

RESOLUTIONS

WHA63.1 Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits¹

The Sixty-third World Health Assembly,

Having considered the report of the Open-Ended Working Group of Member States on Pandemic Influenza Preparedness: sharing of influenza viruses and access to vaccines and other benefits that met in Geneva on 10–12 May, 2010;²

Recalling resolutions WHA60.28 and WHA62.10, which relate to the Pandemic Influenza Preparedness Framework for the Sharing of Influenza Viruses and Access to Vaccines and Other Benefits,³ as well as resolutions WHA56.19 and WHA59.2 on pandemic influenza preparedness;

Taking note of all experiences and lessons from the pandemic (H1N1) 2009, the ongoing work of the IHR Review Committee, and lessons learnt from the ongoing outbreaks of influenza H5N1;

Recognizing the continued challenge of improving pandemic influenza preparedness, notably to increase: national and global preparedness and response capacities; improved laboratory and surveillance capacity; global influenza vaccine, antivirals and diagnostics production capacity, and access to vaccines, antivirals and diagnostics, particularly in affected and developing countries, and with special attention to least developed countries;

Recognizing the need to implement a fair and transparent, equitable, efficient and effective system for the sharing of viruses and access to vaccines and other benefits on an equal footing;

Recognizing that the solutions to address these challenges involve the implementation of multiple tools, interlinked as necessary, which may include: separate, but complementary Standard Material Transfer Agreements for relevant materials, one within the WHO Network, and one for transfers outside the WHO Network; strengthening support for WHO's Global Pandemic Influenza Action Plan to Increase Vaccine Supply;⁴ surveillance capacity building under the International Health Regulations (2005); and ensuring sustainable financing and solidarity mechanisms;

Recognizing the role of industry as an important contributor to addressing the above challenges in a sustainable and predictable manner;

Considering that some of the remaining elements require further consideration, and studies, as necessary, in order to reach final agreement,

¹ For financial and administrative implications for the Secretariat of this resolution, see document A63/48 Add.1.

² Document A63/48.

³ See document A62/5 Add.1.

⁴ Document WHO/IVB/06.13 – WHO/CDS/EPR/GIP/2006.1.

1. REQUESTS the Director-General:
 - (1) to continue to work with Member States and relevant regional economic integration organizations, on the Pandemic Influenza Preparedness Framework for the Sharing of Influenza Viruses and Access to Vaccines and Other Benefits¹ as decided in resolution WHA62.10 and to convene the Open-Ended Working Group before the 128th session of the Executive Board;
 - (2) to undertake technical consultations and studies as necessary in order to support the work of the Open-Ended Working Group in reaching a final agreement;
2. DECIDES that the Open-Ended Working Group shall report through the Executive Board at its 128th session to the Sixty-fourth World Health Assembly.

(Sixth plenary meeting, 19 May 2010 –
Committee A, first report)

WHA63.2 Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan²

The Sixty-third World Health Assembly,

Mindful of the basic principle established in the Constitution of WHO, which affirms that the health of all peoples is fundamental to the attainment of peace and security;

Recalling all its previous resolutions on health conditions in the occupied Arab territories;

Recalling resolution EB124.R4, adopted by the Executive Board at its 124th session, on the grave health situation caused by Israeli military operations in the occupied Palestinian territory, particularly in the occupied Gaza Strip;

Taking note of the report of the Director-General on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan;

Noting with deep concern the findings in the report of the Director-General on the specialized health mission to the Gaza Strip;

Stressing the essential role of UNRWA in providing crucial health and education services in the occupied Palestinian territory, particularly in addressing the emergency needs in the Gaza Strip;

Expressing its concern at the deterioration of economic and health conditions as well as the humanitarian crisis resulting from the continued occupation and the severe restrictions imposed by Israel, the occupying power;

Expressing its deep concern also at the health crisis and rising levels of food insecurity in the occupied Palestinian territory, particularly in the Gaza Strip;

¹ As contained in document A62/5 Add.1.

² For financial and administrative implications for the Secretariat of this resolution, see Annex 9.

Affirming the need to guarantee universal coverage of health services and to preserve the functions of the public health services in the occupied Palestinian territory;

Recognizing that the acute shortage of financial and medical resources in the Palestinian Ministry of Health, which is responsible for running and financing public health services, jeopardizes the access of the Palestinian population to curative and preventive services;

Affirming the right of Palestinian patients and medical staff to have access to the Palestinian health institutions in occupied east Jerusalem;

Deploping the incidents involving lack of respect and protection for Palestinian ambulances and medical personnel by the Israeli army, which have led to casualties among Palestinian medical personnel, as well as the restrictions on their movements imposed by Israel, the occupying power, in violation of international humanitarian law;

Affirming that the blockade is continuing and that the crossing points are not entirely and definitely opened, meaning that the crisis and suffering that started before the Israeli attack on the Strip are continuing, hindering the efforts of the Ministry of Health of the Palestinian Authority to reconstruct the establishments destroyed by the Israeli military operations by the end of 2008 and in 2009;

Expressing deep concern at the grave implications of the wall on the accessibility and quality of medical services received by the Palestinian population in the occupied Palestinian territory, including east Jerusalem;

Expressing deep concern also at the serious implications for pregnant women and patients of restrictions on movement imposed by Israel on Palestinian ambulances and medical personnel,

1. DEMANDS that Israel, the occupying power:

- (1) immediately put an end to the closure of the occupied Palestinian territory, particularly the closure of the crossing points of the occupied Gaza Strip that is causing the serious shortage of medicines and medical supplies therein, and comply in this regard with the provisions of the Israeli Palestinian Agreement on Movement and Access of November 2005;
- (2) abandon its policies and measures that have led to the prevailing dire health conditions and severe food and fuel shortages in the Gaza Strip;
- (3) comply with the Advisory Opinion rendered on 9 July 2004 by the International Court of Justice on the wall which, inter alia, has grave implications for the accessibility and quality of medical services received by the Palestinian population in the occupied Palestinian territory, including east Jerusalem;
- (4) facilitate the access of Palestinian patients and medical staff to the Palestinian health institutions in occupied east Jerusalem and abroad;
- (5) ensure unhindered and safe passage for Palestinian ambulances as well as respect and protection of medical personnel, in compliance with international humanitarian law;
- (6) improve the living and medical conditions of Palestinian detainees, particularly children, women and patients, and provide the detainees who are suffering from serious medical conditions worsening every day with the necessary medical treatment;

(7) facilitate the transit and entry of medicine and medical equipment to the occupied Palestinian territory;

(8) assume its responsibility with regard to the humanitarian needs of the Palestinian people and their daily access to humanitarian aid, including food and medicine, in compliance with international humanitarian law;

(9) halt immediately all its practices, policies and plans, including its policy of closure, that seriously affect the health conditions of civilians under occupation;

(10) respect and facilitate the mandate and work of UNRWA and other international organizations, and ensure the free movement of their staff and aid supplies;

2. URGES Member States and intergovernmental and nongovernmental organizations:

(1) to help overcome the health crisis in the occupied Palestinian territory by providing assistance to the Palestinian people;

(2) to help meet urgent health and humanitarian needs, as well as the important health-related needs for the medium and long term, identified in the report of the Director-General on the specialized health mission to the Gaza Strip;

(3) to call upon the international community to exert pressure on the Government of Israel to lift the siege imposed on the occupied Gaza Strip in order to avoid a serious exacerbation of the humanitarian crisis therein and to help lift the restrictions and obstacles imposed on the Palestinian people including the free movement of people and medical staff in the occupied Palestinian territory, and to bring Israel to respect its legal and moral responsibilities and ensure the full enjoyment of basic human rights for civilian populations in the occupied Palestinian territory, particularly in east Jerusalem;

(4) to remind Israel, the occupying power, to abide by the Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War of 1949, which is applicable to the occupied Palestinian territory including east Jerusalem;

(5) to call upon all international human rights organizations, particularly the International Committee of the Red Cross, to intervene on an urgent and immediate basis vis-à-vis the occupying power, Israel, and compel it to provide adequate medical treatment to Palestinian prisoners and detainees who are suffering from serious medical conditions worsening every day, and urges civil society organizations to exercise pressure on the occupying power, Israel, to save the lives of detainees and ensure the immediate release of critical cases and to provide them with external treatment, and to allow Palestinian women prisoners to receive maternity care services and medical follow up during pregnancy, delivery and postpartum care, and to allow them to give birth in healthy and humanitarian conditions in the presence of their relatives and family members and immediately to release all children detained in Israeli prisons;

(6) to support and assist the Palestinian Ministry of Health in carrying out its duties, including running and financing public health services;

(7) to provide financial and technical support to the Palestinian public health and veterinary services;

3. EXPRESSES deep appreciation to the international donor community for their support of the Palestinian people in different fields, and urges donor countries and international health organizations to continue their efforts to ensure the provision of necessary political and financial support to enable the implementation of the 2008–2010 health plan of the Palestinian Authority and to create a suitable political environment to implement the plan with a view to putting an end to the occupation and establishing the state of Palestine as proposed by the Government of Palestine, which is working seriously to create the proper conditions for its implementation;
4. EXPRESSES its deep appreciation to the Director-General for her efforts to provide necessary assistance to the Palestinian people in the occupied Palestinian territory, including east Jerusalem, and to the Syrian population in the occupied Syrian Golan;
5. REQUESTS the Director-General:
 - (1) to provide support to the Palestinian health and veterinary services including capacity building;
 - (2) to submit a fact-finding report on the health and economic situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan;
 - (3) to support the establishment of medical facilities and provide health-related technical assistance to the Syrian population in the occupied Syrian Golan;
 - (4) to continue providing necessary technical assistance in order to meet the health needs of the Palestinian people, including the handicapped and injured;
 - (5) to also provide support to the Palestinian health and veterinary services in preparing for unusual emergencies;
 - (6) to support the development of the health system in the occupied Palestinian territory, including development of human resources;
 - (7) to establish, in cooperation with the International Committee of the Red Cross, an international committee of specialized medical teams to diagnose the serious health conditions of Palestinian prisoners and detainees in Israeli jails and provide them with all necessary and urgent treatment in accordance with relevant international conventions and agreements;
 - (8) to make available the detailed report prepared by the specialized health mission to the Gaza Strip;
 - (9) to report on implementation of this resolution to the Sixty-fourth World Health Assembly.

(Seventh plenary meeting, 20 May 2010 –
Committee A, second report)

WHA63.3 Advancing food safety initiatives¹

The Sixty-third World Health Assembly,

Having considered the report on food safety;²

Recalling resolution WHA53.15 on food safety, which requested the Director-General to put in place a global strategy for the surveillance of foodborne diseases and for the efficient gathering and exchange of information in and between countries;

Recalling resolution WHA55.16 on the global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health, which noted that such agents can be disseminated through food- and water-supply chains;

Noting the endorsement by the Executive Board in 2002 of WHO's global strategy for food safety,³ which had as its aim the reduction of the health and social burden of foodborne disease;

Noting also, that other food safety-related activities identified in resolutions WHA53.15 and WHA55.16 have been undertaken, including: the revision of the International Health Regulations in 2005; the establishment of the International Food Safety Authorities Network in 2005; the establishment of WHO's Foodborne Disease Burden Epidemiology Reference Group in 2006; and increased participation, particularly by developing countries, in the elaboration of international food safety standards by the Codex Alimentarius Commission;

Recognizing that the Codex Alimentarius Commission presents a unique opportunity for all countries to join the international community in formulating and harmonizing food standards and ensuring their global implementation, and in particular the participation of developing countries in this regard should be encouraged;

Further recognizing the important roles of WHO and FAO in support of the Codex Alimentarius Commission as the international reference point for developments associated with food standards;

Confirming that foodborne disease continues to represent a serious threat to the health of millions of people in the world, particularly those in developing countries with poor nutritional status;

Mindful of the inextricable links between food safety, nutrition and food security, and acknowledging the instrumental role of food safety in eradicating hunger and malnutrition, in particular in low-income and food-deficit countries;

Aware of increasing evidence that many communicable diseases, including emerging zoonoses, are transmitted through food, and that exposure to chemicals and pathogens in the food supply is associated with acute and chronic diseases;

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

² Document A63/11.

³ Document EB109/2002/REC/2, summary record of the fourth meeting.

