

Decisions and list of resolutions

I. DECISIONS

WHA67(1) Composition of the Committee on Credentials

The Sixty-seventh World Health Assembly appointed a Committee on Credentials consisting of delegates of the following Member States: Chile, Democratic People's Republic of Korea, Dominican Republic, Ethiopia, Iceland, Iraq, Japan, Malaysia, Monaco, Mozambique, Portugal, Zambia.

(First plenary meeting, 19 May 2014)

WHA67(2) Election of officers of the Sixty-seventh World Health Assembly

The Sixty-seventh World Health Assembly elected the following officers:

President: Dr Roberto Morales Ojeda (Cuba)

Vice-Presidents: Dr Neil Sharma (Fiji)
Mr François Ibovi (Congo)
Mr Maithripala Yapa Sirisena (Sri Lanka)
Dr Vytenis Povilas Andriukaitis (Lithuania)
Mr Sadiq bin Abdul Karim Al-Shehabi (Bahrain)

(First plenary meeting, 19 May 2014)

WHA67(3) Establishment of the General Committee

The Sixty-seventh World Health Assembly elected the delegates of the following 17 countries as members of the General Committee: Afghanistan, Angola, Benin, Cabo Verde, China, Costa Rica, Equatorial Guinea, France, Greece, Guyana, Republic of Korea, Russian Federation, Timor-Leste, Tunisia, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay.

(First plenary meeting, 19 May 2014)

WHA67(4) Adoption of the agenda

The Sixty-seventh World Health Assembly adopted the provisional agenda prepared by the Executive Board at its 134th session, with the deletion of four items and the transfer of three items from Committee A to Committee B.

(Second plenary meeting, 19 May 2014 and seventh plenary meeting, 22 May 2014)

WHA67(5) Election of officers of the main committees

The Sixty-seventh World Health Assembly elected the following officers of the main committees:

Committee A:	Chairman	Professor Pamela Rendi-Wagner (Austria)
Committee B:	Chairman	Dr Ruhakana Rugunda (Uganda)

(First plenary meeting, 19 May 2014)

The main committees subsequently elected the following officers:

Committee A:	Vice-Chairmen	Dr Pe Thet Khin (Myanmar) Dr Jorge Villavicencio (Guatemala)
	Rapporteur	Dr Helen Mbugua (Kenya)
Committee B:	Vice-Chairmen	Dr Mohsen Asadi-Lari (Islamic Republic of Iran) Dr Siale Akauola (Tonga)
	Rapporteur	Dr Dipendra Raman Singh (Nepal)

(First meetings of Committees A and B, 19 and 21 May 2014, respectively)

WHA67(6) Verification of credentials

The Sixty-seventh World Health Assembly recognized the validity of the credentials of the following delegations: Afghanistan; Albania; Algeria; Andorra; Angola; Argentina; Armenia; Australia; Austria; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belarus; Belgium; Benin; Bhutan; Bolivia (Plurinational State of); Bosnia and Herzegovina; Botswana; Brazil; Brunei Darussalam; Bulgaria; Burkina Faso; Burundi; Cabo Verde; Cambodia; Cameroon; Canada; Central African Republic; Chad; Chile; China; Colombia; Comoros; Congo; Cook Islands; Costa Rica; Côte d'Ivoire; Croatia; Cuba; Cyprus; Czech Republic; Democratic People's Republic of Korea; Democratic Republic of the Congo; Denmark; Djibouti; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Ethiopia; Fiji; Finland; France; Gabon; Gambia; Georgia; Germany; Ghana; Greece; Grenada; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran (Islamic Republic of); Iraq; Ireland; Israel; Italy; Jamaica; Japan; Jordan; Kazakhstan; Kenya; Kiribati; Kuwait; Kyrgyzstan; Lao People's Democratic

Republic; Latvia; Lebanon; Lesotho; Liberia; Libya; Lithuania; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Mauritania; Mauritius; Mexico; Monaco; Mongolia; Montenegro; Morocco; Mozambique; Myanmar; Namibia; Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; Norway; Oman; Pakistan; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Republic of Moldova; Romania; Russian Federation; Rwanda; Saint Kitts and Nevis; Samoa; San Marino; Sao Tome and Principe; Saudi Arabia; Senegal; Serbia; Seychelles; Sierra Leone; Singapore; Slovakia; Slovenia; Solomon Islands; Somalia; South Africa; South Sudan; Spain; Sri Lanka; Sudan; Suriname; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Thailand; The former Yugoslav Republic of Macedonia; Timor-Leste; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Tuvalu; Uganda; Ukraine; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Tanzania; United States of America; Uruguay; Uzbekistan; Venezuela (Bolivarian Republic of); Viet Nam; Yemen; Zambia; Zimbabwe.

