

Decisions and list of resolutions

I. DECISIONS

WHA69(1) **Composition of the Committee on Credentials**

The Sixty-ninth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following Member States: Afghanistan, Bolivia (Plurinational State of), Georgia, Haiti, India, Kenya, Liberia, Madagascar, Poland, Republic of Korea, Spain and Tonga.

(First plenary meeting, 23 May 2016)

WHA69(2) **Election of officers of the Sixty-ninth World Health Assembly**

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

President: Dr Ahmed Mohammed Al-Saidi (Oman)

Vice-Presidents: Dr Sathasivam Subramaniam (Malaysia)
Dr Francisco Terrientes (Panama)
Mr Assane Nguéadoum (Chad)
Dr Ana Isabel Soares (Timor-Leste)
Dr Armen Muradyan (Armenia)

(First plenary meeting, 23 May 2016)

WHA69(3) **Election of officers of the main committees**

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

Committee A: Chairman Mr Martin Bowles (Australia)
Committee B: Chairman Dr Phusit Prakongsai (Thailand)

(First plenary meeting, 23 May 2016)

The main committees subsequently elected the following officers:

Committee A:	Vice-Chairmen	Ms Taru Koivisto (Finland) Mr Nickolas Steel (Grenada)
	Rapporteur	Ms Aishah Samiya (Maldives)
Committee B:	Vice-Chairmen	Dr Mahlet Kifle (Ethiopia) Dr Asadi-Lari (Islamic Republic of Iran)
	Rapporteur	Mr Abdunomon Sidikov (Uzbekistan)

(First meetings of Committees A and B,
23 and 25 May 2016, respectively)

WHA69(4) Establishment of the General Committee

The Sixty-ninth 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: Antigua and Barbuda, Argentina, Benin, Cameroon, Central African Republic, China, Côte d'Ivoire, Cuba, Estonia, France, Iraq, Netherlands, Russian Federation, Somalia, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania and United States of America.

(First plenary meeting, 23 May 2016)

WHA69(5) Adoption of the agenda

The Sixty-ninth World Health Assembly adopted the provisional agenda prepared by the Executive Board at its 138th session, with the deletion of four items and the transfer of items 16 and 17 from Committee A to Committee B.

(Second plenary meeting, 23 May 2016)

WHA69(6) Verification of credentials

The Sixty-ninth 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; Bhutan; Bolivia (Plurinational State of); Bosnia and Herzegovina; Brazil; Brunei Darussalam; Bulgaria; Burkina Faso; Burundi; Cabo Verde; Cambodia; Cameroon; Canada; 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; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Ethiopia; Fiji; Finland; France; Gabon; Georgia; Germany; Ghana; Greece; Grenada; Guatemala; Guinea; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran (Islamic Republic of); Iraq; Ireland; Israel; Italy; Jamaica; Japan; Kazakhstan; Kenya; Kiribati; Kuwait; Lao People's Democratic

Republic; Latvia; Lebanon; Lesotho; Liberia; Lithuania; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Marshall Islands; Mauritania; Mauritius; Mexico; Micronesia (Federated States of); Monaco; Mongolia; Montenegro; Morocco; Mozambique; Myanmar; Namibia; Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; Norway; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Republic of Moldova; Romania; Russian Federation; Rwanda; Saint Kitts and Nevis; Saint Vincent and the Grenadines; 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; Suriname; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Tajikistan; Thailand; the former Yugoslav Republic of Macedonia; Timor-Leste; Togo; Tonga; 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.

(Seventh plenary meeting, 27 May 2016)

WHA69(7) Election of Members entitled to designate a person to serve on the Executive Board

The Sixty-ninth 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: Algeria, Bahrain, Bhutan, Burundi, Colombia, Fiji, Jamaica, Libya, Mexico, Netherlands, Turkey and Viet Nam.

(Seventh plenary meeting, 27 May 2016)

WHA69(8) Decision based on the agreed recommendations of the Open-ended Intergovernmental Meeting on Governance Reform (Geneva, 8 and 9 March 2016 and 28 and 29 April 2016)

The Sixty-ninth World Health Assembly, having considered the report on the Member State consultative process on governance reform,¹ decided:

Forward looking schedule for the agenda of the Executive Board and Health Assembly

(1) to request that the Director General develop a six-year, forward-looking planning schedule of expected agenda items for the Executive Board, including its standing committees, and the Health Assembly, based on standing items, requirements established by decisions and resolutions of the governing bodies, as well those required by the Constitution, regulations and rules of the Organization – especially taking into account the General Programme of Work, and without prejudice to additional, supplementary and urgent agenda items that might be added to the governing body agendas;

¹ Document A69/5.