Acknowledging that climate change could be a factor in the increasing rates of some foodborne diseases, including those of zoonotic origin, owing to the more rapid growth of microorganisms in food and water with higher temperatures, resulting in the emergence of toxins in new geographical areas and possibly in higher levels of toxins or pathogens in food;

Recognizing that the global trade in food is increasing every year, contributing to the risk of spread of pathogens and contaminants across national borders, thereby creating new challenges for food authorities and necessitating more efficient global sharing of food safety information, taking into account that protection of food safety cannot lead to discrimination or a disguised restriction on international trade;

Acknowledging the continuing need for closer collaboration between the health sector and other sectors, and increased action on food safety at the international and national levels, across the full length of the food-production chain, in order to reduce significantly the incidence of foodborne disease;

Noting the continuing need for updated and comprehensive internationally agreed standards and agreements for risk assessments and scientific advice to support measures and interventions to improve the safety and nutritional quality of food;

Recognizing the importance of international agreement on global management of food safety, the application of scientific principles in finding solutions, the efficient exchange of monitoring and surveillance data, and practical experience,

1. URGES Member States:¹

(1) to continue to establish and maintain the activities and measures elaborated in resolutions WHA53.15 on food safety and WHA55.16 on the global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health;

(2) to further develop and implement the core capacities as defined in Annex 1 of the International Health Regulations (2005), as applicable, and those required for participation in the International Food Safety Authorities Network, specifically for food-safety events, including the development of systems for: surveillance for foodborne disease and food contamination; risk assessment, traceability, risk management, including the Hazard Analysis and Critical Control Points system, and risk communication; food safety emergency response; product tracing and recall; and strengthened laboratory capacity;

(3) to participate fully as members of the International Food Safety Authorities Network in its activities, including supporting the timely transmission of data, information and knowledge about food-safety emergencies through the Network in a transparent manner;

(4) to enhance the integration of food-safety considerations into food aid, food security and nutrition interventions in order to reduce the occurrence of foodborne diseases and improve the health outcomes of populations in particular the vulnerable groups;

(5) to establish or improve the evidence base for food safety through systematic efforts on disease-burden estimation and surveillance, and through comprehensive risk and risk-benefit

¹ And, where applicable, regional economic integration organizations.

assessment, and to provide support for international activities in these areas, in particular, WHO's initiative to estimate the global burden of foodborne diseases from all major causes (microbiological, parasitic and chemical);

(6) to contribute to the timely conduct of international risk assessments through the provision of relevant data and expertise in order to tackle more efficiently and consistently foodborne diseases and food-safety issues that threaten global public health security;

(7) to continue to develop and maintain sustainable preventive measures, including food safety-education programmes, aimed at reducing the burden of foodborne diseases through a systems approach encompassing the complete food-production chain from farm to consumption;

(8) to promote dialogue and collaboration among human health, veterinary and food-related disciplines, within and among Member States, focused on an integrated effort of foodborne risk reduction along the whole food-production chain, including consideration of zoonotic risks;

(9) to participate actively in the Codex Alimentarius Commission's standard-setting process and to adopt Codex standards whenever appropriate;

2. REQUESTS the Director-General:

(1) to develop the International Food Safety Authorities Network further through the implementation of WHO's global strategy for food safety; to encourage communication and technical exchange of risk assessments and best practices among members of the Network; to facilitate Member States' involvement in the Network's operation and development; and to encourage additional membership into the International Food Safety Authorities Network;

(2) to strengthen the emergency function of the International Food Safety Authorities Network as a critical component of WHO's preventive and emergency operations relative to food safety, and linkages to other relevant international organizations and networks in this area;

(3) to continue to provide global leadership in providing technical assistance and tools that meet the needs of Member States and the Secretariat for scientific estimations of foodborne risks and foodborne disease burden from all causes;

(4) to promote the inclusion of food safety into the international debate on food crises and hunger emergencies, and provide technical support to Member States and international agencies for considering food safety, nutrition and food security issues in a comprehensive, integrated manner;

(5) to monitor regularly and report to Member States on the global burden of foodborne and zoonotic diseases from the country, regional and international perspectives;

(6) to promote research, including the safety and quality of traditional foods, and investigation of the association of foodborne hazards with acute and chronic diseases, in order to support evidence-based strategies for the control and prevention of foodborne and zoonotic diseases such as the Hazard Analysis and Critical Control Points system;

(7) to provide support to Member States in building relevant capacity to improve cross-sectoral collaboration and action at international, regional and national levels along the whole food-production chain, including the assessment, management and communication of foodborne and zoonotic risks;

- (8) to develop guidance on the public health aspects arising from zoonotic diseases that originate at the human-animal interface, in particular prevention, detection and response;
- (9) to provide adequate and sustainable support for the joint expert bodies of FAO and WHO, the Codex Alimentarius Commission and the International Food Safety Authorities Network in order to advance the international development, provision, use, and sharing of scientific risk assessments and advice; to support the development of international food standards that protect the health and nutritional well-being of consumers; and to address and communicate more effectively on food safety issues at the national and international levels;
- (10) to establish with the International Food Safety Authorities Network an international initiative for the collaboration of laboratory partners in support of surveillance of foodborne disease, identification of food contamination and emergency response, including outbreak investigation and linking product to illness in order to support recall, with that initiative also including the establishment of mechanisms for data sharing;
- (11) to report to the Sixty-fifth World Health Assembly, through the Executive Board, on progress in implementing this resolution.

(Seventh plenary meeting, 20 May 2010 –
Committee A, third report)

**WHA63.4 Financial report and audited financial statements for the period
1 January 2008 – 31 December 2009**

The Sixty-third World Health Assembly,

Having examined the Financial report and audited financial statements for the period 1 January 2008 – 31 December 2009;¹

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

ACCEPTS the Director-General's Financial report and audited financial statements for the period 1 January 2008 – 31 December 2009.

(Eighth plenary meeting, 21 May 2010 –
Committee B, first report)

¹ Document A63/32.

² Document A63/51 Rev.1.

WHA63.5 Scale of assessments 2010–2011

The Sixty-third World Health Assembly,

Having considered the report on scale of assessments 2010–2011;¹

Considering that a new United Nations scale of assessments was adopted for the period 2010–2012;²

Recalling that the Health Assembly, in resolution WHA56.33, decided to accept henceforth the latest available United Nations scale of assessment for assessed contributions of Member States, taking into account differences in membership between WHO and the United Nations,

DECIDES that the scale of assessments for the year 2011 shall be as follows:

Members and Associate Members	WHO scale for 2011 %
Afghanistan	0.0040
Albania	0.0100
Algeria	0.1280
Andorra	0.0070
Angola	0.0100
Antigua and Barbuda	0.0020
Argentina	0.2870
Armenia	0.0050
Australia	1.9331
Austria	0.8511
Azerbaijan	0.0150
Bahamas	0.0180
Bahrain	0.0390
Bangladesh	0.0100
Barbados	0.0080
Belarus	0.0420
Belgium	1.0751
Belize	0.0010
Benin	0.0030
Bhutan	0.0010
Bolivia (Plurinational State of)	0.0070
Bosnia and Herzegovina	0.0140
Botswana	0.0180
Brazil	1.6111
Brunei Darussalam	0.0280
Bulgaria	0.0380
Burkina Faso	0.0030
Burundi	0.0010
Cambodia	0.0030
Cameroon	0.0110
Canada	3.2072
Cape Verde	0.0010
Central African Republic	0.0010

¹ Document A63/31.

² United Nations General Assembly resolution 64/248.

Members and Associate Members	WHO scale for 2011 %
Chad	0.0020
Chile	0.2360
China	3.1892
Colombia	0.1440
Comoros	0.0010
Congo	0.0030
Cook Islands	0.0010
Costa Rica	0.0340
Côte d'Ivoire	0.0100
Croatia	0.0970
Cuba	0.0710
Cyprus	0.0460
Czech Republic	0.3490
Democratic People's Republic of Korea	0.0070
Democratic Republic of the Congo	0.0030
Denmark	0.7361
Djibouti	0.0010
Dominica	0.0010
Dominican Republic	0.0420
Ecuador	0.0400
Egypt	0.0940
El Salvador	0.0190
Equatorial Guinea	0.0080
Eritrea	0.0010
Estonia	0.0400
Ethiopia	0.0080
Fiji	0.0040
Finland	0.5660
France	6.1234
Gabon	0.0140
Gambia	0.0010
Georgia	0.0060
Germany	8.0186
Ghana	0.0060
Greece	0.6910
Grenada	0.0010
Guatemala	0.0280
Guinea	0.0020
Guinea-Bissau	0.0010
Guyana	0.0010
Haiti	0.0030
Honduras	0.0080
Hungary	0.2910
Iceland	0.0420
India	0.5340
Indonesia	0.2380
Iran (Islamic Republic of)	0.2330
Iraq	0.0200
Ireland	0.4980
Israel	0.3840
Italy	4.9994
Jamaica	0.0140

Members and Associate Members	WHO scale for 2011 %
Japan	12.5309
Jordan	0.0140
Kazakhstan	0.0760
Kenya	0.0120
Kiribati	0.0010
Kuwait	0.2630
Kyrgyzstan	0.0010
Lao People's Democratic Republic	0.0010
Latvia	0.0380
Lebanon	0.0330
Lesotho	0.0010
Liberia	0.0010
Libyan Arab Jamahiriya	0.1290
Lithuania	0.0650
Luxembourg	0.0900
Madagascar	0.0030
Malawi	0.0010
Malaysia	0.2530
Maldives	0.0010
Mali	0.0030
Malta	0.0170
Marshall Islands	0.0010
Mauritania	0.0010
Mauritius	0.0110
Mexico	2.3562
Micronesia (Federated States of)	0.0010
Monaco	0.0030
Mongolia	0.0020
Montenegro	0.0040
Morocco	0.0580
Mozambique	0.0030
Myanmar	0.0060
Namibia	0.0080
Nauru	0.0010
Nepal	0.0060
Netherlands	1.8551
New Zealand	0.2730
Nicaragua	0.0030
Niger	0.0020
Nigeria	0.0780
Niue	0.0010
Norway	0.8711
Oman	0.0860
Pakistan	0.0820
Palau	0.0010
Panama	0.0220
Papua New Guinea	0.0020
Paraguay	0.0070
Peru	0.0900
Philippines	0.0900
Poland	0.8281
Portugal	0.5110
Puerto Rico	0.0010

Members and Associate Members	WHO scale for 2011 %
Qatar	0.1350
Republic of Korea	2.2602
Republic of Moldova	0.0020
Romania	0.1770
Russian Federation	1.6021
Rwanda	0.0010
Saint Kitts and Nevis	0.0010
Saint Lucia	0.0010
Saint Vincent and the Grenadines	0.0010
Samoa	0.0010
San Marino	0.0030
Sao Tome and Principe	0.0010
Saudi Arabia	0.8301
Senegal	0.0060
Serbia	0.0370
Seychelles	0.0020
Sierra Leone	0.0010
Singapore	0.3350
Slovakia	0.1420
Slovenia	0.1030
Solomon Islands	0.0010
Somalia	0.0010
South Africa	0.3850
Spain	3.1772
Sri Lanka	0.0190
Sudan	0.0100
Suriname	0.0030
Swaziland	0.0030
Sweden	1.0641
Switzerland	1.1301
Syrian Arab Republic	0.0250
Tajikistan	0.0020
Thailand	0.2090
The former Yugoslav Republic of Macedonia	0.0070
Timor-Leste	0.0010
Togo	0.0010
Tokelau	0.0010
Tonga	0.0010
Trinidad and Tobago	0.0440
Tunisia	0.0300
Turkey	0.6170
Turkmenistan	0.0260
Tuvalu	0.0010
Uganda	0.0060
Ukraine	0.0870
United Arab Emirates	0.3910
United Kingdom of Great Britain and Northern Ireland	6.6045
United Republic of Tanzania	0.0080
United States of America	22.0000
Uruguay	0.0270
Uzbekistan	0.0100

Members and Associate Members	WHO scale for 2011 %
Vanuatu	0.0010
Venezuela (Bolivarian Republic of)	0.3140
Viet Nam	0.0330
Yemen	0.0100
Zambia	0.0040
Zimbabwe	0.0030
Total	100.0000

(Eighth plenary meeting, 21 May 2010 –
Committee B, first report)

WHA63.6 Safety and security of staff and premises

The Sixty-third World Health Assembly,

Having considered the report on safety and security of staff and premises and the Capital Master Plan: safety and security of staff, and noting the related report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-third World Health Assembly;¹

Concerned about the vulnerability of the Organization with regard to staff safety and security;

Acknowledging the financial mechanism put in place by the Secretariat in order to ensure sustainable funding for security;

Recognizing the urgent requirements that have been identified and the associated financing needed for ensuring safety and security of staff and premises;

Considering the inadequate balance in the Security Fund,

1. RESOLVES to appropriate US\$ 10 million from Member States' non-assessed income to the Security Fund in order to cover the costs of urgent actions to ensure the safety and security of staff and premises;
2. REQUESTS the Director-General to report to the Executive Board at its 128th session in January 2011 on the implementation of projects funded through the Security Fund.

(Eighth plenary meeting, 21 May 2010 –
Committee B, first report)

¹ Documents A63/35 and A63/54, respectively.

WHA63.7 The Capital Master Plan

The Sixty-third World Health Assembly,

Having considered the report on safety and security of staff and premises and the Capital Master Plan: the Capital Master Plan¹ and noting the related report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-third World Health Assembly;²

Recalling the need for a strategic approach to the management of the Organization's physical infrastructure through the Capital Master Plan for the period 2010–2019;

Recognizing that much of WHO's building stock is old and in need of renovation, and no longer meets acceptable standards of safety, security and energy efficiency;

Having considered the actions taken by other organizations in the United Nations system to finance major renovations, construction and acquisitions;

Having also considered the Organization's immediate and continuing needs for renovations, construction and acquisitions, and the options for financing the Capital Master Plan;

Having further considered the merits of the options for establishing a sustainable mechanism for funding the Real Estate Fund,

1. RESOLVES to appropriate US\$ 22 million from Member States' non-assessed income to the Real Estate Fund in order to cover the costs of urgently needed renovation;
2. AUTHORIZES the Director-General:
 - (1) to allocate, at the end of each financial period, up to US\$ 10 million, as available, from the Member States' non-assessed income to the Real Estate Fund in order to finance the projects identified in the Capital Master Plan;
 - (2) to proceed with the technical studies and initiate work on the urgent projects identified in the report,¹ particularly those pertaining to the headquarters perimeter and construction of associated facilities;
3. REQUESTS the Director-General to report to the Executive Board at its 128th session in January 2011 on the implementation of projects funded through the Real Estate Fund.

(Eighth plenary meeting, 21 May 2010 –
Committee B, first report)

¹ Document A63/36.

² Document A63/55.

WHA63.8 Report of the External Auditor

The Sixty-third World Health Assembly,

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

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

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

(Eighth plenary meeting, 21 May 2010 –
Committee B, first report)

WHA63.9 Salaries of staff in ungraded posts and of the Director-General

The Sixty-third World Health Assembly,

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

1. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors at US\$ 183 022 gross per annum before staff assessment, resulting in a modified net salary of US\$ 131 964 (dependency rate) or US\$ 119 499 (single rate);
2. ESTABLISHES the salary of the Deputy Director-General at US\$ 201 351 gross per annum before staff assessment, resulting in a modified net salary of US\$ 143 878 (dependency rate) or US\$ 129 483 (single rate);
3. ESTABLISHES the salary of the Director-General at US\$ 247 523 gross per annum before staff assessment, resulting in a modified net salary of US\$ 173 890 (dependency rate) or US\$ 154 641 (single rate);
4. DECIDES that those adjustments in remuneration shall take effect from 1 January 2010.

