

Second report of Committee A

(Draft)

Committee A held its seventh, eighth and ninth meetings on 24 May 2018 under the chairmanship of Dr Søren Brostrøm (Denmark) and Mrs Mónica Martínez Mendiño (Ecuador).

It was decided to recommend to the Seventy-first World Health Assembly the adoption of the attached resolutions relating to the following agenda items:

11. Strategic priority matters

11.7 Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018

One resolution

11.8 Preparation for a high-level meeting of the General Assembly on ending tuberculosis

One resolution

11.2 Public health preparedness and response

- WHO's work in health emergencies

One resolution entitled:

- Cholera prevention and control

12. Other technical matters

12.1 Global snakebite burden

One resolution entitled:

- Addressing the burden of snakebite envenoming

12.2 Physical activity for health

One resolution entitled:

- WHO global action plan on physical activity 2018–2030

Agenda item 11.7

Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018

The Seventy-first World Health Assembly,

Having considered the reports on the Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018;¹

Having recognized that the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases² has catalysed action and retains great potential for engendering progress towards Sustainable Development Goal target 3.4 (by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being);³

Noting with concern that, according to WHO, each year, 15 million people between the ages of 30 and 69 years die from a noncommunicable disease and that the current levels of decline in the risk of dying prematurely from noncommunicable diseases are insufficient to attain Sustainable Development Goal target 3.4 by 2030;

Welcoming the convening of the WHO Global Conference on Non-communicable Diseases,⁴ which was organized by Uruguay and WHO, co-chaired by Finland, the Russian Federation and Uruguay, from 18 to 20 October 2017 in Montevideo;

Welcoming also the convening of the WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease (NCD) Prevention and Control hosted by the Government of Denmark and WHO, from 9 to 11 April 2018 in Copenhagen, recognizing the need to prioritize tackling noncommunicable diseases as an essential pillar of sustainable development and an integral part of countries' efforts towards universal health coverage;

Recalling the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development, adopted at the 9th Global Conference on Health Promotion, held in China from 21 to 24 November 2016;

¹ Documents A71/14 and A71/14 Add.1.

² United Nations General Assembly resolution 66/2.

³ United Nations General Assembly resolution 70/1.

⁴ WHO Global Conference on Noncommunicable diseases: Enhancing policy coherence between different spheres of policy making that have a bearing on attaining SDG target 3.4 on NCDs by 2030 [website]. Geneva; World Health Organization: 2018 (<http://www.who.int/nmh/events/2017/montevideo/about/en/>, accessed 18 May 2018).

Taking note that the Director-General has established a WHO Independent High-level Commission on Noncommunicable Diseases¹ and a WHO Civil Society Working Group on the third High-level Meeting of the General Assembly on NCDs;²

Recalling United Nations General Assembly resolution 72/274 (2018) on the scope, modalities, format and organization of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,

1. WELCOMES the outcome document of the WHO Global Conference on the Prevention and Control of Non-communicable Diseases entitled “Montevideo roadmap (2018-2030) on the prevention and control of Noncommunicable Diseases as a sustainable development priority”,^{3,4} as a contribution to the preparatory process leading to the third High-level Meeting;

2. URGES Member States:⁵

(1) to continue to step up efforts on the prevention and control of noncommunicable diseases in order to attain Sustainable Development Goal target 3.4 by 2030;

(2) to actively engage in the preparations at national, regional and global levels for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018;

(3) to be represented at the level of Heads of State and Government at the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and to call for action through a concise, action-oriented outcome document;

3. REQUESTS the Director-General:

(1) to continue to support Member States, in coordination with United Nations specialized agencies, funds and programmes as well as other stakeholders, in their efforts to reduce by one third premature mortality from noncommunicable diseases through prevention and control and promote mental health and well-being, including by applying evidence-based multisectoral and multistakeholder approaches;

(2) to report to the Seventy-second World Health Assembly, through the Executive Board, on the outcomes of the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and its follow-up.

