

Sixth report of Committee A

Committee A held its eleventh and twelfth meetings on 24 May 2014. These meetings were held under the chairmanship of Dr Pe Thet Khin (Myanmar).

It was decided to recommend to the Sixty-seventh World Health Assembly the adoption of the attached resolutions and decisions relating to the following agenda items:

14. Promoting health through the life course
 - 14.4 Multisectoral action for a life course approach to healthy ageing

One decision as amended
 - 14.2 Newborn health: draft action plan

One resolution as amended
 - 14.5 Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention

One resolution as amended
 - 14.6 Contributing to social and economic development: sustainable action across sectors to improve health and health equity

One resolution as amended
- 16 Preparedness, surveillance and response
 - 16.1 Implementation of the International Health Regulations (2005)

One resolution

11 WHO reform

11.3 Framework of engagement with non-State actors

One decision as amended

14 Promoting health through the life course

14.1 Monitoring the achievement of the health-related Millennium Development Goals

One resolution as amended entitled:

- Health in the post-2015 development agenda

14.3 Addressing the global challenge of violence, in particular against women and girls

One resolution as amended entitled:

- Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children

Agenda item 14.4**Multisectoral action for a life course approach to healthy ageing**

The Sixty-seventh World Health Assembly, having considered the report on multisectoral action for a life course approach to healthy ageing,¹ recognizing that the proportion of older people in the population is increasing in almost every country, and that there are growing challenges for health systems associated with population ageing, requested the Director-General to develop, in consultation with Member States and other stakeholders and in coordination with the regional offices, and within existing resources, a comprehensive global strategy and plan of action on ageing and health, for consideration by the Executive Board in January 2016 and by the Sixty-ninth World Health Assembly in May 2016.

¹ Document A67/23.

Agenda item 14.2

Newborn health action plan

The Sixty-seventh World Health Assembly,

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

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

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

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

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

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

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

Recognizing the need to intensify action urgently in order to end preventable neonatal deaths and preventable stillbirths, especially by improving access to and quality of health care for women and newborns, particularly of those at risk, especially for high-risk groups and including the prevention of the transmission of HIV from mother to child, within the continuum of care for reproductive, maternal, newborn and child health,

¹ Document A67/21.

² Document A67/19.

³ Document A67/20.

1. ENDORSES the newborn health action plan;¹
2. URGES Member States² to put into practice the newborn health action plan, through steps that include:
 - (1) reviewing, revising and strengthening national strategies, policies, plans and guidelines for reproductive, maternal, newborn and child health in line with the goal, targets and indicators defined in the newborn health action plan, and strongly committing to their implementation with particular focus on high-risk groups;
 - (2) committing themselves, according to their capacities, to allocating adequate human and financial resources to improve the access to and the quality of care, particularly care for the mother and the newborn during labour, around birth and the first week, and achieve the national newborn health targets in line with the global newborn health action plan;
 - (3) strengthening health information systems so as better to monitor quality of care and to track progress towards ending preventable maternal and neonatal deaths and stillbirths;
 - (4) sharing information on lessons learnt, progress made, remaining challenges and updated actions to reach the national newborn and maternal health targets;
3. REQUESTS the Director-General:
 - (1) to foster alignment and coordination of all stakeholders to support the implementation of the newborn health action plan;
 - (2) to identify and mobilize, within approved current and subsequent programme budgets, more human and financial resources for the provision of technical support to Member States in implementing the newborn health component of national plans and monitoring their impact;
 - (3) to prioritize the finalization of the more detailed monitoring plan with coverage and outcome metrics to track progress of the newborn health action plan;
 - (4) to take into due account the views expressed at the Sixty-seventh World Health Assembly as well as the domestic context when supporting the implementation of the action plan at the national level;
 - (5) to monitor progress and report, periodically until 2030, to the Health Assembly on progress towards achievement of the global goal and targets using the proposed monitoring framework to guide discussion and future actions.

¹ “Every newborn: an action plan to end preventable deaths” contained in document A67/21.

² And, where applicable, regional economic integration organizations.