Eighth plenary meeting, 21 May 2010 –
Committee B, first report

¹ Document A63/37.

² Document A63/56 Rev.1.

WHA63.10 Partnerships¹

The Sixty-third World Health Assembly,

Having considered the report on partnerships;²

Recognizing the critical need for, and contribution of, collaborative work by WHO to achieve health outcomes and the diversity of such collaborations;

Noting that WHO's Constitution, the Eleventh General Programme of Work, 2006–2015 and the Medium-term strategic plan 2008–2013 describe collaboration and coordination as core functions of the Organization;

Noting further that the growth of health partnerships and other forms of collaboration have increased greatly in the past decade;

Considering the need for WHO to have a policy governing its engagement in, and hosting of, partnerships in a manner that avoids duplication of WHO's core responsibilities in partnerships' activities;

Welcoming the collaboration of WHO with stakeholders based on clear distinction of roles that creates added value, synergies and coordination among different programmes that support achievement of global and national health outcomes and reduced transaction costs,

1. ENDORSES the policy on WHO's engagement with global health partnerships and hosting arrangements;³
2. CALLS UPON Member States to take the policy into account when seeking engagement by the Director-General in partnerships, in particular with regard to hosting arrangements;
3. INVITES concerned organizations of the United Nations system, international development partners, international financial institutions, nongovernmental organizations, representatives of communities affected by diseases, and private-sector entities to enhance their collaboration with WHO, in a synergistic manner, in order to attain the strategic objectives contained in the Medium-term strategic plan 2008–2013;
4. REQUESTS the Director-General:
 - (1) to continue collaboration with concerned organizations of the United Nations system, international development partners, international financial institutions, nongovernmental organizations, representatives of communities affected by diseases, and private-sector entities in implementing the Medium-term strategic plan 2008–2013 in order to advance the global health agenda contained in the Eleventh General Programme of Work, 2006–2015;
 - (2) to create an operational framework for WHO's hosting of formal partnerships;

¹ For financial and administrative implications for the Secretariat of this resolution, see document A63/44 Add.1.

² Documents A63/44 and A63/44 Corr.1.

³ See Annex 1.

- (3) to apply the policy on WHO's engagement with global health partnerships and hosting arrangements, to the extent possible and in consultation with the relevant partnerships, to current hosting arrangements with a view to ensuring their compliance with the principles embodied in the policy;
- (4) to submit to the Executive Board any proposals for WHO to host formal partnerships for its review and decision;
- (5) to report on progress in implementing this resolution to the Sixty-fifth World Health Assembly through the Executive Board, and on the various actions taken by the Secretariat in relation to partnerships in implementing the policy on partnerships.

(Eighth plenary meeting, 21 May 2010 –
Committee B, first report)

WHA63.11 Agreements with intergovernmental organizations¹

The Sixty-third World Health Assembly,

Having considered the report on agreements with intergovernmental organizations: collaboration between WHO and the Office International des Épidémiologies² with its proposed amendment to the Agreement between the Office International des Épidémiologies and the World Health Organization;³

Considering Article 70 of the Constitution of WHO,

APPROVES the following amendment to the Agreement between the Office International des Épidémiologies and the World Health Organization:

Article 4 is amended by the addition of the following text to be inserted as subparagraph 4.7: “Joint development of international standards relating to relevant aspects in animal production which impact on food safety, in collaboration with other appropriate international agencies.”

(Eighth plenary meeting, 21 May 2010 –
Committee B, first report)

¹ See Annex 2.

² Document A63/46.

³ *Basic documents*, 47th edition. Geneva, World Health Organization, 2009.

WHA63.12 Availability, safety and quality of blood products^{1,2}

The Sixty-third World Health Assembly,

Having considered the report on availability, safety and quality of blood products;³

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

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

Conscious that plasma-derived medicinal products for the treatment of haemophilia and immune diseases are included in the WHO Model List of Essential Medicines⁴ and of the need to facilitate access to these products by developing countries;

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

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

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

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

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

¹ For financial and administrative implications for the Secretariat of this resolution, see document EB126/19 Add.1.

² The term “blood products” is defined by the Expert Committee on Biological Standardization as follows: “any therapeutic substances derived from human blood, including whole blood, labile blood components and plasma-derived medicinal products”.

³ Document A63/20.

⁴ The WHO Model List of Essential Medicines identifies individual medicines that together could provide safe and effective treatment for most communicable and noncommunicable diseases. This List includes plasma-derived medicinal products, namely immunoglobulins and coagulation factors, which are needed to prevent and treat a variety of serious conditions that occur worldwide /<http://www.who.int/medicines/publications/essentialmedicines/en/index.html>).

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

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

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

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

Bearing in mind that patient blood management means that before surgery every reasonable measure should be taken to optimize the patient's own blood volume, to minimize the patient's blood loss and to harness and optimize the patient-specific physiological tolerance of anaemia following WHO's guidance for optimal clinical use (the three pillars of patient blood management);¹

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

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

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

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

Recognizing the value of WHO International Biological Reference Preparations (International Standards) for the quality control of blood products and related in vitro diagnostic devices for detection of known and emerging bloodborne pathogens;

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

¹ *The clinical use of blood: manual*. Geneva, World Health Organization, 2002.

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

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

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

1. URGES Member States:¹

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

¹ And, where applicable, regional economic integration organizations.

2. REQUESTS the Director-General:

- (1) to guide Member States to meet internationally recognized standards in updating their legislation, national standards and regulations for effective control of the quality and safety of blood products and associated medical devices, including in vitro diagnostics;
- (2) to advise and build capacity in Member States on leadership and management of blood supply systems in order to strengthen national coordinated and sustainable blood and plasma programmes by sharing best practices about the organizational structure of blood supply systems in order to increase efficiency and minimize error;
- (3) to augment the support offered to Member States for developing and strengthening their national regulatory authorities and control laboratories so as to increase their competence in the control of blood products and associated medical devices, including in vitro diagnostic devices, and to foster the creation of regional collaborative and regulatory networks where necessary and appropriate;
- (4) to ensure sustainable development and provision of WHO International Biological Reference Preparations (International Standards) for use in the quality control and regulation of blood products and related in vitro diagnostic devices;
- (5) to improve access by developing countries to WHO International Biological Reference Preparations and to the scientific information obtained in their validation in order to assure the appropriate use of these preparations;
- (6) to develop, provide and disseminate guidance and technical support to strengthen national coordinated blood and plasma programmes and introduction of blood component separation and plasma fractionation technology, to meet local needs, and promote effective regulatory oversight of blood services and implementation of good manufacturing practices in plasma-fractionation programmes, under the responsibility of regulatory authorities;
- (7) to provide guidance, training and support to Member States on safe and rational use of blood products and to support the introduction of transfusion alternatives including, where appropriate, autologous transfusion, safe transfusion practices and patient blood management;
- (8) to encourage research into new technologies for producing safe and effective blood substitutes;
- (9) to inform regularly, at least every four years, the Health Assembly, through the Executive Board, on actions taken by Member States and other partners to implement this resolution.

(Eighth plenary meeting, 21 May 2010 –
Committee B, second report)

WHA63.13 Global strategy to reduce the harmful use of alcohol¹

The Sixty-third World Health Assembly,

Having considered the report on strategies to reduce the harmful use of alcohol² and the draft global strategy annexed therein;

Recalling resolutions WHA58.26 on public-health problems caused by harmful use of alcohol and WHA61.4 on strategies to reduce the harmful use of alcohol,

1. ENDORSES the global strategy to reduce the harmful use of alcohol;³
2. AFFIRMS that the global strategy to reduce the harmful use of alcohol aims to give guidance for action at all levels and to set priority areas for global action, and that it is a portfolio of policy options and measures that could be considered for implementation and adjusted as appropriate at the national level, taking into account national circumstances, such as religious and cultural contexts, national public health priorities, as well as resources, capacities and capabilities;
3. URGES Member States:⁴
 - (1) to adopt and implement the global strategy to reduce the harmful use of alcohol as appropriate in order to complement and support public health policies in Member States to reduce the harmful use of alcohol, and to mobilize political will and financial resources for that purpose;
 - (2) to continue implementation of the resolutions WHA61.4 on the strategies to reduce the harmful use of alcohol and WHA58.26 on public-health problems caused by harmful use of alcohol;
 - (3) to ensure that implementation of the global strategy to reduce the harmful use of alcohol strengthens the national efforts to protect at-risk populations, young people and those affected by harmful drinking of others;
 - (4) to ensure that implementation of the global strategy to reduce the harmful use of alcohol is reflected in the national monitoring systems and reported regularly to WHO's information system on alcohol and health;
4. REQUESTS the Director-General:
 - (1) to give sufficiently high organizational priority, and to assure adequate financial and human resources at all levels, to the prevention and reduction of harmful use of alcohol and implementation of the global strategy to reduce the harmful use of alcohol;

¹ For financial and administrative implications for the Secretariat of this resolution, see document EB126/13 Add.1.

² Document A63/13.

³ See Annex 3.

⁴ And, where applicable, regional economic integration organizations.

(2) to collaborate with and provide support to Member States, as appropriate, in implementing the global strategy to reduce the harmful use of alcohol and strengthening national responses to public health problems caused by the harmful use of alcohol;

(3) to monitor progress in implementing the global strategy to reduce the harmful use of alcohol and to report progress, through the Executive Board, to the Sixty-sixth World Health Assembly.

(Eighth plenary meeting, 21 May 2010 –
Committee A, fourth report)

WHA63.14 Marketing of food and non-alcoholic beverages to children¹

The Sixty-third World Health Assembly,

Having considered the report on prevention and control of noncommunicable diseases: implementation of the global strategy and its annexed set of recommendations on the marketing of foods and non-alcoholic beverages to children;²

Recalling resolutions WHA53.17 on the prevention and control of noncommunicable diseases and WHA60.23 on the prevention and control of noncommunicable diseases: implementation of the global strategy;

Reaffirming its commitment to acting on two of the main risk factors for noncommunicable diseases, namely, unhealthy diet and physical inactivity, through the implementation of the Global strategy on diet, physical activity and health, endorsed by the Health Assembly in 2004 (resolution WHA57.17), and the action plan for the global strategy for the prevention and control of noncommunicable diseases,³ endorsed by the Health Assembly in 2008 (resolution WHA61.14);

Deeply concerned about the high and increasing prevalence of noncommunicable diseases in low- and middle-income countries which, together with the communicable diseases still affecting the poor, contribute to a double burden of disease which has serious implications for poverty reduction and economic development and widens health gaps between and within countries;

Deeply concerned that in 2010 it is estimated that more than 42 million children under the age of five years will be overweight or obese, of whom nearly 35 million are living in developing countries, and also concerned that in most parts of the world the prevalence of childhood obesity is increasing rapidly;

Recognizing that unhealthy diet is one of the main risk factors for noncommunicable diseases and that the risks presented by unhealthy diets start in childhood and build up throughout life;

Recognizing that unhealthy diets are associated with overweight and obesity and that children should maintain a healthy weight and consume foods that are low in saturated fat, *trans*-fatty acids, free sugars, or salt in order to reduce future risk of noncommunicable diseases;

¹ For financial and administrative implications for the Secretariat of this resolution, see Annex 9.

² Document A63/12.

³ Document A61/2008/REC/1, Annex 3.

Cognizant of the research that shows that food advertising to children is extensive and other forms of marketing of food to children are widespread across the world;

Recognizing that a significant amount of this marketing is for foods with a high content of fat, sugar or salt and that television advertising influences children's food preferences, purchase requests and consumption patterns;

Recognizing the steps taken so far by segments of the private sector to reduce the marketing of foods and non-alcoholic beverages to children, while noting the importance of independent and transparent monitoring of commitments made by the private sector at national and global levels;

Recognizing that some Member States have already introduced legislation and national policies on the marketing of foods and non-alcoholic beverages to children,

1. ENDORSES the set of recommendations on the marketing of foods and non-alcoholic beverages to children;¹

2. URGES Member States:

(1) to take necessary measures to implement the recommendations on the marketing of foods and non-alcoholic beverages to children, while taking into account existing legislation and policies, as appropriate;

(2) to identify the most suitable policy approach given national circumstances and develop new and/or strengthen existing policies that aim to reduce the impact on children of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt;

3) to establish a system for monitoring and evaluating the implementation of the recommendations on the marketing of foods and non-alcoholic beverages to children;

(4) to take active steps to establish intergovernmental collaboration in order to reduce the impact of cross-border marketing;

(5) to cooperate with civil society and with public and private stakeholders in implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children in order to reduce the impact of that marketing, while ensuring avoidance of potential conflicts of interest;

3. REQUESTS the Director-General:

(1) to provide technical support to Member States, on request, in implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children and in monitoring and evaluating their implementation;

(2) to support existing regional networks, and where appropriate to facilitate the establishment of new ones, in order to strengthen international cooperation to reduce the impact on children of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt;

¹ See Annex 4.

- (3) to cooperate with civil society and with public and private stakeholders in implementing the set of recommendations to reduce the impact of marketing of foods and non-alcoholic beverages to children, while ensuring avoidance of potential conflicts of interest;
- (4) to strengthen international cooperation with other international intergovernmental organizations and bodies in promoting the implementation, by Member States, of the recommendations on marketing of foods and non-alcoholic beverages to children;
- (5) to use existing methodologies for evaluating the action plan for the global strategy for the prevention and control of noncommunicable diseases to monitor policies on marketing of foods and non-alcoholic beverages to children;
- (6) to report on implementation of the set of recommendations on the marketing of foods and non-alcoholic beverages to children as part of the report on progress in implementing the global strategy on prevention and control of noncommunicable diseases and the action plan for the global strategy for the prevention and control of noncommunicable diseases to the Sixty-fifth World Health Assembly through the Executive Board.