¹ WHO Independent High-level Commission on NCDs [website] Geneva: World Health Organization: 2018 (<http://www.who.int/ncds/governance/high-level-commission/en/>, accessed 18 May 2018).

² WHO Civil Society Working Group on the third High-level Meeting of the UN General Assembly on NCDs [website] Geneva: World Health Organization: 2018 (<http://www.who.int/ncds/governance/high-level-meetings/working-group-third-high-level-meeting/en/>, accessed 18 May 2018).

³ See Annex.

⁴ Clarification Statement: http://www.who.int/conferences/global-ncd-conference/USA_statement_EOP_montevideo_roadmap.pdf?ua=1, accessed 18 May 2018.

⁵ And, where applicable, regional economic integration organizations.

ANNEX

**WHO GLOBAL CONFERENCE ON NCDs
PURSUING POLICY COHERENCE TO ACHIEVE SDG TARGET 3.4 ON NCDs
(MONTEVIDEO, URUGUAY, 18–20 OCTOBER 2017)**

**MONTEVIDEO ROADMAP 2018–2030 ON NCDs AS A SUSTAINABLE
DEVELOPMENT PRIORITY**

1. We, Heads of State and Government, Ministers and representatives of State and Government participating in this Conference, have come together to restate our commitment to take bold action and accelerate progress to, by 2030, reduce by one third the premature mortality from non-communicable diseases (NCDs) in line with the 2030 Agenda for Sustainable Development. We continue to be inspired by the action catalysed by the 2011 Political Declaration of the UN General Assembly on NCDs, and the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020. We reaffirm our commitment to their implementation, according to national context.

2. We acknowledge that premature mortality from NCDs¹ continues to constitute one of the major challenges for development in the 21st century, driven by economic, environmental and social determinants of health. Despite the remarkable progress achieved in some countries or regions, this has been highly uneven and insufficient to reach the global target on NCDs. Each year, 15 million people between the ages of 30 and 69 years die from an NCD; over 80% of these premature deaths occur in developing countries, disproportionately affecting the poorest and those furthest behind. Implementing coherent policies and ensuring that cost-effective, affordable and evidenced-based NCD interventions are available to all countries, according to national context and priorities, can reduce inequities and premature deaths from NCDs.

3. We recognize the importance of SDG 3 and ensuring that people not just survive, but live long and healthy lives, as well as the importance of preventing NCDs as specified in SDG target 3.4 on NCDs in achieving this overall goal. We also recognize that there are obstacles that countries must overcome to achieving SDG target 3.4.² Addressing the complexity of the main risk factors, namely: tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets, as well as air pollution, and the determinants of NCDs, including health literacy, requires multisectoral responses which are challenging to develop and implement, particularly when robust monitoring of NCD risk factors is absent at country level. Consequently, successful action requires enhanced political leadership to advance strategic, outcome-oriented action across sectors and policy coherence for the prevention and control of NCDs, in line with whole-of-government and health-in-all-policies approaches.

4. One obstacle at country level is the lack of capacity to effectively address public health goals when they are in conflict with private sector interests, in order to effectively leverage the roles and contributions of the diverse range of stakeholders in combatting NCDs. Policies to prevent and control

¹ Mainly four types of noncommunicable diseases (NCDs): cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

² By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.

NCDs, including effective regulatory and fiscal measures, may be negatively influenced by private sector and other non-State actors' interests, and may be subject to legal disputes or other means to delay, curtail or prevent their effective use to reach public health goals. Health systems need to improve NCD prevention, diagnosis and management and to strengthen effective health promotion over the life course, as part of efforts to achieve universal health coverage and reduce health inequities, including in the context of population ageing. Reducing NCDs should be a higher priority across the relevant UN Agencies, NGOs, philanthropic foundations and academic institutions. The increasing disease burden from NCDs should be taken fully into account in international cooperation and development policies with a view to address the unmet demand for technical cooperation to strengthen national capacities.

