

## Decisions and list of resolutions

### I. DECISIONS

#### WHA68(1)      **Composition of the Committee on Credentials**

The Sixty-eighth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following Member States: Belgium, Colombia, Djibouti, Gabon, Guinea-Bissau, Honduras, Lesotho, Singapore, Switzerland, Tajikistan, Timor-Leste and Tonga.

(First plenary meeting, 18 May 2015)

#### WHA68(2)      **Election of officers of the Sixty-eighth World Health Assembly**

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

<b>President:</b>	Mr Jagat Prakash Nadda (India)
<b>Vice-Presidents:</b>	Dr Li Bin (People's Republic of China) Mr John David Edward Boyce (Barbados) Dr Ferozudin Feroz (Afghanistan) Mr Francesco Mussoni (San Marino) Dr Awa Marie Coll Seck (Senegal)

(First plenary meeting, 18 May 2015)

#### WHA68(3)      **Election of officers of the main committees**

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

<b>Committee A:</b>	<b>Chairman</b>	Dr Eduardo Jaramillo (Mexico)
<b>Committee B:</b>	<b>Chairman</b>	Mr Michael Malabag (Papua New Guinea)

(First plenary meeting, 18 May 2015)

The main committees subsequently elected the following officers:

<b>Committee A:</b>	<b>Vice-Chairmen</b>	Ms Dorcas Makgato (Botswana) Mr Bahar Idris Abu Garda (Sudan)
	<b>Rapporteur</b>	Dr Liis Roväli (Estonia)

**Committee B: Vice-Chairmen** Dr Raymond Busuttil (Malta)  
Mr Khaga Raj Adhikari (Nepal)

**Rapporteur** Dr Guy Fones (Chile)

(First meetings of Committees A and B,  
18 and 20 May 2015, respectively)

#### **WHA68(4) Establishment of the General Committee**

The Sixty-eighth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the delegates of the following 17 countries as members of the General Committee: Burkina Faso, Burundi, Comoros, Cuba, France, Ghana, Indonesia, Latvia, Montenegro, Oman, Peru, Russian Federation, South Sudan, Syrian Arab Republic, United Kingdom of Great Britain and Northern Ireland, United States of America and Viet Nam.

(First plenary meeting, 18 May 2015)

#### **WHA68(5) Adoption of the agenda**

The Sixty-eighth World Health Assembly adopted the provisional agenda prepared by the Executive Board at its 136th session, with the deletion of three items and the transfer of one item from Committee A to Committee B. One further item was deferred for consideration by the Executive Board at its 137th session.

(Second plenary meeting, 18 May 2015)

#### **WHA68(6) Verification of credentials**

The Sixty-eighth World Health Assembly recognized the validity of the credentials of the following delegations: Afghanistan; Albania; Algeria; Andorra; Angola; Antigua and Barbuda; 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; 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; Nauru; 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; Tajikistan; 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; Vanuatu; Venezuela (Bolivarian Republic of); Viet Nam; Yemen; Zambia; Zimbabwe.

(Sixth plenary meeting, 20 May 2015)

**WHA68(7) Election of Members entitled to designate a person to serve on the Executive Board**

The Sixty-eighth 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: Canada, Congo, Dominican Republic, France, Jordan, Kazakhstan, Malta, New Zealand, Pakistan, Philippines, Sweden and Thailand.

(Eighth plenary meeting, 22 May 2015)

**WHA68(8) Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan**

The Sixty-eighth 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; also taking note of the report of the Secretariat on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan,<sup>1</sup> and noting also the report of a field assessment of health conditions in the occupied Palestinian territory,<sup>2</sup> 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-ninth World Health Assembly, through a field assessment conducted by the World Health Organization, with special focus on:

- (a) barriers to health access in the occupied Palestinian territory, including as a result of movement restrictions and territorial fragmentation, as well as progress made in the implementation of the recommendations contained in the WHO's 2014 report, *Right to health: crossing barriers to access health in the occupied Palestinian territory, 2013*;<sup>3</sup>
- (b) physical injuries and disabilities, and damage to and destruction of medical infrastructure and facilities as well as impediments to the safety of health care workers;
- (c) access to adequate health services on the part of Palestinian prisoners;

<sup>1</sup> Document A68/37.

<sup>2</sup> [http://applications.emro.who.int/docs/Cons\\_Rep\\_2015\\_EN\\_16311.pdf](http://applications.emro.who.int/docs/Cons_Rep_2015_EN_16311.pdf) (accessed 1 June 2015).

<sup>3</sup> Right to health: crossing barriers to access health in the occupied Palestinian territory, 2013. Geneva: World Health Organization; 2014 ([http://www.emro.who.int/images/stories/palestine/documents/WHO\\_-\\_RTH\\_crossing\\_barriers\\_to\\_access\\_health.pdf?ua=1](http://www.emro.who.int/images/stories/palestine/documents/WHO_-_RTH_crossing_barriers_to_access_health.pdf?ua=1), accessed 20 May 2015).