Eighth plenary meeting, 21 May 2010 –
Committee A, fourth report)

WHA63.15 Monitoring of the achievement of the health-related Millennium Development Goals¹

The Sixty-third World Health Assembly,

Having considered the report on monitoring of the achievement of the health-related Millennium Development Goals;²

Recalling resolution WHA61.18 on monitoring of the achievement of the health-related Millennium Development Goals;

Recalling the outcomes of the major United Nations conferences and summits in the economic, social and related fields, especially those related to global health, in particular the 2005 World Summit Outcome and the commitments made by the international community to attain the Millennium Development Goals and the new commitments made during the United Nations High-level Event on the Millennium Development Goals (New York, 25 September 2008);

Stressing the importance of achieving the health-related Millennium Development Goals, especially with the objective of ensuring socioeconomic development;

Concerned by the fact that achievement of the Millennium Development Goals varies from country to country and from goal to goal;

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

² Document A63/7.

Welcoming the Ministerial Declaration adopted at the annual ministerial review held by the Economic and Social Council in 2009 on implementing the internationally agreed goals and commitments in regard to global public health;

Recalling United Nations General Assembly resolution 64/108 (10 December 2009) on global health and foreign policy;

Recognizing that the Millennium Development Goals are interlinked, and reiterating the Health Assembly's commitment to continued reinvigoration and strengthening of the global partnership for development, as a vital element for achieving these Goals, in particular those related to health, inter alia, through capacity building, transfer of technology, sharing of best practices and lessons learnt, South-South cooperation, and predictability of resources;

Recalling the Monterrey Consensus of March 2002 to "urge developed countries that have not done so, to make concrete efforts towards the target of 0.7% of the gross national product (GNP) as ODA" and "encourage developing countries to build on progress achieved in ensuring that ODA is used effectively to help achieve development goals and targets";

Reaffirming the commitments by many developed countries to achieve the target of 0.7% of gross national income on official development assistance by 2015 and to reach 0.56% of gross national income for official development assistance by 2010, as well as the target of 0.15% to 0.20% for least developed countries;

Welcoming increasing efforts to improve the quality of official development assistance and to augment its development impact, such as the Development Cooperation Forum of the Economic and Social Council, the principles contained in the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, and the experience of the International Health Partnership and others, in order to strengthen national ownership, alignment, harmonization and managing for results;

Noting the work of the Leading Group on Innovative Financing for Development and of the High-level Task Force on Innovative International Financing for Health Systems, the additional pledges made by several countries to increase financing for health, and the announcements made by several countries at the United Nations General Assembly High-level Meeting on Health (New York, 23 September 2009) to achieve universal access to affordable basic health care, including provision of free services for women and children at the point of use where countries choose, and financial mechanisms toward social health protection;

Welcoming the important initiative of the United Nations Secretary-General and of the work on the Joint Action Plan to improve health of women and children and his invitation to all Member States to engage;

Expressing concern at the relatively slow progress in attaining the Millennium Development Goals, particularly in sub-Saharan Africa;

Expressing deep concern over the weak institutional capacity in health-information systems, the inadequate coverage and poor quality of civil registrations in developing countries which hamper monitoring progress of Millennium Development Goals;

Expressing deep concern that maternal, newborn and child health and universal access to reproductive health services remain constrained by health inequities, and at the slow progress in achieving Millennium Development Goals 4 and 5 on improving child and maternal health;

Welcoming the contribution of all relevant partners and progress achieved towards the goal of universal access to prevention, treatment, care and support related to HIV/AIDS;

Reaffirming WHO's leading role as the primary United Nations specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate;

Welcoming WHO's report on women and health¹ as important in advancing women's rights and gender equality, underlining the need to address women's health through comprehensive strategies targeting root causes of discrimination, and stressing the importance of strengthening health systems to better respond to women's health needs in terms of access and comprehensiveness;

Recognizing that health systems based on the principles of tackling health inequalities through universal access, putting people at the centre of care, integrating health into broader public policy, and providing inclusive leadership for health are essential to achieving sustainable improvements in health;

Recognizing also the growing burden of noncommunicable diseases worldwide, and recalling the importance of preventing infectious diseases that still represent a heavy burden, particularly in developing countries, the adverse impacts of the food, environmental, economic and financial crises on populations, in particular on the poorest and the most vulnerable ones, which may increase the level of malnutrition and reverse the achievement of Millennium Development Goal 1 (Eradicate extreme hunger and poverty) and the health-related Goals and the progress made in the past two decades,

1. URGES Member States:

(1) to strengthen health systems so that they deliver equitable health outcomes as a basis of a comprehensive approach towards achieving Millennium Development Goals 4, 5 and 6, underlining the need to build sustainable national health systems and strengthen national capacities through attention to, inter alia, service delivery, health systems financing, health workforce, health information systems, procurement and distribution of medicines, vaccines and technologies, sexual and reproductive health care and political will in leadership and governance;

(2) to review policies, including those on recruitment, training and retention, that exacerbate the problem of the lack of health workers, and their imbalanced distribution, within countries and throughout the world, in particular the shortage in sub-Saharan Africa, which undermines the health systems of developing countries;

(3) to reaffirm the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action, transparency, accountability, decentralization and community participation and empowerment, as the basis for strengthening health systems, through support for health and development; taking into account leadership, public policy, universal coverage and service-delivery reforms necessary for strengthening primary health care;

(4) to take into account health equity in all national policies that address social determinants of health, and to consider developing and strengthening universal comprehensive social protection policies, including health promotion, infectious and noncommunicable disease prevention and health care, and promoting availability of and access to goods and services essential to health and well-being;

¹ *Women and health: today's evidence tomorrow's agenda*. Geneva, World Health Organization, 2009.

(5) to further commit themselves to increased investment in financial and human resources and to strengthening the national health-information systems in order to generate accurate, reliable and timely evidence on achievement of the Millennium Development Goals;

(6) to renew their commitment to prevent and eliminate maternal, newborn and child mortality and morbidity: through an effective continuum of care, strengthening health systems, and comprehensive and integrated strategies and programmes to address root causes of gender inequalities and lack of access to adequate care and reproductive health, including family planning and sexual health; by promoting respect for women's rights; and by scaling up efforts to achieve integrated management of newborn and child health care, including actions to address the main causes of child mortality, in particular through interventions that increase rates of exclusive and sustained breastfeeding;

(7) to expand significantly efforts towards meeting the goal of universal access to HIV prevention, treatment, care and support by 2010 and the goal to halt and reverse the spread of HIV/AIDS by 2015;

(8) to maximize synergies between the HIV/AIDS response and strengthening of health systems and social support;

(9) to enhance policies to address the challenges of malaria including monitoring of drug resistance in artemisinin-based combination therapy;

(10) to sustain and strengthen the gains made in combating tuberculosis, and to develop innovative strategies for tuberculosis prevention, detection and treatment, including means of dealing with new threats such as coinfection with HIV, multidrug-resistant tuberculosis or extensively drug-resistant tuberculosis;

(11) to sustain commitments to support the eradication of poliomyelitis and the efforts to eliminate measles;

(12) to include best practices for strengthening health services in bilateral and multilateral initiatives addressed to the achievement of the Millennium Development Goals, in particular in South–South cooperation initiatives;

(13) to support developing countries in their national endeavours to achieve the Millennium Development Goals, in particular the health-related Millennium Development Goals, inter alia, through capacity building, transfer of technology, sharing of lessons learnt and best practices, South–South cooperation, and predictability of resources;

(14) to fulfil their commitments regarding official development assistance by 2015;

(15) to fulfil and sustain the political and financial commitment of developing country governments in mobilizing adequate budget allocation to health sectors;

2. INVITES concerned organizations of the United Nations system, international financial institutions, and calls upon international development partners and agencies, nongovernmental organizations and private sector entities to continue their support and consider further support to countries, particularly in sub-Saharan Africa, for the development and implementation of health policies and national health development plans, consistent with internationally agreed health goals, including the Millennium Development Goals.

3. REQUESTS the Director-General:

- (1) to continue to play a leading role in the monitoring of the achievement of the health-related Millennium Development Goals, including progress towards achieving universal coverage of services essential to these Goals;
- (2) within the framework of WHO's Medium-term strategic plan 2008–2013, to continue to cooperate closely with all other United Nations and international organizations involved in the process of achieving the Millennium Development Goals, maintaining a strong focus on efficient use of resources based on the respective mandates and core competencies of each, avoiding duplication of efforts and fragmentation of aid, and promoting the coordination of work among international agencies;
- (3) to provide support to Member States in their efforts to strengthen their health systems, address the problem of the lack of health workers, reaffirm the values and principles of primary health care, address the social determinants of health, and strengthen their public policies aimed at fostering full access to health and social protection, including improved access to quality medicines required to support health care for, inter alia, the most vulnerable sectors of society;
- (4) to foster alignment and coordination of global interventions for health system strengthening, basing them on the primary health care approach, in collaboration with Member States, relevant international organizations, international health initiatives, and other stakeholders in order to increase synergies between international and national priorities;
- (5) to articulate and present to the Health Assembly, as part of its action plan for the renewal of primary health care, the actions that the Secretariat envisages will strengthen its support for the achievement of Millennium Development Goals 4, 5 and 6;
- (6) to work with all relevant partners in order to achieve high immunization coverage rates with affordable vaccines of assured quality;
- (7) to lead the work with all relevant partners to help to ensure that action on the health-related Millennium Development Goals is one of the main themes of the United Nations Millennium Development Goals High-level Plenary Meeting (New York, 20–22 September 2010);
- (8) to continue to collect and compile scientific evidence needed for achieving health-related Millennium Development Goals and to disseminate it to all Member States;
- (9) to continue to submit annually a report on the status of progress made, including on main obstacles and ways to overcome them, in achievement of the health-related Millennium Development Goals, through the Executive Board, to the Health Assembly;
- (10) to assist Member States in the development of reliable health-information systems to provide quality data for monitoring and evaluation of the Millennium Development Goals.

(Eighth plenary meeting, 21 May 2010 –
Committee A, fourth report)

WHA63.16 WHO Global Code of Practice on the International Recruitment of Health Personnel¹

The Sixty-third World Health Assembly,

Having considered the revised draft global code of practice on the international recruitment of health personnel, annexed to the report by the Secretariat on the international recruitment of health personnel: draft global code of practice,²

1. ADOPTS, in accordance with Article 23 of the Constitution, the WHO Global Code of Practice on the International Recruitment of Health Personnel;³
2. DECIDES that the first review of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel shall be made by the Sixty-eighth World Health Assembly;
3. REQUESTS the Director-General:
 - (1) to give all possible support to Member States, as and when requested, for the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel;
 - (2) to cooperate with all stakeholders concerned with the implementation and monitoring of the WHO Global Code of Practice on the International Recruitment of Health Personnel;
 - (3) to rapidly develop, in consultation with Member States, guidelines for minimum data sets, information exchange and reporting on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel;
 - (4) based upon periodic reporting, to make proposals, if necessary, for the revision of the text of the WHO Global Code of Practice on the International Recruitment of Health Personnel in line with the first review, and for measures needed for its effective application.

(Eighth plenary meeting, 21 May 2010 –
Committee A, fourth report)

¹ For financial and administrative implications for the Secretariat of this resolution, see Annex 9.

² Document A63/8.

³ See Annex 5.

WHA63.17 Birth defects¹

The Sixty-third World Health Assembly,

Having considered the report on birth defects;²

Concerned by the high number of stillbirths and neonatal deaths occurring worldwide and by the large contribution of neonatal mortality to under-five mortality;

Recognizing the importance of birth defects as a cause of stillbirths and neonatal mortality;

Mindful that effective interventions to prevent birth defects including provision of appropriate community genetic services within primary health care are available that can be integrated into maternal, reproductive and child health services as well as interventions to limit exposure to risk factors for birth defects;

Concerned by the inadequate coverage of maternal, newborn and child health interventions and the barriers to access to health services that still exist in countries with the highest burden of maternal, newborn and child deaths;

Aware that the attainment of Millennium Development Goal 4 (Reduce child mortality) will require accelerated progress in reducing neonatal mortality including prevention and management of birth defects;

Recognizing that the lack or inadequacy of vital registration systems in developing countries, and inaccurate records of the causes of death, are major barriers to estimating the size of public health problems attributable to birth defects;

Recalling resolution WHA58.31, in which the Health Assembly, calling for universal coverage of maternal, newborn and child health interventions, urged Member States to commit resources and to accelerate national action to build a seamless continuum of care for reproductive, maternal, newborn and child health; and resolution WHA57.13 in which it was recognized that genomics has a significant contribution to make in the area of public health;

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

Recognizing the diversity of causes and determinants of congenital disorders, including preventable factors such as infections or nutritional factors, vaccine-preventable diseases, consumption of alcohol, tobacco and drugs, and exposure to chemical substances, notably pesticides;

Deeply concerned that birth defects are still not recognized as priorities in public health;

Concerned by the limited resources dedicated to prevention and management of birth defects before and after birth in particular in middle- and low-income countries,

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

² Document A63/10.