(2) to request the Director General to submit the above-mentioned forward-looking planning schedule, as an information document, to the Executive Board at its 140th session, and to update the schedule regularly, as needed;

Agenda management

(3) to request the Bureau of the Executive Board, taking into account inputs from Member States,¹ to review the criteria currently applied in considering items for inclusion on the provisional agenda of the Board,² and to develop proposals for new and/or revised criteria for the consideration of the 140th session of the Executive Board;

(4) to request the Director General, in consultation with Member States and taking into account previous Member State discussions,³ to develop by the end of October 2016, proposals to improve the level of correspondence between the number of items on the provisional agendas of the governing bodies and the number, length and timing of their sessions, including the financial implications of proposed options, for consideration by the Seventieth World Health Assembly through the 140th session of the Executive Board;

Rules of additional, supplementary and urgent agenda items

(5) to request the Director-General to prepare an analysis of the current Rules of Procedure of the Executive Board and Rules of Procedure of the World Health Assembly in order to identify interpretational ambiguities and gaps in the processes for the inclusion of additional, supplementary and urgent agenda items and to make recommendations on the further improvement of those processes; and to report to the Seventy-first World Health Assembly through the Executive Board;

Improvement of information technology tools for better access

(6) to request the Director-General to continue strengthening, and making more user-friendly, the use of existing and new information technology tools in order to improve timely and cost-effective access to governing body meetings and documentation, both pre- and post-session, and to continue making arrangements for access to the webcasts post-session of public governing body meetings;

Senior management coordination

(7) to recognize the Global Policy Group⁴ as an advisory mechanism to the Director-General and encourage the Director-General, in accordance with the WHO Constitution, to continue to

¹ Available at <http://apps.who.int/gb/mscp/mscp.html> (accessed 9 May 2016).

² See decision WHA65(9) (2012) and resolution EB121.R1 (2007).

³ See document EB136/2015/REC/2, summary records of the fourth meeting; document EB134/2014/REC/2, summary records of the fifth meeting and twelfth meeting, section 4; and document EB132/2013/REC/2, summary records of the fifth meeting and sixth meeting.

⁴ It is noted that the Global Policy Group currently comprises the Director-General, Deputy Director-General and the Regional Directors.

strengthen senior management coordination for the coherent implementation of decisions, policies and strategies of the Organization across all levels;

Improving transparency and accountability

(8) to request the Director-General and Regional Directors to make the delegations of authority and letters of representation publicly available on an electronic platform¹ in order to improve transparency and accountability;

Increasing harmonization across the regional committees in relation to the nomination of Regional Directors

(9) in accordance with decision WHA65(9) (2012), to invite each Regional Committee to consider measures to improve the process of nomination of Regional Directors, taking into consideration best practices from the six regions;

Improving transparency of the process for the selection of Assistant Directors-General

(10) to request the Director-General to improve transparency of the process for the selection of Assistant Directors-General, including through timely advertisement of the Assistant Director-General positions in all official languages;

Strengthening planning mechanisms

(11) to encourage the Director-General and Regional Directors, working with Heads of WHO Country Offices, to strengthen the implementation of planning mechanisms² that improve alignment across the three levels of the Organization;

Enhancing alignment

(12) to request the Director-General, working with the Regional Directors, to assess and report on the implementation of operative paragraph 4 of decision WHA65(9) in the context of reporting on WHO reform, with the aim of enhancing alignment between the Regional Committees and the Executive Board, in relation to each subparagraph;

Strengthening oversight functions

(13) to invite Regional Committees to consider reviewing their current practices, including those of their standing committees and subcommittees, where applicable, with a view to strengthening their oversight functions; and request the Director-General, working with Regional Directors, to develop and maintain a platform³ for sharing the outcome of the reviews to assist in identifying best practices in the oversight functions and to report at the appropriate time to the Executive Board;

¹ For example the governance reform section of the WHO website.

² For example category networks and the results chain.

³ For example, the governance reform homepage on the WHO website.

Strengthening WHO cooperation with countries

(14) to invite the Regional Committees to improve oversight of the work of regional and country offices, including through identifying best practices and establishing a set of requirements on the reporting of regional and country office management, financial information and programme results to Regional Committees;

(15) to request the Director-General and the Regional Directors to provide the biennial WHO country presence report for review by the Regional Committees, and as an information document for the Health Assembly, through the Executive Board and its Programme, Budget and Administration Committee.