- (d) the effect of prolonged occupation and human rights violations on mental and physical health, particularly the health consequences of the Israeli military detention system on Palestinian prisoners and detainees, especially child detainees, and of insecure living conditions in the occupied Palestinian territory, including east Jerusalem;
  - (e) 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;
  - (f) 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 handicapped and injured people;
  - (5) to provide support to the Palestinian health sector in preparing for emergency situations and scaling up emergency preparedness and response capacities and in reducing shortages in life-saving drugs and medical disposables;
  - (6) to support the development of the health system in the occupied Palestinian territory, including development of human resources.

(Eighth plenary meeting, 22 May 2015)

## **WHA68(9) Polio myelitis**

The Sixty-eighth World Health Assembly, having considered the report of the Secretariat on poliomyelitis,<sup>1</sup>

- (1) endorsed the continuation of the management of the public health emergency of international concern through temporary recommendations issued by the Director-General under the International Health Regulations (2005) in connection with the public health emergency of international concern arising from the international spread of wild poliovirus; and
- (2) requested the Director-General to report on progress towards reduction in the risk of international spread of wild poliovirus to the Sixty-ninth World Health Assembly.

(Ninth plenary meeting, 26 May 2015)

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<sup>1</sup> Document A68/21 Add.3.

**WHA68(10) 2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola**

The Sixty-eighth World Health Assembly, having recalled the resolution adopted by the Executive Board at its Special Session on Ebola on 25 January 2015,<sup>1</sup>

**Interim assessment**

1. Welcomed the preliminary report of the Ebola Interim Assessment Panel appearing in document A68/25;
2. Thanked the Ebola Interim Assessment Panel for its work to date;
3. Requested the Ebola Interim Assessment Panel to continue its work as mandated by the Executive Board at its Special Session on Ebola,<sup>1</sup> and to issue a final report to be made available to the Director-General not later than 31 July 2015.

**International Health Regulations (2005)**

1. Requested the Director-General to establish a Review Committee under the International Health Regulations (2005) to examine the role of the International Health Regulations (2005) in the Ebola outbreak and response, with the following objectives:
  - (a) to assess the effectiveness of the International Health Regulations (2005) with regard to the prevention, preparedness and response to the Ebola outbreak, with a particular focus on notification and related incentives, temporary recommendations, additional measures, declaration of a public health emergency of international concern, national core capacities, and context and links to the Emergency Response Framework<sup>2</sup> and other humanitarian responsibilities of the Organization;
  - (b) to assess the status of implementation of recommendations from the previous Review Committee in 2011<sup>3</sup> and related impact on the current Ebola outbreak;
  - (c) to recommend steps to improve the functioning, transparency, effectiveness and efficiency of the International Health Regulations (2005), including WHO response, and to strengthen preparedness and response for future emergencies with health consequences, with proposed timelines for any such steps;
2. Requested the Director-General to convene the International Health Regulations (2005) Review Committee as provided by the International Health Regulations (2005) in August 2015, and to report on its progress to the Sixty-ninth World Health Assembly in May 2016;

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<sup>1</sup> Resolution EBSS3.R1.

<sup>2</sup> See resolution WHA65.20.

<sup>3</sup> See document A64/10.

3. Agreed to support west and central African States and other at-risk States to achieve full implementation of the International Health Regulations (2005), including meeting the requirements of the core capacities, by June 2019;

4. Noted the recommendation of the Ebola Interim Assessment Panel for WHO to propose a plan with resourcing requirements to be shared with Member States and other relevant stakeholders to develop the core public health capacities for all countries in respect of the International Health Regulations (2005), and further to explore mechanisms and options for objective analysis through self-assessment and, on a voluntary basis, peer-review and/or external evaluation for the requesting Member States.

### **Global health emergency workforce**

1. Welcomed the Director-General's efforts to provide an initial conceptual plan for a global health emergency workforce to respond to outbreaks and emergencies with health consequences, as part of the dedicated structure and functions of the wider emergency response programme, which would unite and direct all WHO outbreak and emergency response operations within the WHO mandate, across the three levels of the Organization, and under the direct supervision of the Director-General, in support of countries' own response;<sup>1</sup>

2. Reiterated that WHO emergency response at all levels shall be exercised according to international law, in particular with Article 2(d) of the Constitution of the World Health Organization and in a manner consistent with the principles and objectives of the Emergency Response Framework, and the International Health Regulations (2005), and be guided by an all-hazards health emergency approach, emphasizing adaptability, flexibility and accountability; humanitarian principles of neutrality, humanity, impartiality, and independence; and predictability, timeliness, and country ownership;

3. Emphasized the importance of WHO building capacity in its areas of comparative advantage and drawing extensively on the capacities of other United Nations agencies, funds and programmes, the Global Outbreak Alert and Response Network, foreign medical teams and stand-by partners<sup>2</sup> and the lead role of WHO in the Global Health Cluster;

4. Requested the Director-General to report on progress on the establishment, coordination and management of the emergency response programme, including the global health emergency workforce, to the Sixty-ninth World Health Assembly through the 138th Executive Board in January 2016.