5. Unless coherent political action to address these obstacles is accelerated, engaging across sectors and across stakeholders, the current rate of decline in premature mortality from NCDs is insufficient to meet SDG 3.4 by 2030. In order to address the premature mortality and excess morbidity caused by NCDs, we commit to pursue these actions:

Reinvigorate political action

6. We will continue to address the complexity and challenging nature of developing and implementing coherent multisectoral policies across government through a health-in-all-policies approach in order to achieve improved outcomes from the perspectives of health, health equity and health system functioning.

7. We will prioritize the most cost-effective, affordable, equitable and evidence-based interventions that will bring the highest public health return on investment, in accordance with national context and priorities. We will emphasize health as a political priority, with measures that address the impact of the major NCD risk factors, including regulation, standard setting and fiscal policies and other measures that are consistent with countries' domestic legal frameworks and international obligations.

8. We will act across relevant government sectors to create health-conducive environments and identify opportunities to establish concrete cross-sectoral commitments in order to promote co-benefits and to reduce negative impacts on health, including through health impact assessments. We will encourage NCDs implementation research to enhance the operationalization of national strategies and integrate them, where possible, within wider health sector strategic planning. We will work collaboratively to share and improve the implementation of best practices towards implementing innovative approaches to ensure improved surveillance and monitoring systems to support these actions.

Enable health systems to respond more effectively to NCDs

9. We will strengthen, as necessary, essential population level, people-centred public health functions and institutions for effective prevention and control of NCDs, including palliative care, and to promote mental health and wellbeing.

10. We will continue investing in health workers as an essential part of strengthening health systems and social protection. We will work to ensure a highly skilled, well-trained and well-resourced health workforce to lead and implement actions to promote health and prevent and control NCDs.

11. We commit to improve implementation of cost-effective measures of health promotion, including health literacy, and disease prevention throughout the lifecycle, early detection, health surveillance, and reduction of risk factors, including exposure to environmental risk factors, and sustained efforts to address people at risk, as well as the treatment and care for people with NCDs.

12. Recognizing that mental disorders and other mental health conditions contribute to the global NCD burden and that people with mental disorders and other mental health conditions have an increased risk of other NCDs and higher rates of morbidity and mortality, we commit to implementing measures to improve mental health and well-being, address their social determinants and other health needs and human rights of people with mental disorders and other mental health conditions and prevent suicides as part of a comprehensive response to NCDs.

13. We will work towards enhancing synergies in preventing and controlling communicable diseases and NCDs at the national, regional, and global levels, where appropriate, recognizing the opportunity to achieve gains through integrated approaches.

14. We will work to ensure the availability of resources and strengthen the capacity to respond more effectively and equitably to NCDs as part of Universal Health Coverage, including through strengthened community-level prevention and health services delivery and access to essential NCD medicines and technologies for all. In our health systems, we will strive to secure access to quality basic and specialised health services, including with financial risk protection in order to avoid social and economic hardship.

15. Recalling previous commitments, we will better measure and respond to the critical differences in specific risk factors and determinants affecting morbidity and mortality from NCDs for children, adolescents, women and men across the life course, and pursue and promote gender-based approaches for the prevention and control of NCDs to address these critical differences. We invite WHO to provide guidance on how to accelerate the implementation of national efforts to address the critical differences in the risks of morbidity and mortality from NCDs for men and women, boys and girls.

Increase significantly the financing of national NCD responses and international cooperation

16. We acknowledge that national NCDs responses – supported through domestic, bilateral and multilateral channels – require adequate, predictable and sustained financing, commensurate with the global health and socioeconomic burden they impose. We will start by prioritizing domestic budgetary allocations for addressing NCDs, where possible.

17. Where needed, we will work on national investments cases for the prevention and control of NCDs, their risk factors and determinants, to create the fiscal space for action. We will consider applying policy options that, in addition to having a positive effect on reducing the occurrence of NCDs throughout the life course, also have the capacity to generate complementary revenues to finance national NCD responses, as appropriate. These options may include, consistent with national policies and international obligations, taxation, including of tobacco as well as other products. We will continue to explore other complementary financing options, including voluntary innovative financing mechanisms, as appropriate.

