economic integration organizations.