### **Contingency fund**

1. Welcomed the parameters described in document A68/26, which include the guiding principles that must govern the fund, such as: size, scope, sustainability, operations, voluntary sources of financing and accountability mechanisms;

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<sup>1</sup> See paragraph 44 of document A68/27.

<sup>2</sup> See paragraph 15 of document A68/27.

2. Decided to create a specific, replenishable contingency fund to rapidly scale up WHO's initial response to outbreaks and emergencies with health consequences,<sup>1</sup> that merges the existing two WHO funds,<sup>2</sup> with a target capitalization of US\$ 100 million fully funded by voluntary contributions, flexible within the fund's scope;
3. Agreed that the contingency fund will reliably and transparently, including with regard to financial reporting and accountability, provide financing, for a period of up to three months,<sup>3</sup> emphasizing predictability, timeliness, and country ownership; humanitarian principles of neutrality, humanity, impartiality, and independence; and practices of good humanitarian donorship;<sup>4</sup>
4. Decided that the contingency fund would be under the authority of the Director-General, with disbursement at his or her discretion;
5. Requested the Director-General to review the scope and criteria of the contingency fund after two years of implementation, and include, in a report to be presented at the Seventieth World Health Assembly in May 2017, proposals to improve the fund's performance and sustainability;
6. Thanked Member States for contributions already committed to the contingency fund;
7. Requested the Director-General to approach donors to encourage contribution to the contingency fund, including through the next round of the financing dialogue;
8. Requested the Director-General to report on the performance of the contingency fund, including amount raised and spent, value added and for what purpose, to the Sixty-ninth World Health Assembly in May 2016, through the Executive Board at its 138th session in January 2016;
9. Requested the Director-General to prioritize in-field operations in affected countries when using the contingency fund.

### **Research and development**

1. Appreciated the key coordination role played by WHO for ongoing work in development of vaccines, diagnostics and drugs for the Ebola virus disease;
2. Welcomed the development of a blueprint, in consultation with Member States and relevant stakeholders, for accelerating research and development in epidemics or health emergency situations where there are no, or insufficient, preventive, and curative solutions, taking into account other relevant work streams within WHO;

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<sup>1</sup> Using the objective criteria set out in the Emergency Response Framework.

<sup>2</sup> WHO's Rapid Response Account and WHO-Nuclear Threat Initiative Emergency Outbreak Response Fund.

<sup>3</sup> This may be extended by the Director-General if needed, for an additional period of up to 3 months to support continuity, only if other funding cannot be mobilized by that time.

<sup>4</sup> See A/58/59/-E/2003/94, annex II.

3. Reaffirmed the global strategy and plan of action on public health, innovation and intellectual property.

#### **Health systems strengthening**

1. Welcomed the development of the robust, costed national health system recovery plans for Guinea, Liberia and Sierra Leone, which were presented at the World Bank Spring Meetings on 17 April 2015, as the basis for donor coordination and strategic investments;
2. Requested WHO to continue its coordination role in support of national administrations as they prepare for the United Nations Secretary General's high-level pledging conference on Ebola, to be held on 10 July 2015;
3. Acknowledged the leadership shown by the Ministries of Health of the three countries in focusing, with support of WHO country offices, on early recovery through emphases on infection prevention and control, reactivation of essential services, immediate health workforce priorities and integrated disease surveillance;
4. Requested the Director-General to continue and enhance the work of the Organization in supporting Member States to be better prepared to respond to emergencies with health consequences by strengthening national health systems.

#### **Way forward**

1. Welcomed the Director-General's commitment to reform the work and culture of WHO in emergencies with health consequences, and in particular to establish effective, clear command and control across the three levels of the Organization;
2. Welcomed the Director-General's proposal to establish a small, focused expert advisory group to guide and support the further development of reform of WHO's work in emergencies with health consequences;
3. Requested the Director-General to report on progress on these reforms, and on the other decisions taken herein, to the Sixty-ninth World Health Assembly in May 2016, through the Executive Board at its 138th session in January 2016, and reiterated the request to the Director-General to report annually to the Health Assembly on all Grade 3 and United Nations Inter-Agency Standing Committee Level 3 emergencies where WHO has taken action.