(Sixth plenary meeting, 21 May 2014)

WHA67(7) Election of Members entitled to designate a person to serve on the Executive Board

The Sixty-seventh World Health Assembly, after considering the recommendations of the General Committee, elected the following as Members entitled to designate a person to serve on the Executive Board: China, Democratic Republic of the Congo, Eritrea, Gambia, Kuwait, Liberia, Nepal, Russian Federation, United Kingdom of Great Britain and Northern Ireland, United States of America.

(Eighth plenary meeting, 23 May 2014)

WHA67(8) Consideration of the financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly

The Sixty-seventh World Health Assembly, having recalled the approval by the Sixty-sixth World Health Assembly of the Programme budget 2014–2015 in its entirety, and the financing dialogue, including a coordinated Organization-wide resource mobilization, that was established in order to ensure the full financing of the programme budget,

(1) decided that resolutions adopted by the Sixty-seventh World Health Assembly will be implemented to the extent that their funding is included in the Programme budget 2014–2015, with the exception of activities that fall under the emergency component of the Programme budget,¹ or as otherwise specifically decided by the Health Assembly;

(2) decided further that where resolutions adopted by the Sixty-seventh World Health Assembly have cost implications that exceed the financial provisions of the Programme budget 2014–2015, the Director-General shall present a report to the Programme, Budget and Administration Committee of

¹ Activities that fall under the emergency component of the programme budget do not have a budget ceiling. In resolution WHA66.2, paragraph 9 the Health Assembly “FURTHER AUTHORIZES the Director-General, where necessary, to incur expenditures in the emergencies component of the budget beyond the amount allocated for this component, subject to availability of resources ...”.

the Executive Board at its twenty-first meeting in January 2015 containing a proposal for handling the related costs, including an analysis of the financial and programmatic implications, and considering all available options;

(3) requested the Programme, Budget and Administration Committee to make recommendations to the Executive Board at its 136th session and to the Sixty-eighth World Health Assembly, based on the report in paragraph (2) above, for consideration in conjunction with the information requested in document A66/48, paragraph 28;¹

(4) requested the Director-General, in consultation with Member States, to report to the Programme, Budget and Administration Committee in January 2015 on options to ensure alignment of resolutions with the general programme of work and the related programme budgets, including how to strengthen the link between programme budgets and resolutions, reports on financial implications of resolutions and decisions adopted by the Health Assembly as well as progress reports, and providing information on the proportion of future programme budgets that results from resolutions and decisions adopted by the governing bodies.

(Eighth plenary meeting, 23 May 2014)

WHA67(9) Maternal, infant and young child nutrition

The Sixty-seventh World Health Assembly,

(1) endorsed the seven indicators to monitor progress towards the achievement of the global targets as part of the core set of indicators of the global monitoring framework on maternal, infant and young child nutrition;

(2) requested the Director-General to establish a working group composed of representatives and experts appointed by Member States and United Nations bodies in order to complete the work, before the end of 2014, on the development of the core set of indicators to monitor the comprehensive implementation plan on maternal, infant and young child nutrition, building on “tracer” indicators for policy and programme implementation in health and other sectors that are relevant to the achievement of the global nutrition targets, as well as developing an extended set of indicators in order to track processes that have an impact on the global targets in specific country settings, for consideration by Member States at the Sixty-eighth World Health Assembly;

(3) also requested the Director-General to convene informal consultations with Member States² to complete the work, before the end of 2015, on risk assessment and management tools for conflicts of interest in nutrition, for consideration by Member States at the Sixty-ninth World Health Assembly;

(4) noted the work carried out by the WHO Secretariat in response to resolution WHA65.6 on the comprehensive implementation plan on maternal, infant and young child nutrition, in which the

¹ See document A66/48, paragraph 28: “... the governing bodies will provide guidance on the Director-General’s proposals relating to any reprogramming of resources or activities deemed necessary, in view of the progress towards programme budget implementation, new mandates received and World Health Assembly resolutions with associated financial implications or emerging public health needs”.