18. We call upon UN agencies and other global health actors to scale up support to governments in developing and implementing the national responses for the prevention and control of NCDs, including palliative care aligned with national priorities. We look to WHO to continue to exercise its global leadership and coordination role and to explore how existing mechanisms could best be

leveraged to identify and share information on existing and potential sources of finance and development cooperation mechanisms for the prevention and control of NCDs at the local, national, regional and global levels to support action to reach SDG 3.4 on NCDs and better integrate NCDs into development funding mechanisms.

19. NCDs can perpetuate poverty. For the poor and near poor, chronic illness and disability can be an economic catastrophe. Hard fought economic gains can be quickly wiped out, especially when diagnosis, treatment, and palliative care services are not available or accessible. Women face a double NCD burden, often assuming gender-based roles as unpaid caregivers for the sick. We will take action on the impacts of NCDs on poverty and development using gender-based approaches. We strongly encourage including the prevention and control of NCDs in Official Development Assistance to complement domestic resources and catalyse additional resources for action, including research.

Increase efforts to engage sectors beyond health

20. We acknowledge that working constructively with public sectors beyond health is essential in reducing NCD risk factors and achieving health gains to reduce premature deaths from NCDs. In addition, we recognize the interconnectedness between the prevention and control of NCDs and the achievement of the SDGs beyond target 3.4, including targets related to poverty, substance abuse, nutrition, hazardous environmental exposure, sustainable cities and others. Coordinated upstream action across sectors, including agriculture, environment, industry, trade and finance, education and urban planning, as well as research, will help to create a healthy and enabling environment that promotes effective, coherent policies and supports healthy behaviours and lifestyles. The health sector has a role to play in advocating for these actions, presenting evidence-based information, supporting health impact assessments and providing policy reviews and analyses on how decisions impact health, including implementation research with a view to increase and scale up implementation of best practices. We therefore commit to strong leadership and to fostering collaboration among sectors to implement policies to achieve shared goals.

21. We will enhance policy and legal expertise to develop NCDs responses in order to achieve the SDGs. We call upon the UN Inter-Agency Task Force on the Prevention and Control of NCDs and its Members, within their mandates, to scale up and broaden intersectoral work integrating expertise relevant to public health-related legal issues into NCD country support, including by providing evidence, technical advice, and case studies relevant to legal challenges. We encourage the UN Inter-Agency Task Force on the Prevention and Control of NCDs to explore the relationship between NCDs and the law to improve support to Member States in this area and to raise the priority it gives to this work.

22. We recognize that access to education that promotes health literacy at all levels of society and contexts is a key determinant of health. In particular, the school environment will be enabled to provide evidence-based education, including information and skills. We will improve awareness-raising on health and well-being throughout society, including the prevention and control of NCDs supported through public awareness campaigns and health-conducive environments that make the healthy choice the easier choice and facilitate behavioural changes. Besides the general responsibility of relevant sectors to promote health, it is in particular the task of the health sector to develop and provide appropriate information to increase health literacy.

23. We will scale up efforts to use information and communication technologies, including e-health and m-health, and other non-traditional and innovative solutions, to accelerate action towards achieving SDG target 3.4 by 2030.

24. We are concerned that the increased production and consumption of energy-dense, nutrient poor foods has contributed to diets that are high in saturated fats, sugars and salts. We will work towards advancing the implementation of global strategies and recommendations that aim at strengthening national food and nutrition policies, and their monitoring. This would include, inter alia, developing guidelines and recommendations that support and encourage healthy diets throughout the life course of our citizens, increasing the availability and affordability of healthy, safe nutritious food, including fruits and vegetables, while enabling healthier food choices as part of a balanced diet, and ensuring access to clean and safe drinking water. We call on WHO and FAO and other relevant international organizations to fully leverage the UN Decade of Action on Nutrition to promote health-conducive food production and supply systems reduce diet-related NCDs and contribute to ensure healthy diets for all.