(Seventh plenary meeting, 27 May 2016)

WHA69(9) Reform of WHO's work in health emergency management: WHO Health Emergencies Programme

The Sixty-ninth World Health Assembly, having considered the reports on the reform of WHO's work in health emergency management,¹ decided:

(1) to welcome the progress made in the development of the new Health Emergencies Programme, the elaboration of an implementation plan and timeline for the new Programme, and the establishment of the Emergencies Oversight and Advisory Committee;

(2) to encourage ongoing collaboration with the United Nations Office for the Coordination of Humanitarian Affairs to enhance humanitarian system-wide coordination of the response to large-scale infectious hazards in the future;

(3) to note that the overall budget for the Health Emergencies Programme and its new operational capacities will be US\$ 494 million for the biennium 2016–2017, representing a US\$ 160 million increase over the current budget for WHO's primarily normative and technical work in health emergency management;

(4) to approve an increase of US\$ 160 million for the Programme budget 2016–2017 to initiate the implementation plan for the new Health Emergencies Programme, and to authorize the Director-General to mobilize additional voluntary contributions to meet this financial need for the biennium 2016–2017;

(5) to request the Director-General to report to the Seventieth World Health Assembly, through the Executive Board, on progress made and experience gained in establishing and operationalizing the Health Emergencies Programme.

(Seventh plenary meeting, 27 May 2016)

¹ Documents A69/30 and A69/61.

WHA69(10) Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

The Sixty-ninth 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 by the Secretariat on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan,¹ and noting also the field assessment report on health conditions in the occupied Palestinian territory: summary findings,² requested the Director-General:

(1) to report and make practical recommendations on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, to the Seventieth World Health Assembly, through a field assessment conducted by WHO, with special focus on:

- (a) physical and procedural 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 WHO's 2014 report, *Right to health: crossing barriers to access health in the occupied Palestinian territory, 2013*;³
- (b) incidents of delay or denial of ambulance service, and the harmful effects of the "back-to-back" procedure for the ambulance transfer of patients across checkpoints;
- (c) physical injuries and disabilities, and damage to and destruction of medical infrastructure and facilities, as well as impediments to the reconstruction, development and equipment of these health facilities and to the safety of health care workers;
- (d) access to adequate health services on the part of Palestinian prisoners, including the possibility of access to medical staff who can operate independently of the custodial authorities, and the health consequences of the military detention system on prisoners and detainees, especially child detainees, as well as progress made in the implementation of the recommendations contained in WHO's 2012 Right to Health advocacy project;
- (e) the impact of prolonged occupation and human rights violations on mental, physical and environmental health and on the development of a sustainable health system in the occupied Palestinian territory, including the health consequences of insecure living conditions, notably as a result of displacement, home demolitions and the denial of medical services;

¹ Document A69/44.

² Document A69/44 Add.1.

³ 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, accessed 6 June 2016).

- (f) the effect of impeded access to water and sanitation, and food insecurity, on health conditions in the occupied Palestinian territory, particularly in the Gaza Strip, as well as the effect of Israeli actions harming the environment, including the dumping of waste materials that pose a health threat to the civilian population, and progress made in the implementation of the recommendations contained in the Gaza Strip Joint Health Sector Assessment Report of September 2014;¹
- (g) the provision of financial and technical assistance and support by the international donor community, including through UNRWA, and its contribution to improving health conditions in the occupied Palestinian territory;
- (2) to provide support to the Palestinian health services, including through capacity-building programmes and the development of strategic plans for investments in specific treatment and diagnostic capacities locally;
- (3) to provide health-related technical assistance to the Syrian population in the occupied Syrian Golan;
- (4) to continue providing the 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 propose measures to improve the health of prisoners and ex-prisoners and the reintegration of ex-prisoners into the community, and to provide information to prisoners on how to cope with and report illness;
- (6) 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 and equipment;
- (7) to support the development of the health system in the occupied Palestinian territory, including development of human resources, with a particular focus on strengthening primary care and integrating mental health services provision into primary care services, as well as on health prevention and integrated disease management, and to advise donors on how to best support these activities;
- (8) to ensure the allocation of human and financial resources to deliver on these objectives.

(Seventh plenary meeting, 27 May 2016)

¹ Available at http://www.emro.who.int/images/stories/palestine/documents/Joint_Health_Sector_Assessment_Report_Gaza_Sept_2014-final.pdf, accessed 6 June 2016).