Agenda item 14.5

Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention

The Sixty-seventh World Health Assembly,

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

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

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

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

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

Recalling that the objective of the Minamata Convention on Mercury is to protect human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds;

Bearing in mind that the Minamata Convention on Mercury encourages Parties to: (a) promote the development and implementation of strategies and programmes to identify and protect populations at risk, particularly vulnerable populations, and which may include adopting science-based health guidelines relating to the exposure to mercury and mercury compounds, setting targets for mercury

¹ Document A67/24.

exposure reduction, where appropriate, and public education, with the participation of public health and other involved sectors; (b) promote the development and implementation of science-based educational and preventive programmes on occupational exposure to mercury and mercury compounds; (c) promote appropriate health care services for prevention, treatment and care for populations affected by the exposure to mercury or mercury compounds; and (d) establish and strengthen, as appropriate, the institutional and health professional capacities for the prevention, diagnosis, treatment and monitoring of health risks related to the exposure to mercury and mercury compounds;

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

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

1. WELCOMES the formal adoption by Parties of the Minamata Convention on Mercury in October 2013;
2. ENCOURAGES Member States:¹
 - (1) to take the necessary domestic measures promptly to sign, ratify and implement the Minamata Convention on Mercury, which sets out internationally legally binding measures to address the risks of mercury and mercury compounds on human health and the environment;
 - (2) to participate actively in national, regional and international efforts to implement the Minamata Convention on Mercury;
 - (3) to address the health aspects of exposure to mercury and mercury compounds in the context of their health sector uses, and also the other negative health impacts that should be prevented or treated, by ensuring the sound management of mercury and mercury compounds throughout their life cycle;
 - (4) to recognize the interrelation between the environment and public health in the context of the implementation of the Minamata Convention on Mercury and sustainable development;
 - (5) to promote appropriate health care services for prevention, treatment and care for populations affected by the exposure to mercury or mercury compounds, including effective risk communication strategies targeted at vulnerable groups, such as children and women of childbearing age, especially pregnant women;
 - (6) to ensure close cooperation between ministries of health and ministries of environment, as well as ministries of labour, industry, economy, agriculture and other ministries responsible for the implementation of aspects of the Minamata Convention on Mercury;

¹ And, where applicable, regional economic integration organizations.

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

3. REQUESTS the Director-General:

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

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

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

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

Agenda item 14.6

Contributing to social and economic development: sustainable action across sectors to improve health and health equity

The Sixty-seventh World Health Assembly,

Having considered the report on contributing to social and economic development: sustainable action across sectors to improve health and health equity;¹

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

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

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

Acknowledging the United Nations General Assembly document "The Future we want",² and in particular its recognition that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development and the call for the involvement of all relevant sectors for coordinated multisectoral action to address urgently the health needs of the world's population;

Recalling World Health Assembly resolutions on health promotion, public information and education for health,³ health promotion,⁴ health promotion and healthy lifestyles,⁵ health promotion in a globalized world,⁶ and social determinants of health,⁷ and taking note of the outcome documents of the seven global WHO conferences on health promotion,⁸ in particular the Ottawa Charter, the Adelaide Statement and the Nairobi Call for Action;

Reaffirming commitments made to global health in the context of foreign policy and reiterating the request to consider universal health coverage in the discussions on the post-2015 development

¹ Document A67/25.

² Annexed to United Nations General Assembly resolution 66/288.

³ Resolution WHA42.44.

⁴ Resolution WHA51.12.

⁵ Resolution WHA57.16.

⁶ Resolution WHA60.24.

⁷ Resolution WHA65.8.