1. URGES Member States:

- (1) to raise awareness among all relevant stakeholders, including government officials, health professionals, civil society and the public, about the importance of birth defects as a cause of child morbidity and mortality;
- (2) to set priorities, commit resources, and develop plans and activities for integrating effective interventions¹ that include comprehensive guidance, information and awareness raising to prevent birth defects, and care for children with birth defects into existing maternal, reproductive and child health services and social welfare for all individuals and effective interventions to prevent tobacco and alcohol use during pregnancy;
- (3) to promote the application of internationally recognized standards regulating the use of chemical substances in the air, water and soil;
- (4) to increase coverage of effective prevention measures including vaccination against rubella, folic acid supplementation, programmes addressing tobacco and alcohol use among pregnant women and women who are trying to conceive, health education programmes that include ethical, legal and social issues associated with birth defects for the general population and high-risk groups, and by fostering the development of parent-patient organizations and establishing appropriate community genetic services;
- (5) to develop and strengthen registration and surveillance systems for birth defects within the framework of national health information systems in order to have accurate information available for taking decisions on prevention and control of these birth defects and to continue providing care and support to individuals affected by birth defects;
- (6) to develop expertise and to build capacity on the prevention of birth defects and care of children with birth defects;
- (7) to strengthen research and studies on etiology, diagnosis and prevention of major birth defects and to promote international cooperation in combating them;
- (8) to raise awareness among all relevant stakeholders, including government officials, health professionals, civil society and the public, about the importance of newborn screening programmes and their role in identifying infants born with congenital birth defects;
- (9) to take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children, give priority to the child's well-being and support, and facilitate families in their child-care and child-raising efforts;
- (10) to support families who have children with birth defects and associated disabilities, and ensure that appropriate habilitation and support is provided to children with disabilities;

2. REQUESTS the Director-General:

- (1) to promote the collection of data on the global burden of mortality and morbidity due to birth defects, and to consider broadening the groups of congenital abnormalities included in the

¹ See Annex 6.

classification when the International Statistical Classification of Diseases and Related Health Problems (Tenth Revision) is revised;

(2) to continue to collaborate with the International Clearinghouse for Birth Defects Surveillance and Research in order to improve collection of data on the global burden of mortality and morbidity due to birth defects;

(3) to support Member States in developing national plans for implementation of effective interventions to prevent and manage birth defects¹ within their national maternal, newborn and child health plan; in strengthening health systems and primary care, including improved coverage of vaccination against diseases such as measles and rubella, addressing tobacco and alcohol use among pregnant women and women trying to conceive, and food fortification strategies, in order to prevent birth defects; and in promoting equitable access to such services;

(4) to provide support to Member States in developing ethical and legal guidelines in relation to birth defects;

(5) to support Member States in the provision of appropriate community genetic services within the primary health-care system;

(6) to promote technical cooperation among Member States, nongovernmental organizations and other relevant bodies on prevention of birth defects;

(7) to support and facilitate research efforts on prevention and management of birth defects in order to improve the quality of life of those affected by such disorders;

(8) to report on progress in implementing this resolution to the Sixty-seventh World Health Assembly, through the Executive Board.

(Eighth plenary meeting, 21 May 2010 –
Committee A, fifth report)

WHA63.18 Viral hepatitis²

The Sixty-third World Health Assembly,

Having considered the report on viral hepatitis;³

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

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

¹ See Annex 6.

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

³ Document A63/15.

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

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

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

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

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

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

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

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

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

1. RESOLVES that 28 July or such other day or days as individual Member States decide shall be designated as World Hepatitis Day in order to provide an opportunity for education and greater understanding of viral hepatitis as a global public health problem, and to stimulate the strengthening of preventive and control measures of this disease in Member States;

2. URGES Member States:

(1) to implement and/or improve epidemiological surveillance systems and to strengthen laboratory capacity, where necessary, in order to generate reliable information for guiding prevention and control measures;

(2) to support or enable an integrated and cost-effective approach to the prevention, control and management of viral hepatitis considering the linkages with associated coinfection such as HIV through multisectoral collaboration among health and educational institutions, nongovernmental organizations and civil society, including measures that strengthen safety and quality and the regulation of blood products;

- (3) to incorporate in their specific contexts the policies, strategies and tools recommended by WHO in order to define and implement preventive actions, diagnostic measures and the provision of assistance to the population affected by viral hepatitis including migrant and vulnerable populations;
- (4) to strengthen national health systems in order to address prevention and control of viral hepatitis effectively through the provision of health promotion and national surveillance, including tools for prevention, diagnosis and treatment of viral hepatitis, vaccination, information, communication and injection safety;
- (5) to provide vaccination strategies, infection-control measures, and means for injection safety for health-care workers;
- (6) to use national and international resources, either human or financial, to provide technical support to strengthen health systems in order to provide local populations adequately with the most cost-effective and affordable interventions that suit the needs of local epidemiological situations;
- (7) to consider, as necessary, national legislative mechanisms for the use of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights in order to promote access to specific pharmaceutical products;¹
- (8) to consider, whenever necessary, using existing administrative and legal means in order to promote access to preventive, diagnostic and treatment technologies against viral hepatitis;
- (9) to develop and implement monitoring and evaluation tools in order to assess progress towards reducing the burden from viral hepatitis and to guide evidence-based strategy for policy decisions related to preventive, diagnostic and treatment activities;
- (10) to promote the observance of 28 July each year, or on such other day or days as individual Member States may decide, as World Hepatitis Day;
- (11) to promote total injection safety at all levels of national health-care systems;

3. REQUESTS the Director-General:

- (1) to establish in collaboration with Member States the necessary guidelines, strategies, time-bound goals and tools for the surveillance, prevention and control of viral hepatitis;
- (2) to provide the necessary support to the development of scientific research related to the prevention, diagnosis and treatment of viral hepatitis;
- (3) to improve the assessment of global and regional economic impact and estimate the burden of viral hepatitis;

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.”

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

(Eighth plenary meeting, 21 May 2010 –
Committee A, fifth report)

WHA63.19 WHO HIV/AIDS strategy for 2011–2015¹

The Sixty-third World Health Assembly,

Considering that the HIV epidemic still constitutes one of the foremost challenges to health and development, both in countries with generalized epidemics and in regions with concentrated epidemics affecting those people most at risk, such as men who have sex with men, sex workers and injecting drug users;

Noting that globally HIV is the major cause of mortality among women of reproductive age and was responsible for the death of 280 000 children in 2008, thereby undermining efforts to achieve Millennium Development Goals 4 and 5;

Recognizing that the significant gains made in prevention and treatment of HIV/AIDS need to be sustained and expanded for Millennium Development Goal 6 to be achieved, including the urgent need to strengthen targeted prevention measures and achieve universal access to antiretroviral treatment, within a framework of respect for human rights, gender equality, and the reduction of stigmatization and discrimination;

Further recognizing the need to strengthen the linkages between prevention and treatment of HIV/AIDS and maternal and child health in order to achieve Millennium Development Goals 4 and 5;

Recalling that WHO's work on HIV/AIDS has been guided by a series of strategies endorsed by several World Health Assemblies, including resolutions WHA53.14, WHA56.30, WHA59.12 and WHA59.19;

Considering that WHO's "3 by 5" initiative, launched in 2003, which focused on expanding access to antiretroviral treatment, was developed in the context of the Global health sector strategy

¹ For financial and administrative implications for the Secretariat of this resolution, see Annex 9.

for HIV/AIDS (2003–2007), endorsed by the Fifty-sixth World Health Assembly (in resolution WHA56.30);

Recalling that in 2006 the United Nations General Assembly in its Political Declaration on HIV/AIDS adopted the target of universal access to HIV prevention, treatment and care by 2010,¹ and WHO developed the universal access plan 2006–2010, noted by the Fifty-ninth World Health Assembly, which has guided WHO's work since then; keeping in mind the outcomes of the Second Independent Evaluation of UNAIDS (2009);

Recognizing the need for countries to sustain commitment to addressing the HIV/AIDS epidemic at all levels, including the highest political level, and to be supported in their efforts to expand the scope, improve the effectiveness and ensure the sustainability of their HIV responses so as to enable them to achieve the Millennium Development Goals;

Noting that a sustainable HIV response requires its integration into comprehensive health systems, including those for maternal, neonatal and child health, sexual and reproductive health, tuberculosis prevention and control, harm reduction for drug users,² and primary health care, particularly noting that sustaining these efforts is challenging in light of the global financial crisis;

Recognizing that antiretroviral treatment programmes take a major share of total national AIDS spending in most countries, which warrants paying attention immediately to reviewing and improving the performance of those programmes through early recruitment, ensuring highest adherence to medications, limiting drug resistance, minimizing risk behaviours, and enhancing the level of national spending on HIV prevention and control measures;

Expressing deep concern that the financing of HIV programmes in most developing countries relies on external financial resources contributed by donors and global health initiatives, with space for improvement in their adherence to aid effectiveness commitments, and that limited national financial resources hamper the financial sustainability of HIV programmes,

1. URGES Member States:

- (1) to reaffirm their commitment to achieving the internationally agreed development goals and objectives, including the Millennium Development Goals, in particular the goal to halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases, and to the agreements dealing with HIV/AIDS reached at all major United Nations conferences and summits, including the 2005 World Summit and its statement on treatment, and the goal of achieving universal access to reproductive health by 2015, as set out at the 2005 World Summit;
- (2) to increase governments' commitment to HIV/AIDS programmes including increased efforts on prevention and to take steps to accelerate donor harmonization and adherence to aid effectiveness commitments;
- (3) to incorporate, based on national contexts, the policies, strategies, programmes and interventions and tools recommended by WHO in order to implement effective HIV prevention measures, early diagnosis, treatment and care; and take further steps towards minimizing social stigmatization and discrimination which hamper access to prevention, treatment and care;

¹ United Nations General Assembly resolution 60/262.

² Aligned with the *WHO/UNODC/UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*. Geneva, WHO, 2009.

- (4) to consider, whenever necessary, using existing administrative and legal mechanisms in order to promote access to affordable and cost-effective prevention, treatment and care;
- (5) to integrate HIV/AIDS services into comprehensive strategies in health and other relevant sectors, including those for maternal, neonatal and child health, sexual and reproductive health, tuberculosis, harm reduction¹ and primary health care, in order to ensure sustainability and maximize efficiencies and effectiveness;
- (6) to monitor closely and evaluate HIV/AIDS programmes by ensuring the completeness, accuracy and reliability of the data and use that information to improve programme efficiency;

2. REQUESTS the Director-General:

- (1) to take the lead in convening broad consultative processes to develop a WHO HIV/AIDS strategy for 2011–2015 which will guide the Secretariat's support to Member States in line with UNAIDS guiding policies, including the Outcome Framework¹ and aligned with broader strategic frameworks, including the Millennium Development Goals and primary health care, and which builds on the five strategic directions of the Universal Access Plan, and takes into consideration the changing international public health architecture, and reflect the Paris Declaration on Aid Effectiveness;
- (2) to encourage and promote the translation of research results into efficient public health policies for HIV/AIDS;
- (3) to submit to the Sixty-fourth World Health Assembly through the Executive Board a WHO HIV/AIDS strategy for 2011–2015 for its consideration and possible endorsement.

(Eighth plenary meeting, 21 May 2010 –
Committee A, fifth report)

WHA63.20 Chagas disease: control and elimination²

The Sixty-third World Health Assembly,

Having considered the report on Chagas disease: control and elimination;³

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

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

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

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

³ Document A63/17.

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

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

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

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

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

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

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

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

1. URGES Member States:

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

- (c) to promote the development of a valid and accessible test of cure;
 - (d) to reduce the risk of late complications of the infection;
 - (e) to establish systems of early detection, in particular for the detection of new infections, congenital infections in newborns and the reactivation of the disease in immunocompromised patients;
 - (f) to optimize blood transfusion safety and screening procedures in disease-endemic countries and to consider implementation of appropriate screening procedures in countries where the disease is not endemic;
- (7) to strengthen and harmonize public health policies to reduce the burden of Chagas disease, particularly in countries where the disease is not endemic;
- (8) to promote the development of public health measures in disease-endemic and non-endemic countries, with special focus on endemic areas, for the prevention of transmission through blood transfusion and organ transplantation, early diagnosis of congenital transmission and management of cases;
- (9) to integrate, at the primary health-care level, diagnosis and treatment of Chagas disease in patients in both acute and chronic phases of the disease;

2. REQUESTS the Director-General:

- (1) to draw attention to the burden of Chagas disease and to the need to provide equitable access to medical services for the management and prevention of the disease;
- (2) to strengthen implementation of vector-control activities in order to achieve interruption of domestic transmission of *Trypanosoma cruzi* and to promote research to improve or develop new prevention strategies;
- (3) to promote in areas endemic for Chagas disease action to detect infected donors at blood banks in order to integrate strategies for safe blood;
- (4) to provide support to the countries of the Americas in order to strengthen intergovernmental initiatives and the technical secretariat of the Pan American Sanitary Bureau as a successful form of technical cooperation among countries, and to consider an initiative for the prevention and control of Chagas disease in non-endemic regions;
- (5) to collaborate with Member States and intergovernmental initiatives with the aim of setting objectives and goals for the interruption of transmission, particularly for domestic vectorial transmission in Latin American countries;
- (6) to support the mobilization of national and international, public and private financial and human resources to ensure achievement of the goals;
- (7) to promote research related to prevention, control and care of Chagas disease;
- (8) to promote intersectoral efforts and collaboration, and facilitate networking between organizations and partners interested in supporting the development and the strengthening of Chagas disease-control programmes;

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

(Eighth plenary meeting, 21 May 2010 –
Committee A, fifth report)

WHA63.21 WHO's role and responsibilities in health research¹

The Sixty-third World Health Assembly,

Having considered the draft of the WHO strategy on research for health;²

Recalling resolution WHA58.34 on the Ministerial Summit on Health Research and resolution WHA60.15 on WHO's role and responsibilities in health research;

Recognizing the contribution of research to the development of solutions to health problems and the advancement of health worldwide;

Aware that, in a rapidly changing world facing significant environmental, demographic, social and economic challenges, research will be increasingly essential for clarifying the nature and scope of health problems, and for identifying effective life-saving interventions and strategies;

Realizing the increasingly multidisciplinary and intersectoral nature of research for health improvement;

Affirming the roles and responsibilities of WHO, as the leading global health organization, in health research;

Recognizing the need to strengthen the capacity of the public sector in health research;

Acknowledging that research activities in the private and public sectors can be mutually supportive and complementary in improving health globally;

Conscious of the need to strengthen the conduct, management and coordination of WHO's activities in health research;

Cognizant of the need to better communicate WHO's research activities and results, especially to its Member States and partners;

¹ For financial and administrative implications for the Secretariat of this resolution, see document A63/22 Add.1.