(Ninth plenary meeting, 26 May 2015)



**WHA68(11) WHO Global Code of Practice on the International Recruitment of Health Personnel**

The Sixty-eighth World Health Assembly, having reviewed the report of the Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010),<sup>1</sup>

- (1) recognized the relevance of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010) in the context of growing regional and interregional labour mobility, and of demographic and epidemiological transition that increases demand for health workforce;
- (2) urged Member States and other stakeholders to expand awareness and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), in particular by strengthening of institutional capacity and resources to complete the second round of national reporting by 31 July 2015;
- (3) requested the Secretariat at the global, regional and country levels to expand its capacity to raise awareness, provide technical support and promote effective implementation and reporting of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010) within the approved Programme budget;
- (4) decided that the further assessment of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010) should be considered in line with the third round of national reporting in 2018 and the scheduled progress report to the Seventy-second World Health Assembly in 2019.

(Ninth plenary meeting, 26 May 2015)

**WHA68(12) Substandard/spurious/falsely-labelled/falsified/counterfeit medical products**

The Sixty-eighth World Health Assembly, having considered the report on substandard/spurious/falsely-labelled/falsified/counterfeit medical products<sup>2</sup> and decision EB136(1), decided to postpone the review of the Member State mechanism by one year, to 2017, as proposed by the mechanism in its report.<sup>3</sup>

(Ninth plenary meeting, 26 May 2015)

**WHA68(13) Appointment of representatives to the WHO Staff Pension Committee<sup>4</sup>**

The Sixty-eighth World Health Assembly nominated Dr Michel Tailhades of the delegation of Switzerland, as a member for a three-year term until May 2018.

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<sup>1</sup> Document A68/32 Add.1.

<sup>2</sup> Document A68/33.

<sup>3</sup> Document A68/33, Annex.

<sup>4</sup> Document A68/48.

(Ninth plenary meeting, 26 May 2015)

**WHA68(14) Maternal, infant and young child nutrition: development of the core set of indicators**

The Sixty-eighth World Health Assembly, having considered the report on maternal, infant and young child nutrition: development of the core set of indicators,<sup>1</sup> decided:

- (1) to approve the additional core indicators for the global monitoring framework on maternal, infant and young child nutrition;
- (2) to recommend that Member States report on the entire core set of indicators starting in 2016, with the exception of process indicators 1,<sup>2</sup> 4<sup>3</sup> and 6<sup>4</sup> and policy environment and capacity indicator 1,<sup>5</sup> which will be reviewed by the Executive Board once available, for approval, and which will be reported on from 2018 onwards;
- (3) to request the Director-General to provide additional operational guidance on how to generate the necessary data for indicators in different country contexts;
- (4) to request the Director-General to review the indicators for the extended set and provide details of the definitions of those indicators, the availability of data and the criteria for their applicability to different country contexts;
- (5) to recommend a review of the global nutrition monitoring framework in 2020.

(Ninth plenary meeting, 26 May 2015)

**WHA68(15) Selection of the country in which the Sixty-ninth World Health Assembly would be held**

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

(Ninth plenary meeting, 26 May 2015)

## II. RESOLUTIONS

WHA68.1 Programme budget 2016–2017

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<sup>1</sup> Document A68/9.

<sup>2</sup> Proportion of children aged 6 to 23 months who receive a minimum acceptable diet.

<sup>3</sup> Proportion of pregnant women receiving iron and folic acid supplements.

<sup>4</sup> Proportion of mothers of children aged 0–23 months who have received counselling, support or messages on optimal breastfeeding at least once in the last year.

<sup>5</sup> Number of trained nutrition professionals per 100 000 population.

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WHA68.2	Global technical strategy and targets for malaria 2016–2030
WHA68.3	Poliomyelitis
WHA68.4	Yellow fever risk mapping and recommended vaccination for travellers
WHA68.5	The recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation
WHA68.6	Global vaccine action plan
WHA68.7	Global action plan on antimicrobial resistance
WHA68.8	Health and the environment: addressing the health impact of air pollution
WHA68.9	Framework of engagement with non-State actors
WHA68.10	Financial report and audited financial statements for the year ended 31 December 2014
WHA68.11	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
WHA68.12	Scale of assessments for 2016–2017
WHA68.13	Report of the External Auditor
WHA68.14	Appointment of the External Auditor
WHA68.15	Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage
WHA68.16	Salaries of staff in ungraded posts and of the Director-General
WHA68.17	Amendments to the Staff Regulations
WHA68.18	Global strategy and plan of action on public health, innovation and intellectual property
WHA68.19	Outcome of the Second International Conference on Nutrition
WHA68.20	Global burden of epilepsy and need for coordinated action at the country level to address its health, social and public knowledge implications

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