⁸ Ottawa, 1986; Adelaide, Australia, 1988; Sundsvall, Sweden, 1991; Jakarta, 1997; Mexico City, 2000; Bangkok, 2005; Nairobi, 2009.

agenda, also considering broad public health measures, health protection and addressing determinants of health through policies across sectors;

Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases¹ and the WHO global strategy and action plan on the prevention and control of noncommunicable diseases, which recognize the primary role of governments in responding to the challenge of noncommunicable diseases and the essential need for the efforts and engagement of all sectors, rather than by making changes in health sector policy alone, as well as the important role of the international community and international cooperation in assisting the Member States in these efforts;

Noting that the health sector has a key role in working with other sectors in ensuring drinking water quality, sanitation, food and nutritional safety, air quality and limiting exposure to health-damaging chemicals and radiation levels, as recognized in World Health Assembly resolutions;²

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

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

Acknowledging the final report of the Commission on Social Determinants and Health³ as a source of evidence, as well as the Rio Political Declaration on Social Determinants of Health and its call for the development and implementation of robust, evidence-based, reliable measures of societal well-being, and recognizing the important advocacy role of health ministries in this regard;

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

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

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

¹ Document A/66/L.1.

² Resolutions WHA59.15, WHA61.19, WHA63.25, WHA63.26, WHA64.15, WHA64.24.

³ World Health Organization. Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Geneva: World Health Organization; 2008.

2. URGES Member States:¹

- (1) to champion health and the promotion of health equity as a priority and take efficient action on social, economic and environmental determinants of health, consistent with resolution WHA65.8, including on noncommunicable disease prevention;
- (2) to take steps, including, where appropriate, effective legislation, cross-sectoral structures, processes, methods and resources such as the Urban Health Equity Assessment and Response Tool, that enable societal policies which take into account and address their impacts on health determinants, health protection, health equity and health systems functioning, and which measure and track social determinants and disparities in health;
- (3) to develop, as appropriate, sustainable institutional capacity with adequate knowledge and skills in assessing health impacts of policy initiatives in all sectors, identifying solutions and negotiating policies across sectors, including within health authorities and relevant research and development institutes such as national public health institutes, to achieve improved outcomes from the perspective of health, health equity and health system functioning;
- (4) to take action to enhance health and safeguard public health interests from undue influence by any form of real, perceived or potential conflict of interest, through managing risk, strengthening due diligence and accountability and increasing the transparency of decision-making and engagement;
- (5) to include, as appropriate, relevant stakeholders such as local communities and civil society actors in the development, implementation and monitoring of policies across sectors;
- (6) to contribute to development of the post-2015 development agenda by emphasizing that policies in sectors other than health have a significant impact on health outcomes, and by identifying synergies between health and other sector policy objectives;

3. REQUESTS the Director-General:

- (1) to prepare, for the consideration of the Sixty-eighth World Health Assembly, in consultation with Member States,¹ United Nations organizations and other relevant stakeholders as appropriate, and within existing resources, a Framework for Country Action, for adaptation to different contexts, taking into account the Helsinki Statement on Health in All Policies, aimed at supporting national efforts to improve health, ensure health protection, health equity and health systems functioning, including through action across sectors on determinants of health and risk factors of noncommunicable diseases, based on best available knowledge and evidence;
- (2) to provide guidance and technical assistance, upon request, to Member States in their efforts to build the necessary capacities, structures, mechanisms and processes in order to integrate health perspectives in non-health sector policies, including, where appropriate, through implementation of Health in All Policies, and for measuring and tracking social determinants and disparities in health;

¹ And, where applicable, regional economic integration organizations.

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

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

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

Agenda item 16.1**Implementation of the International Health Regulations (2005)**

The Sixty-seventh World Health Assembly,

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

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

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

ADOPTS, in accordance with paragraph 3 of Article 55 of the International Health Regulations (2005), the updated Annex 7 of the International Health Regulations (2005) attached to this resolution.

ANNEX 7**REQUIREMENTS CONCERNING VACCINATION OR
PROPHYLAXIS FOR SPECIFIC DISEASES**

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

Vaccination against yellow fever.

2. Recommendations and requirements for vaccination against yellow fever:

(a) For the purpose of this Annex:

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

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

¹ Document A67/35.

² Meeting of the Strategic Advisory Group of Experts on immunization, April 2013 – conclusions and recommendations. Weekly epidemiological record. 2013;88(20):201.