² Document A63/22.

Noting the references to research for health in resolution WHA61.21 on the Global strategy and plan of action on public health, innovation and intellectual property and relevant conclusions and recommendations of the WHO Commission on Social Determinants for Health;

Taking into account the outcomes of the Global Ministerial Forum on Research for Health (Bamako, 17–19 November 2008),

1. ENDORSES the WHO strategy on research for health;¹
2. URGES Member States:
 - (1) to recognize the importance of research for improving health and health equity and to adopt and implement policies for research for health that are aligned with national health plans, that include the participation of all relevant sectors, public and private, that align external support around mutual priorities, and that strengthen key national institutions;
 - (2) to consider drawing on the WHO strategy on research for health according to their own national circumstances and contexts, and as part of their overall policies on health and health research;
 - (3) to strengthen national health research systems by improving the leadership and management of research for health, focusing on national needs, establishing effective institutional mechanisms for research, using evidence in health policy development, and harmonizing and coordinating national and external support (including that of WHO);
 - (4) to establish, as necessary and appropriate, governance mechanisms for research for health, to ensure rigorous application of good research norms and standards, including protection for human subjects involved in research, and to promote an open dialogue between policy-makers and researchers on national health needs, capacities and constraints;
 - (5) to improve the collection of reliable health information and data and to maximize, where appropriate, their free and unrestricted availability in the public domain;
 - (6) to promote intersectoral collaboration and high-quality research in order to produce the evidence necessary for ensuring that policies adopted in all sectors contribute to improving health and health equity;
 - (7) to initiate or strengthen intercountry collaboration with the aim of obtaining efficiencies of scale in research through the sharing of experiences, best practices and resources, the pooling of training and procurement mechanisms, and the use of common, standardized evaluation methods for research;
 - (8) to consider, where appropriate, establishment of regional collaborating mechanisms, such as centres of excellence, in order to facilitate access by Member States to the necessary research and expertise to meet health challenges;
 - (9) to continue to pursue financing of research for health as articulated in resolution WHA58.34 on the Ministerial Summit on Health Research;

¹ See Annex 7.

3. INVITES Member States, the health research community, international organizations, supporters of research, the private sector, civil society and other concerned stakeholders:

- (1) to provide support to the Secretariat in implementing the WHO strategy on research for health and in monitoring and evaluating its effectiveness;
- (2) to collaborate with the Secretariat, within the framework of the strategy, in identifying priorities for research for health, in developing guidelines relating to research for health and in the collection of health information and data;
- (3) to assist the Secretariat and WHO's research partners in mobilizing enhanced resources for the identified global priorities for research for health;
- (4) to pay particular attention to the research needs of low-income countries, notably in areas such as technology transfer, research workforce, and infrastructure development and the determinants of health particularly where this will contribute to the achievement of the Millennium Development Goals, health equity and better health for all and to collaborate with WHO's Member States and the Secretariat to better align and coordinate the global health research architecture and its governance through the rationalization of existing global health research partnerships, to improve coherence and impact, and to increase efficiencies and equity;
- (5) to support, where appropriate, technical cooperation among developing countries in research for health;

4. REQUESTS the Director-General:

- (1) to provide leadership in identifying global priorities for research for health;
- (2) to implement the WHO strategy on research for health within the Organization at all levels and with partners, and in line with the references to research for health in the Global strategy and plan of action on public health, innovation and intellectual property;
- (3) to improve the quality of research within the Organization;
- (4) to provide adequate core resources in proposed programme budgets for the implementation of the WHO strategy on research for health;
- (5) to ensure that the highest norms and standards of good research are upheld within WHO, including technical, ethical and methodological aspects and the translation into practice, use and dissemination of results and to review and align the architecture and governance of the Organization's research activities and partnerships;
- (6) to provide support to Member States, upon request and as resources permit, in taking relevant actions to strengthen national health research systems and intersectoral collaborations, including capacity building in order to create a sustainable critical mass of health systems and health policy researchers in developing countries;
- (7) to strengthen the role of WHO collaborating centres as a well-established, effective mechanism for cooperation between the Organization and countries in the field of research for health;

(8) to report to the Sixty-fifth World Health Assembly on the implementation of this resolution, through the Executive Board.

(Eighth plenary meeting, 21 May 2010 –
Committee A, fifth report)

WHA63.22 Human organ and tissue transplantation¹

The Sixty-third World Health Assembly,

Having considered the report on human organ and tissue transplantation;²

Recalling resolutions WHA40.13, WHA42.5 and WHA44.25 on organ procurement and transplantation and WHA57.18 requesting an update of the Guiding Principles on Human Organ Transplantation;

Aware of the growing magnitude and utility of human cell, tissue and organ transplantation for a wide range of conditions in low-resource as well as high-resource countries;

Committed to the principles of human dignity and solidarity which condemn the buying of human body parts for transplantation and the exploitation of the poorest and most vulnerable populations and the human trafficking that result from such practices;

Determined to prevent harm caused by the seeking of financial gain or comparable advantage in transactions involving human body parts, including organ trafficking and transplant tourism;

Convinced that the voluntary, non-remunerated donation of organs, cells and tissues from deceased and living donors helps to ensure a vital community resource;

Conscious of the extensive cross-boundary circulation of cells and tissues for transplantation;

Sensitive to the need for post-transplantation surveillance of adverse events and reactions associated with the donation, including long-term follow up of the living donor, processing and transplantation of human cells, tissues and organs as such and for international exchange of such data to optimize the safety and efficacy of transplantation,

1. ENDORSES the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation;³
2. URGES Member States:⁴

(1) to implement the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation in the formulation and enforcement of their own policies, laws and legislation regarding human cell, tissue and organ donation and transplantation where appropriate;

¹ For financial and administrative implications for the Secretariat of this resolution, see document A63/24 Add.1.

² Document A63/24.

³ See Annex 8.

⁴ And, where appropriate, regional economic international organizations.

(2) to promote the development of systems for the altruistic voluntary non-remunerated donation of cells, tissues and organs as such, and increase public awareness and understanding of the benefits as a result of the voluntary non-remunerated provision of cells, tissues and organs as such from deceased and living donors, in contrast to the physical, psychological and social risks to individuals and communities caused by trafficking in material of human origin and transplant tourism;

(3) to oppose the seeking of financial gain or comparable advantage in transactions involving human body parts, organ trafficking and transplant tourism, including by encouraging health-care professionals to notify relevant authorities when they become aware of such practices in accordance with national capacities and legislation;

(4) to promote a system of transparent, equitable allocation of organs, cells and tissues, guided by clinical criteria and ethical norms, as well as equitable access to transplantation services in accordance with national capacities, which provides the foundation for public support of voluntary donation;

(5) to improve the safety and efficacy of donation and transplantation by promoting international best practices;

(6) to strengthen national and multinational authorities and/or capacities to provide oversight, organization and coordination of donation and transplantation activities, with special attention to maximizing donation from deceased donors and to protecting the health and welfare of living donors with appropriate health-care services and long-term follow up;

(7) to collaborate in collecting data including adverse events and reactions on the practices, safety, quality, efficacy, epidemiology and ethics of donation and transplantation;

(8) to encourage the implementation of globally consistent coding systems for human cells, tissues and organs as such in order to facilitate national and international traceability of materials of human origin for transplantation;

3. REQUESTS the Director-General:

(1) to disseminate the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation as widely as possible to all interested parties;

(2) to provide support to Member States and nongovernmental organizations in order to ban trafficking in material of human origin and transplant tourism;

(3) to continue collecting and analysing global data on the practices, safety, quality, efficacy, epidemiology and ethics of donation and transplantation of human cells, tissues and organs;

(4) to facilitate Member States' access to appropriate information on the donation, processing and transplantation of human cells, tissues and organs, including data on severe adverse events and reactions;

(5) to provide, in response to requests from Member States, technical support for developing national legislation and regulation on, and suitable and traceable coding systems for, donation and transplantation of human cells, tissues or organs, in particular by facilitating international cooperation;

(6) to review the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation periodically in the light of national experience with their implementation and of developments in the field of transplantation of human cells, tissues and organs;

(7) to report to the Health Assembly, through the Executive Board, at least every four years on actions taken by the Secretariat, as well as by Member States, to implement this resolution.

(Eighth plenary meeting, 21 May 2010 –
Committee A, fifth report)

WHA63.23 Infant and young child nutrition¹

The Sixty-third World Health Assembly,

Having considered the report on infant and young child nutrition;²

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5, WHA49.15, WHA54.2, WHA55.25, WHA58.32, WHA59.21 and WHA61.20 on infant and young child nutrition, and on nutrition and HIV/AIDS and the Codex Alimentarius Guidelines for use of nutrition and health claims;³

Conscious that achieving the Millennium Development Goals will require the reduction of maternal and child malnutrition;

Aware that worldwide malnutrition accounts for 11% of the global burden of disease, leading to long-term poor health and disability and poor educational and developmental outcomes; that worldwide 186 million children are stunted⁴ and 20 million suffer from the most deadly form of severe acute malnutrition each year; and that nutritional risk factors, including underweight, suboptimal breastfeeding and vitamin and mineral deficiencies, particularly of vitamin A, iron, iodine and zinc, are responsible for 3.9 million deaths (35% of total deaths) and 144 million disability-adjusted life years (33% of total disability-adjusted life years) in children less than five years old;

Aware that countries are faced with increasing public health problems posed by the double burden of malnutrition (both undernutrition and overweight), with its negative later-life consequences;

Acknowledging that 90% of stunted children live in 36 countries and that children under two years of age are most affected by undernutrition;

Recognizing that the promotion of breast-milk substitutes and some commercial foods for infants and young children undermines progress in optimal infant and young child feeding;

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

² Document A63/9.

³ Document CAC/GL/23.

⁴ *World health statistics, 2010*. World Health Organization, Geneva, 2010.

Mindful of the challenges posed by the HIV/AIDS pandemic and the difficulties in formulating appropriate policies for infant and young child feeding, and concerned that food assistance does not meet the nutritional needs of young children infected by HIV;

Concerned that in emergencies, many of which occur in countries not on track to attain Millennium Development Goal 4 and which include situations created by the effects of climate change, infants and young children are particularly vulnerable to malnutrition, illness and death;

Recognizing that national emergency preparedness plans and international emergency responses do not always cover protection, promotion and support of optimal infant and young child feeding;

Expressing deep concern over persistent reports of violations of the International Code of Marketing of Breast-milk Substitutes by some infant food manufacturers and distributors with regard to promotion targeting mothers and health-care workers;

Expressing further concern over reports of the ineffectiveness of measures, particularly voluntary measures, to ensure compliance with the International Code of Marketing of Breast-milk Substitutes in some countries;

Aware that inappropriate feeding practices and their consequences are major obstacles to attaining sustainable socioeconomic development and poverty reduction;

Concerned about the vast numbers of infants and young children who are still inappropriately fed and whose nutritional status, growth and development, health and survival are thereby compromised;

Mindful of the fact that implementation of the global strategy for infant and young child feeding and its operational targets requires strong political commitment and a comprehensive approach, including strengthening of health systems and communities with particular emphasis on the Baby-friendly Hospital Initiative, and careful monitoring of the effectiveness of the interventions used;

Recognizing that the improvement of exclusive breastfeeding practices, adequate and timely complementary feeding, along with continued breastfeeding for up to two years or beyond, could save annually the lives of 1.5 million children under five years of age;

Aware that multisectoral food and nutrition policies are needed for the successful scaling up of evidence-based safe and effective nutrition interventions;

Recognizing the need for comprehensive national policies on infant and young child feeding that are well integrated within national strategies for nutrition and child survival;

Convinced that it is time for governments, civil society and the international community to renew their commitment to promoting the optimal feeding of infants and young children and to work together closely for this purpose;

Convinced that strengthening of national nutrition surveillance is crucial in implementing effective nutrition policies and scaling up interventions,

1. URGES Member States:

- (1) to increase political commitment in order to prevent and reduce malnutrition in all its forms;

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- (2) to strengthen and expedite the sustainable implementation of the global strategy for infant and young child feeding including emphasis on giving effect to the aim and principles of the International Code of Marketing of Breast-milk Substitutes, and the implementation of the Baby-friendly Hospital Initiative;
 - (3) to develop and/or strengthen legislative, regulatory and/or other effective measures to control the marketing of breast-milk substitutes in order to give effect to the International Code of Marketing of Breast-milk Substitutes and relevant resolution adopted by the World Health Assembly;
 - (4) to end inappropriate promotion of food for infants and young children, and to ensure that nutrition and health claims shall not be permitted for foods for infants and young children, except where specifically provided for in relevant Codex Alimentarius standards or national legislation;
 - (5) to develop or review current policy frameworks for addressing the double burden of malnutrition, to include in the frameworks childhood obesity and food security, and to allocate adequate human and financial resources to ensure implementation of those policies;
 - (6) to scale up interventions to improve infant and young child nutrition in an integrated manner with the protection, promotion and support of breastfeeding and timely, safe and appropriate complementary feeding as core interventions; the implementation of interventions for the prevention and management of severe malnutrition; and the targeted control of vitamin and mineral deficiencies;
 - (7) to consider and implement, as appropriate the revised principles and recommendations on infant feeding in the context of HIV, issued by WHO in 2009,¹ in order to address the infant feeding dilemma for HIV-infected mothers and their families while ensuring protection, promotion and support of exclusive and sustained breastfeeding for the general population;
 - (8) to ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers² on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria;
 - (9) to include the interventions referred to in subparagraph 1(6) above in comprehensive maternal and child health services and support the aim of universal coverage and principles of primary health care, including strengthening health systems as outlined in resolution WHA62.12;
 - (10) to strengthen nutrition surveillance systems and improve use and reporting of agreed Millennium Development Goals indicators in order to monitor progress;
 - (11) to implement the WHO Child Growth Standards by their full integration into child health programmes;

¹ *Rapid advice: revised principles and recommendations in the context of HIV, November 2009*. Geneva, World Health Organization, 2009.