WHA69(11) Health and the environment: draft road map for an enhanced global response to the adverse health effects of air pollution

The Sixty-ninth World Health Assembly, having considered the report of the Secretariat on health and the environment: draft road map for an enhanced global response to the adverse health effects of air pollution,¹ decided:

- (1) to welcome the road map for an enhanced global response to the adverse health effects of air pollution; and
- (2) to request the Director-General to report the progress towards an enhanced global response to the adverse health effects of air pollution to the Seventy-first Health Assembly and its achievements to the Seventy-third Health Assembly.

(Eighth plenary meeting, 28 May 2016)

WHA69(12) Report of the Commission on Ending Childhood Obesity

The Sixty-ninth World Health Assembly, having considered the report of the Commission on Ending Childhood Obesity,² decided:

- (1) to welcome the report of the Commission on Ending Childhood Obesity;
- (2) to invite all relevant stakeholders, including international organizations, nongovernmental organizations, philanthropic foundations, academic institutions and the private sector, to work towards implementation of the actions recommended in the report of the Commission on Ending Childhood Obesity, as appropriate, according to context, with a view to strengthening their valuable contribution to ending childhood and adolescent obesity;
- (3) to recommend that Member States develop national responses to end childhood obesity and adolescent obesity, taking into account the recommendations included in the report of the Commission on Ending Childhood Obesity and adapting them to their national context;
- (4) to request the Director-General to develop, in consultation with Member States³ and relevant stakeholders, an implementation plan guiding further action on the recommendations included in the Report of the Commission on Ending Childhood Obesity to be submitted, through the Executive Board at its 140th session, for consideration by the Seventieth World Health Assembly.

(Eighth plenary meeting, 28 May 2016)

¹ Document A69/18.

² Document A69/8.

³ And, where applicable, regional economic integration organizations.

WHA69(13) Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control

The Sixty-ninth World Health Assembly, having considered the report on strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control,¹ decided:

- (1) to invite the Conference of the Parties to the WHO Framework Convention on Tobacco Control to consider the provision to the Health Assembly of a report for information on the outcomes of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, as well as the modalities relating to the presentation of such a report;
- (2) to invite the Conference of the Parties to the WHO Framework Convention on Tobacco Control to consider inviting the Health Assembly to provide a report for information to the Conference of Parties to the WHO Framework Convention on Tobacco Control on resolutions and decisions of the Health Assembly relevant for tobacco-related actions;
- (3) to include a follow-up item in the provisional agenda of the Seventieth World Health Assembly.

(Eighth plenary meeting, 28 May 2016)

WHA69(14) Implementation of the International Health Regulations (2005)

The Sixty-ninth World Health Assembly, having considered the report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response,² and acknowledging the leadership role of WHO, decided:

- (1) to commend the successful conclusion of the work of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response, the leadership of its Chair, the dedication of its distinguished members, and the submission of its report to the Director-General for transmittal to the Sixty-ninth World Health Assembly;
- (2) to request the Director-General to develop for the consideration of the Regional Committees in 2016 a draft global implementation plan for the recommendations of the Review Committee that includes immediate planning to improve delivery of the International Health Regulations (2005) by reinforcing existing approaches, and that indicates a way forward for dealing with new proposals that require further Member State technical discussions;
- (3) to request the Director-General to submit a final version of the global implementation plan for the consideration of the Executive Board at its 140th session.

(Eighth plenary meeting, 28 May 2016)

¹ Document A69/11

² Document A69/21.

WHA69(15) Public health dimension of the world drug problem including in the context of the special session of the United Nations General Assembly on the world drug problem, held in April 2016

The Sixty-ninth World Health Assembly, having considered the report on the public health dimension of the world drug problem including in the context of the special session of the United Nations General Assembly on the world drug problem, held in April 2016,¹ decided that this item will be included on the agenda of the Executive Board at its 140th session in January 2017.

(Eighth plenary meeting, 28 May 2016)

WHA69(16) Strategic budget space allocation

The Sixty-ninth World Health Assembly, having considered the report on financing of Programme budget 2016–2017: strategic budget space allocation,² decided the following:

- (1) to welcome the report of the Working Group on Strategic Budget Space Allocation and express its appreciation to the members of the Working Group for their thoroughness in reviewing the previous work and for developing a revised model in an objective and timely manner;
- (2) to endorse the proposed model recommended by the Working Group on Strategic Budget Space Allocation;
- (3) to request the Director-General, with respect to the endorsed model:
 - (a) to implement the recommended model, over a period of three to four bienniums, and to minimize any negative budgetary impact at regional and country levels, particularly in the countries with the greatest need, in consultation with the Regional Directors, using the current allocation for technical cooperation at country level as the starting point;
 - (b) to report every biennium on the implementation of the new model, as part of the programme budget reports, to the Executive Board through its Programme, Budget and Administration Committee;
 - (c) to conduct reviews at least every six years in order to assess the relevance of the model to country needs and its impact on the regional budget envelopes;
- (4) to further request the Director-General to work with Regional Directors to strive towards the use of WHO country budgets and the Organization's social and intellectual capital to leverage additional resources in order to implement and sustain national priority programmes effectively.