- (iii) this protection continues for the life of the person vaccinated; and
 - (iv) the validity of a certificate of vaccination against yellow fever shall extend for the life of the person vaccinated, beginning 10 days after the date of vaccination.
- (b) Vaccination against yellow fever may be required of any traveller leaving an area where the Organization has determined that a risk of yellow fever transmission is present.
- (c) If a traveller is in possession of a certificate of vaccination against yellow fever which is not yet valid, the traveller may be permitted to depart, but the provisions of paragraph 2(h) of this Annex may be applied on arrival.
- (d) A traveller in possession of a valid certificate of vaccination against yellow fever shall not be treated as suspect, even if coming from an area where the Organization has determined that a risk of yellow fever transmission is present.
- (e) In accordance with paragraph 1 of Annex 6 the yellow fever vaccine used must be approved by the Organization.
- (f) States Parties shall designate specific yellow fever vaccination centres within their territories in order to ensure the quality and safety of the procedures and materials employed.
- (g) Every person employed at a point of entry in an area where the Organization has determined that a risk of yellow fever transmission is present, and every member of the crew of a conveyance using any such point of entry, shall be in possession of a valid certificate of vaccination against yellow fever.
- (h) A State Party, in whose territory vectors of yellow fever are present, may require a traveller from an area where the Organization has determined that a risk of yellow fever transmission is present, who is unable to produce a valid certificate of vaccination against yellow fever, to be quarantined until the certificate becomes valid, or until a period of not more than six days, reckoned from the date of last possible exposure to infection, has elapsed, whichever occurs first.
- (i) Travellers who possess an exemption from yellow fever vaccination, signed by an authorized medical officer or an authorized health worker, may nevertheless be allowed entry, subject to the provisions of the foregoing paragraph of this Annex and to being provided with information regarding protection from yellow fever vectors. Should the travellers not be quarantined, they may be required to report any feverish or other symptoms to the competent authority and be placed under surveillance.

Agenda item 11.3

Framework of engagement with non-State actors

The Sixty-seventh World Health Assembly,

Having considered the report on the framework of engagement with non-State actors;¹ welcoming the progress made on the draft framework of engagement with non-State actors by the Sixty-seventh World Health Assembly; underlining the importance of an appropriate framework for engagement with non-State actors for the role and work of WHO; and recognizing that further consultations and discussions are needed on issues including conflict of interest and relations with the private sector,

- (1) decided that Member States should submit their specific follow-up comments and questions to the Director-General by 17 June 2014;
- (2) decided also that the regional committees in 2014 should discuss this matter, with reference to the draft framework of engagement with non-State actors and the report referred to in subparagraph (4)(1) below;
- (3) requested that regional committees submit a report on their deliberations to the Sixty-eighth World Health Assembly, through the Executive Board;
- (4) requested the Director-General:
 - (1) to prepare a comprehensive report of the comments made by Member States during the Sixty-seventh World Health Assembly and the follow-up comments and questions raised, including clarification thereon from the Secretariat in response, by the end of July 2014;
 - (2) to submit a paper to the Executive Board at its 136th session in January 2015, ensuring that Member States receive it by mid-December 2014, in order to allow them sufficient time to study the paper and to be better prepared for discussion and deliberation.

¹ Document A67/6.

Agenda item 14.1

Health in the post-2015 development agenda

The Sixty-seventh World Health Assembly,

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

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

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

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

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

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

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

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

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

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

¹ Document A67/20.

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

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

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

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

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

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

1. URGES Member States,¹ in the context of health in the post-2015 development agenda:
 - (1) to engage actively in discussions on the post-2015 development agenda, respecting the process established by the United Nations General Assembly;
 - (2) to ensure that health is central to the post-2015 development agenda;
 - (3) to ensure that the post-2015 development agenda will accelerate and sustain progress towards the achievement of health-related Millennium Development Goals including, child, maternal, sexual and reproductive health, nutrition, HIV/AIDS, tuberculosis and malaria;
 - (4) to recognize that additional attention needs to be paid to newborn health and neglected tropical diseases;
 - (5) to incorporate into the post-2015 agenda the need for action to reduce the preventable and avoidable burden of mortality, morbidity and disability related to noncommunicable diseases, and injuries while also promoting mental health;
 - (6) to promote universal health coverage, defined as universal access to quality prevention, promotion, treatment, rehabilitation and palliation services and financial risk protection as fundamental to the health component in the post-2015 development agenda;

¹ And, where applicable, regional economic integration organizations.