² Available online at <http://www.enonline.net/resources/6>.

(12) to implement the measures for prevention of malnutrition as specified in the WHO strategy for community-based management of severe acute malnutrition,¹ most importantly improving water and sanitation systems and hygiene practices to protect children against communicable disease and infections;

2. CALLS UPON infant food manufacturers and distributors to comply fully with their responsibilities under the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions;

3. REQUESTS the Director-General:

(1) to strengthen the evidence base on effective and safe nutrition actions to counteract the public health effects of the double burden of malnutrition, and to describe good practices for successful implementation;

(2) to mainstream nutrition in all WHO's health policies and strategies and confirm the presence of essential nutrition actions, including integration of the revised principles and recommendations on infant feeding in the context of HIV, issued by WHO in 2009, in the context of the reform of primary health care;

(3) to continue and strengthen the existing mechanisms for collaboration with other United Nations agencies and international organizations involved in the process of ensuring improved nutrition including clear identification of leadership, division of labour and outcomes;

(4) to support Member States, on request, in expanding their nutritional interventions related to the double burden of malnutrition, monitoring and evaluating impact, strengthening or establishing effective nutrition surveillance systems, and implementing the WHO Child Growth Standards, and the Baby-friendly Hospital Initiative;

(5) to support Member States, on request, in their efforts to develop and/or strengthen legislative, regulatory or other effective measures to control marketing of breast-milk substitutes;

(6) to develop a comprehensive implementation plan on infant and young child nutrition as a critical component of a global multisectoral nutrition framework for preliminary discussion at the Sixty-fourth World Health Assembly and for final delivery at the Sixty-fifth World Health Assembly, through the Executive Board and after broad consultation with Member States.

(Eighth plenary meeting, 21 May 2010 –
Committee A, fifth report)

¹ *Community-based management of severe acute malnutrition: a joint statement by the World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and the United Nations Children's Fund.* Geneva, World Health Organization, 2007.

WHA63.24 Accelerated progress towards achievement of Millennium Development Goal 4 to reduce child mortality: prevention and treatment of pneumonia¹

The Sixty-third World Health Assembly,

Having considered the report on treatment and prevention of pneumonia;²

Aware of the joint WHO/UNICEF report on a global action plan for the prevention and control of pneumonia, presented in November 2009;³

Noting the first advance market commitment on the pneumococcal vaccine and the progress made so far in integrating the *Haemophilus influenzae* type b vaccine into routine immunization programmes;

Noting also the introduction of the pneumococcal Accelerated Development and Introduction Plans;

Recalling that in resolution WHA58.15 on the global immunization strategy the Health Assembly requested the Director-General to mobilize resources to promote the availability and affordability in countries of future new vaccines based on evidence of epidemiological profiles;

Concerned at the lack of substantial progress towards reducing morbidity and mortality from pneumonia, despite it being globally the leading cause of mortality of children under the age of five years;

Mindful that decreasing the global burden of pneumonia will be essential for reaching Target 4.A of Millennium Development Goal 4;

Noting that safe and highly effective tools are available for pneumonia control in the form of WHO's Integrated Management of Childhood Illness approach for case management at all levels, universal childhood immunization against *Haemophilus influenzae* type b and *Streptococcus pneumoniae* infections, improvement of nutrition and low birth weight, control of indoor air pollution arising from household use of solid fuels and second-hand smoking in households, and prevention and management of HIV infection;

Further noting that affordable price of vaccines in preventing pneumonia and significant scaling up of cold-chain capacities determine the adoption and implementation of vaccination programmes particularly in developing countries;

Concerned that pneumonia continues to cause more than 1.8 million preventable deaths in children less than five years of age globally each year;

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

² Document A63/26.

³ Document WHO/FCH/CAH/NCH/09.04.

Noting that the GAVI Alliance and other donors have made substantial resources available, and that the International Finance Facility for Immunisation and the PAHO revolving fund for immunization provide powerful mechanisms for directing resources to immunization programmes;

Welcoming the contribution to the mobilization of resources for development of voluntary innovative financing initiatives taken by groups of Member States;

Noting in addition that efforts to strengthen the capacity of health systems to detect and manage pneumonia effectively are likely also to contribute positively to efforts to achieve Millennium Development Goal 5 (Improve maternal health);

Aware that pandemic (H1N1) 2009 has raised awareness of the need for system-wide strengthening of management of serious acute respiratory infections, and noting that the time is therefore opportune to build upon investments made related to the pandemic and to continue efforts to ensure that patients with acute respiratory infections receive prompt and effective treatment,

1. URGES Member States:

- (1) to apply, according to their specific contexts, the policies, strategies and tools recommended by WHO to prevent and treat pneumonia;
- (2) to establish evidence-based national policies and operational plans for strengthening health systems in order to expand coverage of populations at risk with effective preventive and curative interventions;
- (3) to assess programme performance including the coverage and impact of interventions in an effective and timely manner, and use this assessment to inform WHO's country-profile database;
- (4) to identify national and international resources, both human and financial, for strengthening health systems and for the provision of technical support in order to ensure that the most locally and epidemiologically appropriate strategies are implemented and target populations reached;
- (5) to implement the recommendations in the joint WHO/UNICEF global action plan for the prevention and control of pneumonia, noting the importance of:
 - (a) integrated case management at community, health-centre and hospital levels;
 - (b) immunization by accelerating the adoption of affordable and cost-effective vaccines based on evidence of national epidemiological profiles;
 - (c) exclusive breastfeeding for six months;
 - (d) improvement of nutrition and prevention of low birth weight;
 - (e) control of indoor air pollution;
 - (f) prevention and management of HIV infection;
- (6) to encourage integrated approaches to pneumonia prevention and treatment through multisectoral collaboration and community responsibility and participation;

2. REQUESTS the Director-General:

(1) to strengthen human resources for prevention and control of pneumonia at all levels, especially the country level, thereby improving the capacity of WHO's country offices to provide support to national health programmes for coordinating the work of partners on preventing and controlling pneumonia;

(2) to bring together interested Member States, organizations in the United Nations system, the GAVI Alliance, medical research councils, and other interested stakeholders in a forum in order to improve coordination between different stakeholders in the fight against pneumonia and mobilize resources to promote the availability and affordability of *Haemophilus influenzae* type b and pneumococcal vaccines;

(3) to expand the coverage of the report to the Health Assembly through the Executive Board on the status of progress made in achieving the health-related Millennium Development Goals, requested in resolution WHA61.18, to include progress on the implementation of this resolution, starting from the Sixty-fourth World Health Assembly.

(Eighth plenary meeting, 21 May 2010 –
Committee A, fifth report)

WHA63.25 Improvement of health through safe and environmentally sound waste management¹

The Sixty-third World Health Assembly,

Having considered the report on the Strategic Approach to International Chemicals Management;²

Recalling resolution WHA61.19 on climate change and health, and resolutions WHA59.15, WHA50.13, WHA45.32, WHA31.28 and WHA30.47 relating to chemical safety;

Recalling also resolutions of the United Nations General Assembly 44/226 of 22 December 1989 on traffic in and disposal, control and transboundary movements of toxic and dangerous products and wastes and 43/212 of 20 December 1988 on the responsibility of States for the protection of the environment;

Noting the principles set out in Agenda 21, including chapter 20 and chapter 21, as agreed upon at the United Nations Conference on Environment and Development in 1992;

Noting also the Johannesburg Declaration on Sustainable Development and the related Plan of Implementation of the World Summit on Sustainable Development in 2002;

Acknowledging decision 25/8 on Waste Management adopted by the Governing Council/Global Ministerial Environment Forum of the United Nations Environment Programme at its 25th session;

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

² Document A63/21.

Mindful of the outcomes of the second session of the International Conference on Chemicals Management which relate to human health;

Aware that wastes, if not properly managed in a safe and environmentally sound manner, may have serious consequences for human health and livelihood;

Convinced that the lack of environmentally sound management of waste will harm the environment and be detrimental to human health, through polluted air, water, land and food chains;

Concerned that poor management of health-care waste, including sharps, non-sharp materials, blood, body parts, chemicals, pharmaceuticals and medical devices, puts health-care workers, waste handlers and the community at risk of infections, toxic effects and injuries;

Welcoming the Bali Declaration on Waste Management for Human Health and Livelihood adopted at the ninth meeting of the Conference of the Parties to the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal in 2008,

1. URGES Member States¹ to apply the Health Impact Assessment as one of the key tools to assess the health aspects of waste management in order to make it safe and environmentally sound and to explore options to work more closely with the United Nations Environment Programme, the Strategic Approach to International Chemicals Management, the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal and the WHO Secretariat towards achieving their shared objectives on the improvement of health through safe and environmentally sound waste management;

2. REQUESTS the Director-General:

(1) to support the implementation of the actions set out in the Bali Declaration on Waste Management for Human Health and Livelihood, within WHO's mandate and available resources;

(2) to work together with the United Nations Environment Programme and the secretariat of the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal on environmentally sound waste management, including collaborating with governments and donor organizations to strengthen the implementation of the Bali Declaration on Waste Management for Human Health and Livelihood, with the aim in particular of:

(a) promoting the raising of awareness about the link between waste management, health and livelihood, and the environment;

(b) strengthening subregional and regional cooperation on waste and health issues by promoting human and appropriate technical capacities at national, regional and international levels;

(c) improving controls on waste shipment and border procedures in order to prevent illegal movements of hazardous and other wastes, through means that include capacity building, technology transfer and technical assistance;

¹ And, where applicable, regional economic integration organizations.

- (d) improving cooperation between national authorities in the waste, chemicals and health sectors and, in collaboration with other relevant authorities and stakeholders, in the development and implementation of effective and sound waste management systems;
 - (e) increasing capacity building, promoting and, where possible, enhancing public and private investment for the transfer and use of appropriate technology for safe and environmentally sound waste management;
- (3) to continue supporting the prevention of health risks associated with exposure to health-care waste and promoting environmentally sound management of health-care waste in order to support the work of the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal and the Stockholm Convention on Persistent Organic Pollutants;
- (4) to explore the development of strategies aimed at minimizing the generation of health-care waste;
- (5) to invite governments, relevant intergovernmental and regional economic integration organizations, relevant entities of the industry and business sectors and civil society to provide resources and technical assistance to developing countries in designing and implementing strategies and approaches to improve health through safe and environmentally sound waste management;
- (6) to report to the Sixty-fourth World Health Assembly, through the Executive Board, on implementation of this resolution.

(Eighth plenary meeting, 21 May 2010 –
Committee A, fifth report)

WHA63.26 Improvement of health through sound management of obsolete pesticides and other obsolete chemicals¹

The Sixty-third World Health Assembly,

Having considered the report on the Strategic Approach to International Chemicals Management,²

Recalling resolution WHA59.15 on the Strategic Approach to International Chemicals Management;

Recognizing the outcomes of the second session of the International Conference on Chemicals Management (Geneva, 11–15 May 2009) regarding human health and, in particular, resolution II/8 on health aspects of the sound management of chemicals which drew attention to the need for a greater involvement of health sector, Member States³ and the WHO Secretariat in the implementation of the

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

² Document A63/21.

³ And, where applicable, regional economic integration organizations.

Global Plan of Action of the Strategic Approach to International Chemicals Management¹ because of the adverse effects some chemicals may have on human health, and noting that some of the global priorities for cooperative action identified within the Strategic Approach to International Chemicals Management also have to be dealt with by the health sector;

Recognizing that pesticides are designed to kill or control harmful organisms and pests, and may have adverse acute and chronic effects, and that, although they are regulated in most countries, they may affect populations' health and the environment, particularly when improperly used and stored, including when they are obsolete;²

Recalling WHO's Constitution, and recognizing the following relevant international agreements and instruments: the Bali Declaration on Waste Management for Human Health and Livelihood (2008), the United Nations Conference on Environment and Development (Rio de Janeiro, Brazil, 1992), the World Summit on Sustainable Development (Johannesburg, South Africa, 2002), the adoption of the Strategic Approach to International Chemicals Management by the International Conference on Chemicals Management (Dubai, 2006), the Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and their Disposal (1989), the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade (2004, revised 2008), the Stockholm Convention on Persistent Organic Pollutants (Stockholm, 2004), and the Convention on the Prevention of Marine Pollution by Dumping of Wastes and Other Matter 1972 and 1996 Protocol Thereto (London 1972), and the International Health Regulations (2005);

Recognizing that all the forums, conventions and instruments mentioned in the preceding paragraph are important global tools for the preservation and protection of human health and the environment that provide measures and guidelines to deal with certain aspects of chemicals' life-cycle, and that, in that sense, the closely linked Stockholm Convention on Persistent Organic Pollutants and Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and their Disposal³ foresee the development of appropriate strategies for identification of persistent organic pollutant wastes, stockpiles of persistent organic pollutants and their management;

Recognizing that hazardous waste and highly toxic pesticides fall under the global priority areas identified for cooperative action within the Strategic Approach to International Chemicals Management, and that the Health Assembly in resolution WHA59.15 on Strategic Approach to International Chemicals Management urged Member States to participate in national, regional and international efforts to implement the Strategic Approach;

Mindful of the new challenges and determinants of health and of the need for additional action in order to preserve and protect human health and the environment;

¹ Document WHA59/2006/REC/1, Annex 1.

² The International HCH and Pesticides Association (IHPA) estimates that total amount of obsolete pesticides is about 260 000–265 000 tonnes in central and eastern Europe and the countries of the former Union of Soviet Socialist Republics. Estimated amounts in 25 Member States of the European Union are 22 000–24 000 tonnes, south-east Europe 36 000–41 000 tonnes, the countries of the former Union of Soviet Socialist Republics 199 000 tonnes, Africa 50 000 tonnes (estimated by FAO in its Africa Stockpiles Programme), South-East Asia 6500 tonnes (FAO, first rough indication), Central and South America 30 000 tonnes (FAO, 2005).