25. We call on WHO to fast-track its review of national and regional experience of intersectoral policies to achieve SDG 3, and particularly target 3.4 on NCDs, to update its guidance on multisectoral and multi-stakeholder action for the prevention and control of NCDs and disseminate knowledge and best practices through WHO GCM/NCD's¹ communities of practice in a manner supportive of action at country level.

Reinforce the role of non-State actors

26. We acknowledge the need to engage with non-State actors in view of their significant role for the advancement and promotion of the highest attainable standard of health and to encourage non-State actors to use their own activities to protect and promote public health, in line with national context and priorities.

27. We will increase opportunities for meaningful participation of, where and as appropriate, nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions, in building coalitions and alliances across the spheres of sustainable development in the prevention and control of NCDs, recognizing that they can complement the efforts of governments at varying levels and support the achievement of SDG target 3.4, in particular in developing countries.

28. We call on the private sector, ranging from micro-enterprises to cooperatives to multinationals, to contribute to addressing NCDs as a development priority, in the context of the achievement of the SDGs, in particular SDG 17.²

Seek measures to address the negative impact of products and environmental factors harmful for health and strengthen the contribution and accountability of the private sector and other non-State actors

29. One notable challenge for the prevention and control of NCDs is that public health objectives and private sector interests can conflict. We commit to enhancing the national capacity to engage constructively with the private sector for NCDs prevention and control in a way that maximizes public health benefits.

¹ WHO Global Coordination Mechanism on the Prevention and Control of NCDs (WHO GCM/NCD).

² Strengthen the means of implementation and revitalize the global partnership for sustainable development.

30. We acknowledge that we need to continue to develop coordinated and coherent policies, strengthen evidence-based policy and regulatory frameworks, and align private sector incentives with public health goals, to make health conducive choices available and affordable in healthy environments, and in particular, to empower and provide people with the necessary resources and knowledge, including health literacy, in order to enable healthy choices and active lifestyles.

31. We further encourage the private sector to produce and promote more food and beverage products consistent with a healthy diet including by reformulating products, especially those products with the largest impacts on health, to provide healthier options that are affordable and accessible for all and that follow appropriate nutrition facts and labelling standards, including information on sugars, salt and fats and, where relevant, trans-fat content. We also encourage the private sector to reduce the exposure of and impact on children of marketing of foods and non-alcoholic beverages, consistent with WHO recommendations and guidance, and in accordance with national legislation, policies, and relevant international obligations.

32. We acknowledge the importance of improving environmental determinants and reducing risk factors in the prevention and control of NCDs and the inter linkage of SDG targets 3.4 and 3.9.¹ These interlinkages illustrate that the prevention and control NCDs can also contribute positively to the SDG goal 13 on climate change. We will promote actions that are mutually reinforcing and support achievement of these goals and targets.

33. We will continue to work with all stakeholders, including industry, food business operators, health and consumer NGOs, and academia, towards the achievement of the nine voluntary NCD targets for 2025. This may include, as appropriate, promoting the recording and making publicly available of the verifiable commitments of non-State actors, as well as their reporting on the implementation of those commitments. We call on WHO to continue the development of expertise, tools, guidance and approaches that can be used to register and publish contributions of non-State actors in the achievement of these targets, and to assist Member States in effectively engaging non-State actors and leveraging their strengths in the implementation of national NCD responses.

34. We call upon States parties, to accelerate the full implementation of the WHO Framework Convention on Tobacco Control, as one of the cornerstones of the global response to NCDs and encourage countries that have not yet done so to consider becoming a Party to the Convention. Recognizing the fundamental and irreconcilable conflict of interest between the tobacco industry and public health, we will continue to implement tobacco control measures without any tobacco industry interference.

35. We encourage the WHO GCM/NCD to explore the impact of economic, market and commercial factors on the prevention and control of NCDs to better improve the understanding of their implications for health outcomes and opportunities to advance action in the global NCD agenda.