² And, where applicable, regional economic integration organizations.

Director-General was requested to provide clarification and guidance on the “inappropriate promotion of food for infants and young children” cited in resolution WHA63.23 on infant and young child nutrition, taking into consideration the ongoing work of the Codex Alimentarius Commission; further recalling resolution WHA63.23, in which Member States were urged to end inappropriate promotion of food for infants and young children; and further requesting the Director-General to complete the work, before the end of 2015, for consideration by Member States at the Sixty-ninth World Health Assembly.

(Eighth plenary meeting, 23 May 2014)

WHA67(10) Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

The Sixty-seventh World Health Assembly, mindful of the basic principle established in the Constitution of the World Health Organization, which affirms that the health of all peoples is fundamental to the attainment of peace and security, and stressing that unimpeded access to health care is a crucial component of the right to health, requested the Director-General:

- (1) to report on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, to the Sixty-eighth World Health Assembly, based on a field assessment, including with special focus on:
 - (a) barriers to health access in the occupied Palestinian territory, as well as progress made in the implementation of the recommendations contained in the World Health Organization 2013 report on “Right to health: barriers to health access in the occupied Palestinian territory”;
 - (b) access to adequate health services on the part of Palestinian prisoners;
 - (c) the effect of prolonged occupation and human rights violations on mental health, particularly the mental consequences of the Israeli military detention system on child detainees;
 - (d) the effect of impeded access to water and sanitation, as well as food insecurity, on health conditions in the occupied Palestinian territory, particularly in the Gaza Strip;
 - (e) the provision of financial and technical assistance and support by the international donor community, and its contribution to improving health conditions in the occupied Palestinian territory;
- (2) to provide support to the Palestinian health services, including capacity-building programmes;
- (3) to 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 prisoners and detainees in cooperation with the efforts of the International Committee of the Red Cross, as well as the health needs of the handicapped and injured;
- (5) to provide support also to the Palestinian health sector in preparing for emergency situations, and scaling up emergency preparedness and response capacities;

(6) to support the development of the health system in the occupied Palestinian territory, including development of human resources.

(Eighth plenary meeting, 23 May 2014)

WHA67(11) Appointment of representatives to the WHO Staff Pension Committee

(1) The Sixty-seventh World Health Assembly nominated Dr Ebenezer Appiah-Denkyira of the delegation of Ghana as a member for a three-year term until May 2017 and Dr Michel Tailhades, the most senior alternate member of the delegation of Switzerland, as a member for the remainder of his term of office until May 2015.

(2) The Sixty-seventh World Health Assembly also nominated Dr Darren Hunt of the delegation of New Zealand and Dr Mariam A. Al-Jalahma of the delegation of Bahrain as alternate members of the WHO Staff Pension Committee for a three-year term until May 2017.

(Ninth plenary meeting, 24 May 2014)

WHA67(12) Real estate: update on the Geneva buildings renovation strategy

The Sixty-seventh World Health Assembly, having considered the report on real estate: update on the Geneva buildings renovation strategy,¹ and having noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-seventh World Health Assembly,²

- (1) noted the updated Geneva buildings renovation strategy;
- (2) authorized the Director-General to proceed with the initial planning phase, including the organization of an architectural competition;
- (3) expressed its appreciation to the Government of Switzerland for its offer to provide an initial interest-free loan of 14 million Swiss francs for planning purposes;
- (4) requested the Director-General:
 - (a) to accept the initial loan subject to the conditions described in paragraphs 10–12 of the report on real estate: update on the Geneva buildings renovation strategy,¹ continuing to plan the site-wide renovation project;
 - (b) to present to the Sixty-eighth World Health Assembly the selected design for the new building with an outline of the building specifications and a detailed financial update of the entire renovation strategy, with the expectation that a final decision will be taken by the Sixty-ninth World Health Assembly regarding approval of the final project and acceptance of the full loan for the construction of the new building and initiation of construction work, subject to the Swiss federal authorities' final approval of the full loan in December 2016.