(Eighth plenary meeting, 28 May 2016)

¹ Document A69/12.

² Document A69/47.

WHA69(17) Appointment of representatives to the WHO Staff Pension Committee

The Sixty-ninth World Health Assembly nominated Dr Palitha Gunarathna Mahipala of the delegation of Sri Lanka, as a member of the WHO Staff Pension Committee for a three-year term until May 2019.

The Health Assembly nominated Dr Naoko Yamamoto of the delegation of Japan and Dr Gerardo Lubin Burgos Bernal of the delegation of Colombia as alternate members of the WHO Staff Pension Committee for three-year terms until May 2019.

(Eighth plenary meeting, 28 May 2016)

WHA69(18) Real estate: update of the Geneva buildings renovation strategy

The Sixty-ninth World Health Assembly, having considered the report of the Director-General on real estate: update on the Geneva buildings renovation strategy,¹ decided:

- (1) to reiterate its appreciation to the Swiss Confederation and to the Republic and Canton of Geneva for the continued expression of their hospitality;
- (2) to adopt the Geneva buildings renovation strategy, as described in the report on real estate: update on the Geneva buildings renovation strategy;
- (3) to authorize the Director-General to proceed with the renovation of the main building (110 million Swiss francs) and the construction of a new building (140 million Swiss francs) at WHO headquarters in Geneva with a total cost of 250 million Swiss francs, on the understanding that if during the evolution of the design period, the likely total cost of the project was to increase by more than 10%, further authority would be sought from the Health Assembly;
- (4) to authorize the Director-General to accept the full 50-year, interest-free loan of 140 million Swiss francs from the Swiss federal authorities, subject to their final approval in December 2016;
- (5) to approve the use of the Real Estate Fund for the cost of renovations and the repayment over a 50-year period of the interest-free loan, if provided by the Swiss authorities, with effect from the first year of the completion of the building; and
- (6) to request the Director-General:
 - (a) to ensure the allocation of US\$ 25 million per biennium to the Real Estate Fund; and
 - (b) to report at least every two years to the Executive Board and the Health Assembly on progress in the construction of the new accommodation and on related construction costs.

(Eighth plenary meeting, 28 May 2016)

¹ Document A69/56.

WHA69(19) Selection of the country in which the Seventieth World Health Assembly would be held

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

(Eighth plenary meeting, 28 May 2016)

II. RESOLUTIONS

- WHA69.1 Strengthening essential public health functions in support of the achievement of universal health coverage
- WHA69.2 Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health
- WHA69.3 The Global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life
- WHA69.4 The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond
- WHA69.5 WHO 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
- WHA69.6 Prevention and control of noncommunicable diseases: responses to specific assignments in preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable diseases in 2018
- WHA69.7 Addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the second Global High-level Conference on Road Safety – Time for Results
- WHA69.8 United Nations Decade of Action on Nutrition (2016–2025)
- WHA69.9 Ending inappropriate promotion of foods for infants and young children
- WHA69.10 Framework of engagement with non-State actors
- WHA69.11 Health in the 2030 Agenda for Sustainable Development
- WHA69.12 WHO programmatic and financial report for 2014–2015 including audited financial statements for 2015
- WHA69.13 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

- WHA69.14 Scale of assessments for 2017
- WHA69.15 Report of the External Auditor
- WHA69.16 Salaries of staff in ungraded posts and of the Director-General
- WHA69.17 Amendments to the Staff Regulations: dispute resolution
- WHA69.18 Process for the election of the Director-General of the World Health Organization
- WHA69.19 Global strategy on human resources for health: workforce 2030
- WHA69.20 Promoting innovation and access to quality, safe, efficacious and affordable medicines for children
- WHA69.21 Addressing the burden of mycetoma
- WHA69.22 Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021
- WHA69.23 Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination
- WHA69.24 Strengthening integrated, people-centred health services
- WHA69.25 Addressing the global shortage of medicines and vaccines

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