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

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

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

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

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

2. REQUESTS the Director-General:

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

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

Agenda item 14.3

Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children

The Sixty-seventh World Health Assembly,

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

Recalling resolution WHA49.25 (1996), which declared violence a leading worldwide public health problem, resolution WHA56.24 (2003) on implementing the recommendations of the *World report on violence and health*, and resolution WHA61.16 (2008) on the elimination of female genital mutilation;

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

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

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

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

Concerned that the health and well-being of millions of individuals and families is adversely affected by violence and that many cases go unreported;

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

¹ Document A67/22.

² World report on violence and health. Geneva: World Health Organization; 2002.

³ World report on violence and health. Geneva: World Health Organization; 2002, page 6, English version.

⁴ United Nations General Assembly resolution A/RES/48/104.

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

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

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

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

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

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

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

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

Deeply concerned that interpersonal violence, in particular against women and girls, and children, persists in every country in the world as a major global challenge to public health, and is a pervasive violation of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and a major impediment to achieving gender equality, and has negative socioeconomic consequences;

Recognizing that violence against women and girls is a form of discrimination, that power imbalances and structural inequality between men and women are among its root causes, and that effectively addressing violence against women and girls requires action at all levels of government

¹ Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization; 2013.

including by the health system, as well as the engagement of civil society, the involvement of men and boys and the adoption and implementation of multifaceted and comprehensive approaches that promote gender equality and empowerment of women and girls and that change harmful attitudes, customs, practices and stereotypes;

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

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

Noting with great appreciation the leading role WHO has played in establishing the evidence base on the magnitude, risk and protective factors,¹ consequences, prevention of and response to violence,² in particular against women and girls,³ and against children, in the development of norms and standards, in advocacy and in supporting efforts to strengthen research, prevention programmes and services for those affected by violence;⁴

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

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

Stressing the importance of preventing interpersonal violence before it begins or reoccurs, and noting that the role of the health system in the prevention of violence, in particular against women and girls, and against children, includes supporting efforts to: reduce child maltreatment, such as through parenting support programmes; address substance abuse including the harmful use of alcohol; prevent the reoccurrence of violence by providing health and psychosocial care and/or rehabilitation for victims and perpetrators and to those who have witnessed violence; and, collect and disseminate evidence on the effectiveness of prevention and response interventions;

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

² Including the World Report on Violence and Health (2002).

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

⁴ This work is carried out mainly by the Department of Violence and Injury Prevention and Disability, the Department of Reproductive Health and Research, the Department for Mental Health and Substance Dependence and the Department for Emergency Risk Management and Humanitarian Response, in close collaboration with regional and country offices.

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

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

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

1. URGES Member States:¹

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

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

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

(4) to strengthen the national response, in particular the national health system response, by improving the collection and, as appropriate, dissemination of comparable data disaggregated for sex, age, and other relevant factors, on the magnitude, risk and, protective factors, types, and health consequences of violence, in particular against women and girls, and against children, as well as information on best practices, including the quality of care and effective prevention and response strategies;

¹ And, where applicable, regional economic integration organizations.

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

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

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

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

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

2. REQUESTS the Director-General:

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

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

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

¹ And, where applicable, regional economic integration organizations.

(4) to report to the Executive Board at its 136th session on progress in implementing this resolution, and on the finalization in 2014 of a global status report on violence and health which is being developed in cooperation with UNDP and UNODC, and reflects national violence prevention efforts, and to report also to the Executive Board at its 138th session on progress in implementing this resolution, including presentation of the draft global action plan, for consideration by the Sixty-ninth World Health Assembly.

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