³ The fundamental aims of the Basel Convention are the control and reduction of transboundary movement of hazardous and other wastes subject to the Convention, the prevention and minimization of their generation, the environmentally sound management of such wastes and active promotion of the transfer and use of cleaner technologies.

Recognizing the risks to human health and environment from obsolete pesticides and other obsolete chemicals, particularly through local and global chemical accidents and disasters;

Recognizing also the risks to human health and environment from obsolete pesticides and other obsolete chemicals, linked to the creation of stockpiles resulting from their regulation (such as withdrawal from the market without appropriate phase-out period) or inherited from past periods of pesticides over-consumption, which might further lead to spreading of improperly stored chemicals worldwide;

Recalling the fact that the exposure of humans and the environment to obsolete pesticides and other obsolete chemicals may also be due to their long-range transport;

Recognizing that the threat of unsafe storage of obsolete pesticides and other obsolete chemicals, may, owing to illegal use, package deterioration, or accidents, cause localized or widespread pollution and represent a potential risk to human health and the environment;

Mindful of the clear evidence that, besides environmental benefits, health benefits can be expected from safe and efficient handling and disposal of obsolete pesticides and other obsolete chemicals;

Acknowledging the progress regarding obsolete pesticides made by African countries through the interagency Africa Stockpiles Programme with the support of FAO, the Global Environment Facility, the World Bank and other partners;

Welcoming the work of the Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and their Disposal in developing technical guidelines on the environmentally sound disposal of wastes containing persistent organic pollutants;

Further recognizing that only a comprehensive and long-term strategy of sound management of obsolete pesticides and other obsolete chemicals can be effective,

1. URGES Member States:¹

- (1) to adopt, where necessary, or strengthen sound national policies and legislation on safe handling and disposal of obsolete pesticides and other obsolete chemicals;
- (2) to adopt, where this has not already been done in the context of the Stockholm Convention on Persistent Organic Pollutants and other existing instruments, comprehensive national implementation plans or other strategies as the basis for taking action towards the elimination of risks from obsolete pesticides and other obsolete chemicals;
- (3) to enhance social responsibility through awareness-raising in the area of obsolete pesticides and other obsolete chemicals and chemicals with potential transboundary risks to human health;
- (4) to increase support for training and capacity building, and coordinated technical activities for implementing relevant international conventions and instruments;
- (5) to encourage and promote cooperation between Member States in this regard;

¹ And, where applicable, regional economic integration organizations.

(6) to establish or strengthen capacity for the regulation of the sound management of pesticides and other chemicals throughout their life-cycle, as a preventive measure to avoid accumulation of obsolete chemicals;

2. INVITES all relevant stakeholders, including Member States, regional economic integration organizations, bodies in the United Nations system and other intergovernmental organizations including regional, international and national nongovernmental organizations and foundations, waste-management companies, pesticide manufacturers, donors and the remaining international community:

(1) to promote sound management of obsolete pesticides and other obsolete chemicals in order to minimize and, wherever possible, avoid adverse impacts to human health and the environment;

(2) to mobilize efforts and cooperate with other stakeholders in the implementation of national implementation plans and strategies, through local, regional and global networks among other means;

(3) to consider the synergies to be gained from sharing technical experience, expertise and capacity-building efforts among international instruments, conventions, regulations and processes;

3. REQUESTS the Director-General:

(1) to support the development of appropriate and efficient strategies (at national, regional and international levels) for minimizing the risks of obsolete pesticides and other obsolete chemicals and thus promote the relevant WHO policy goals and practices;

(2) to enhance WHO's capacity to foster the strategies mentioned in subparagraph 3(1) above;

(3) to facilitate implementation of the strategies on sound management of obsolete pesticides and other obsolete chemicals with a view to reducing inequities in health and securing an unpolluted living environment;

(4) to work with UNEP, in connection with the WHO/UNEP Health Environment Linkages Initiative and the Strategic Approach to International Chemicals Management, as well as with UNDP, FAO, the World Bank and other appropriate institutions in assisting Member States to implement their national strategies and existing guidance, for instance under the Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and their Disposal¹ and strategies for sound management of obsolete pesticides and other obsolete chemicals at the global level;

¹ Technical guidelines on the safe disposal of obsolete pesticides
(<http://www.basel.int/meetings/sbc/workdoc/techdocs.html>):

- Updated general technical guidelines for the environmentally sound management of wastes consisting of, containing or contaminated with persistent organic pollutants,
- Technical guidelines for the environmentally sound management of wastes consisting of, containing or contaminated with 1,1,1-trichloro-2,2-bis(4-chlorophenyl)ethane (DDT),
- Technical guidelines on the environmentally sound management of wastes consisting of, containing or contaminated with the pesticides aldrin, chlordane, dieldrin, endrin, heptachlor, hexachlorobenzene (HCB), mirex or toxaphene or with HCB as an industrial chemical.

- (5) to include obsolete pesticides and other obsolete chemicals among WHO's priorities in order to reduce and prevent risks to human health and the environment from their adverse effects and to support their safe disposal;
- (6) to ensure full support of WHO to the activities of the secretariat of the Strategic Approach to International Chemicals Management;
- (7) to support the ongoing joint efforts of FAO and WHO in capacity building of Member States in the sound management of pesticides;
- (8) to report to the Sixty-fourth World Health Assembly, through the Executive Board, on progress in implementing this resolution.

(Eighth plenary meeting, 21 May 2010 –
Committee A, fifth report)

WHA63.27 Strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services¹

The Sixty-third World Health Assembly,

Having considered the report on strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services;²

Recognizing the variety of private providers, from faith-based and other nongovernmental non-profit organizations and individual health-care entrepreneurs, both formal and informal, to private for-profit firms and corporations, and the evidence that they play a significant and growing role in health-care delivery across the world;

Noting that governments across the world are faced with the challenge of constructive engagement with the complex range of health-care providers, in ways that vary considerably according to context;

Noting that the cost and quality of the care provided and the effect on health and social outcomes may vary considerably and that there are serious reasons for concern in environments where regulation is poor or absent, yet as a whole the documentation and evidence base in this regard is weak;

Recognizing that governments that have the institutional capacity to govern the broad range of health-care providers can play a constructive role in providing essential health services;

Concerned about evidence that in many countries effective engagement, oversight and regulation of the various private health-care providers may be constrained by imperfect strategic intelligence, limited financial influence and weak institutional capacity;

¹ For financial and administrative implications for the Secretariat of this resolution, see document A63/25 Add.1.

² Document A63/25.

Aware that building trust and constructive policy dialogue are vital for successful engagement, oversight and regulation;

Noting that the renewal of primary health care provides a policy framework in which to set benchmarks for strengthened government capacity for constructive engagement with, and oversight of, both public and private health-care providers,

1. URGES Member States:

(1) to gather, by means that include improved information systems and stronger policy dialogue processes, the strategic intelligence required for: objectively assessing the positive and negative aspects of health-care delivery by private not-for-profit and private for-profit providers; identifying appropriate strategies for productive engagement; and developing regulatory frameworks that ensure universal access with social protection and the reorientation of service delivery towards people-centred primary care;

(2) to map and assess, as appropriate, the capacity and the performance of the government departments and other bodies concerned with oversight and regulation of both public and private health-care provision, including: professional councils; institutional purchasers of health services, such as public funders and state health insurance agencies, and accreditation bodies;

(3) to investigate the potential contribution to the regulation of health-care provision of non-health-sector governmental and nongovernmental entities, including health-consumer protection agencies and patient groups, and, as appropriate, set up mechanisms to maximize the value of those contributions;

(4) to build and strengthen for the long term the institutional capacity of these regulatory bodies, through adequate and sustained funding, staffing, and support;

(5) to pursue opportunities for intercountry exchange of experience with different strategies for engagement, oversight and regulation of the full range of health-care providers;

2. REQUESTS the Director-General:

(1) to provide technical assistance to Member States, upon request, in their efforts to strengthen the capacity of health ministries and other regulatory agencies in order to improve engagement with, and oversight and regulation of, the full range of public and private health-care providers;

(2) to convene technical consultations, support the research agenda set by Member States and facilitate intercountry exchange of experience in order to obtain better shared understanding and documentation of the consequences, positive and negative, of the growing diversity of health-care providers, ensuring that particular attention is given to contexts of poor regulation and to consequences in terms of health, health equity, and health systems development;

(3) also to convene technical consultations, support the research agenda set by Member States and facilitate intercountry exchange of experience in order to obtain a better shared understanding of the potential of various strategies to build the institutional capacity for regulation, oversight and harnessing entrepreneurial dynamism and sound cooperation among various types of health-care providers;

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

(Eighth plenary meeting, 21 May 2010 –
Committee A, fifth report)

WHA63.28 Establishment of a consultative expert working group on research and development: financing and coordination¹

The Sixty-third World Health Assembly,

Having considered the report on public health, innovation and intellectual property: global strategy and plan of action, and the report of the Expert Working Group on Research and Development: Coordination and Financing;²

Considering resolution WHA61.21 which requests the Director-General “to establish urgently a results-oriented and time-limited expert working group to examine current financing and coordination of research and development, as well as proposals for new and innovative sources of funding to stimulate research and development related to Type II and Type III diseases and the specific research and development needs of developing countries in relation to Type I diseases, and open to consideration of proposals from Member States, and to submit a progress report to the Sixty-second World Health Assembly and the final report to the Sixty-third World Health Assembly through the Executive Board”;

Noting that although the Expert Working Group made some progress in examining proposals for financing of, and coordination among, research and development activities, as called for in resolution WHA61.21, there was divergence between the expectations of Member States³ and the output of the Group, underlining the importance of a clear mandate;

Considering that, in its recommendations, the Expert Working Group states the need to conduct an in-depth review of the recommended proposals;

Recognizing the need to further “explore and, where appropriate, promote a range of incentive schemes for research and development including addressing, where appropriate, the de-linkage of the costs of research and development and the price of health products, for example through the award of prizes, with the objective of addressing diseases which disproportionately affect developing countries”;⁴

Noting previous and ongoing work on innovative financing for health, research and development and the need to build on this work as relevant;

Emphasizing the importance of public funding of health research and development and the role of the Member States³ in coordinating, facilitating and promoting health research and development;

Reaffirming the importance of other relevant actors in health research and development,

¹ For financial and administrative implications for the Secretariat of this resolution, see Annex 9.

² Documents A63/6 and A63/6 Add.1, respectively.

³ And, where applicable, regional economic integration organizations.

⁴ Resolution WHA61.21, Annex, Element 5, paragraph 5.3a.

1. URGES Member States:¹
 - (1) to support the work of the Consultative Expert Working Group by:
 - (a) providing, where appropriate, information, submissions or additional proposals;
 - (b) organizing and/or supporting, where appropriate, regional and subregional consultations;
 - (c) proposing names of experts for the roster;
2. REQUESTS the Director-General:
 - (1) to make available electronically by the end of June 2010:
 - (a) all the proposals considered by the Expert Working Group including their source;
 - (b) the criteria used to assess the proposals;
 - (c) the methodology used by the Expert Working Group;
 - (d) the list of the stakeholders that were interviewed and those who contributed information;
 - (e) sources of statistics used;
 - (2) to establish a Consultative Expert Working Group that shall:
 - (a) take forward the work of the Expert Working Group;
 - (b) deepen the analysis of the proposals in the Expert Working Group's report, and in particular:
 - (i) examine the practical details of the four innovative sources of financing proposed by the Expert Working Group in its report;²
 - (ii) review the five promising proposals³ identified by the Expert Working Group in its report; and
 - (iii) further explore the six proposals that did not meet the criteria applied by the Expert Working Group;⁴
 - (c) consider additional submissions and proposals from Member States,¹ any regional and subregional consultations, and from other stakeholders;

¹ And, where applicable, regional economic integration organizations.

² *Report of the Expert Working Group on Research and Development Financing*. Geneva, World Health Organization, 2010, Chapter 5.3.

³ *Report of the Expert Working Group on Research and Development Financing*. Geneva, World Health Organization, 2010, Chapter 5.6.

⁴ *Report of the Expert Working Group on Research and Development Financing*. Geneva, World Health Organization, 2010, Annex 2.

- (d) in carrying out the actions in subparagraphs 2(b) and 2(c), examine the appropriateness of different research and development financing approaches and the feasibility of implementation of these approaches in each of the six WHO regions, with subregional analysis, as appropriate;
 - (e) observe scientific integrity and be free from conflict of interest in its work;
- (3) to provide, upon request, within available resources dedicated to the financing of the Consultative Expert Working Group, technical and financial support for regional consultations, including meetings, in order to seek regional views to help inform the work of the Consultative Expert Working Group;
- (4) (a) to invite Member States¹ to nominate experts whose details, following consultations with regional committees to achieve gender balance and diversity of technical competence and expertise, shall be submitted to the Director-General through the respective regional directors;
- (b) to establish a roster of experts comprising all the nominations submitted by the regional directors;
- (c) to propose a composition of the Group to the Executive Board for its approval, drawing on the roster of experts and taking into account regional representation according to the composition of the Executive Board, gender balance and diversity of expertise;
- (d) upon approval by the Executive Board, to establish the Group and facilitate its work including its consultation with the Member States¹ and other relevant stakeholders, where appropriate;
- (5) to put particular emphasis on the transparent management of potential conflicts of interest by ensuring full compliance with the mechanisms established by the Director-General for that purpose;
- (6) to ensure full transparency for Member States¹ by providing the Consultative Expert Working Group's regular updates on the implementation of its workplan, and by making available all the documentation used by the Consultative Expert Working Group at the conclusion of the process;
- (7) to submit the workplan and inception report of the Consultative Expert Working Group to the Executive Board at its 129th session and a progress report to the Executive Board at its 130th session with a view to submitting the final report to the Sixty-fifth World Health Assembly.

(Eighth plenary meeting, 21 May 2010 –
Committee A, fifth report)

¹ And, where applicable, regional economic integration organizations.