(Ninth plenary meeting, 24 May 2014)

¹ Document A67/52.

² Document A67/61.

WHA67(13) 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.

(Ninth plenary meeting, 24 May 2014)

WHA67(14) 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;² 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)(a) below;
- (3) requested that the regional committees submit a report on their deliberations to the Sixty-eighth World Health Assembly, through the Executive Board;
- (4) requested the Director-General:
 - (a) 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 and response thereon from the Secretariat, by the end of July 2014;
 - (b) 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 content and to be better prepared for discussion and deliberation.

(Ninth plenary meeting, 24 May 2014)

¹ Document A67/23.

² Document A67/6.

WHA67(15) Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination

The Sixty-seventh World Health Assembly, having considered the follow-up of the report of the Consultative Expert Working Group on Research and Development Financing and Coordination,¹

- (1) noted the progress made in implementation of resolution WHA66.22 and decision EB134(5);
- (2) recognized the indicators to measure success in implementing the health research and development demonstration projects, and requested the addition of an analysis of the extent of innovative components being implemented by the projects, including financing, the use of open access models, multisectoral research platforms, and delinkage, among other criteria;
- (3) requested the Director-General to expedite the process of the remaining four projects, in addition to the four already agreed, and to report on progress to the 136th session of the Executive Board;
- (4) noted, without prejudice to future discussions in the context of recommendations of the Consultative Expert Working Group on Research and Development Financing and Coordination and actions on other sustainable mechanisms for financing health research and development, the assessment made by the Secretariat and the possibility of using an existing mechanism to host a pooled fund for voluntary contributions towards research and development for type III and II diseases and the specific research and development needs of developing countries in relation to type I diseases;
- (5) requested the Director-General to further explore this option with the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases recognizing the following:
 - that the scope of the diseases should not be limited to type III diseases but should be in line with the mandate of the global strategy and plan of action on public health, innovation and intellectual property;
 - the need for a sustainable financial mechanism for health research and development;
 - the role of Member States in the governance of the coordination mechanism;
- (6) requested the Director-General to report to the Sixty-eighth World Health Assembly through the 136th session of the Executive Board with reference to this decision.

(Ninth plenary meeting, 24 May 2014)

WHA67(16) Selection of the country in which the Sixty-eighth World Health Assembly would be held

The Sixty-seventh World Health Assembly, in accordance with Article 14 of the Constitution, decided that the Sixty-eighth World Health Assembly would be held in Switzerland.

(Ninth plenary meeting, 24 May 2014)

¹ Documents A67/27, A67/28 and A67/28 Add.1.

II. RESOLUTIONS

WHA67.1	Global strategy and targets for tuberculosis prevention, care and control after 2015
WHA67.2	Improved decision-making by the governing bodies
WHA67.3	Financial report and audited financial statements for the year ended 31 December 2013
WHA67.4	Supplementary funding for real estate and longer-term staff liabilities
WHA67.5	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution
WHA67.6	Hepatitis
WHA67.7	Disability
WHA67.8	Autism
WHA67.9	Psoriasis
WHA67.10	Newborn health: action plan
WHA67.11	Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention
WHA67.12	Contributing to social and economic development: sustainable action across sectors to improve health and health equity
WHA67.13	Implementation of the International Health Regulations (2005)
WHA67.14	Health in the post-2015 development agenda
WHA67.15	Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children
WHA67.16	Report of the External Auditor
WHA67.17	Salaries of staff in ungraded posts and of the Director-General
WHA67.18	Traditional medicine
WHA67.19	Strengthening of palliative care as a component of comprehensive care throughout the life course

- WHA67.20 Regulatory system strengthening for medical products
- WHA67.21 Access to biotherapeutic products including similar biotherapeutic products and ensuring their quality, safety and efficacy
- WHA67.22 Access to essential medicines
- WHA67.23 Health intervention and technology assessment in support of universal health coverage
- WHA67.24 Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage
- WHA67.25 Antimicrobial resistance

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