Continue relying on WHO's leadership and key role in the global response to NCDs

36. We reaffirm WHO as the directing and coordinating authority on international health work and all its functions in this regard, including its normative work and convening role. WHO's support is essential in the development of national NCD and mental health responses as an integral part of the

¹ By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

implementation of the 2030 Agenda for Sustainable Development. WHO's advice to Member States on how to address the determinants and risk factors remains indispensable for the global action on NCDs and mental health.

37. We also reaffirm WHO's leadership and coordination role in promoting and monitoring global action against NCDs in relation to the work of other UN agencies, development banks, and other regional and international organizations in addressing NCDs in a coordinated manner.

38. We call on WHO to strengthen its capacity to provide technical and policy advice and enhance multistakeholder engagement and dialogue, through platforms such as the WHO GCM/NCD and the UN Inter-Agency Task Force on NCDs.

39. We further call on WHO to consider prioritizing the implementation of strategic actions, including cost-effective and evidence-based policies and interventions, in preparation of the third United Nations High-level Meeting on NCDs in 2018.

Act in unity

40. We acknowledge that the inclusion of NCDs in the 2030 Agenda for Sustainable Development provides the best opportunity to place health and in particular NCDs at the core of the pursuit of shared progress and sustainable development. Ultimately, the aspiration of the 2030 Agenda is to create a just and prosperous world where all people can exercise their rights and live long and healthy lives.

41. Acting in unity to address NCDs demands a renewed and strengthened commitment to show that we can be effective in shaping a world free of the avoidable burden of NCDs. In so doing, we will continue to listen to and involve the peoples of the world – those exposed to NCD risk factors, and those with health care needs for NCDs and mental health. We will continue to build a future that ensures present and future generations enjoy the highest attainable standard of health and well-being.

Agenda item 11.8

Preparation for a high-level meeting of the General Assembly on ending tuberculosis

The Seventy-first World Health Assembly,

Having considered documents on the preparation for a high-level meeting of the General Assembly on ending tuberculosis;¹

Noting with concern that tuberculosis remains the leading infectious disease killer in the world today, responsible for an estimated 1.3 million deaths and an additional 374 000 deaths among people living with HIV/AIDS in 2016, and that the epidemic, including drug-resistant tuberculosis, poses a serious threat to health security and is a priority in the response to antimicrobial resistance;

Reaffirming resolution WHA67.1 (2014) adopting the global strategy and targets for tuberculosis prevention, care and control after 2015, subsequently known as the End TB Strategy; and resolution WHA68.7 (2015) adopting the global action plan on antimicrobial resistance; as well as recalling the General Assembly resolution 71/3 (2016) “Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance”;

Recalling the General Assembly resolution 70/1 (2015), which adopted the 2030 Agenda for Sustainable Development and defined the Sustainable Development Goals, as well as the associated target of ending the tuberculosis epidemic by 2030;

Recalling further the report submitted to the Seventieth World Health Assembly in May 2017 on the implementation of the End TB Strategy, which concluded that global, regional and country-level actions as well as investments were falling far short of those needed and that high-level global support and regional and national commitments were required; and noting that progress is slow on all three targets of the Strategy (reducing TB incidence, reducing TB mortality, and eliminating catastrophic costs among TB patients and their households);²

Recognizing that to achieve the tuberculosis targets and milestones of the Sustainable Development Goals and of WHO’s End TB Strategy, care and prevention-related actions should be reinforced, paying particular attention to vulnerable groups, taking into account national contexts and circumstances, in the context of each country’s path towards achieving universal health coverage and taking into account social, economic and environmental determinants and consequences of tuberculosis;

Welcoming the decision contained in the General Assembly resolution 71/159 (2016), to hold a high-level meeting on the fight against tuberculosis in 2018;

¹ Documents A71/15, A71/16 and A71/16 Add.1.

² Document A70/38, section E.

Welcoming also the first WHO global ministerial conference on “Ending TB in the Sustainable Development Era: A Multisectoral Response”, organized jointly with the Government of the Russian Federation and held in Moscow on 16 and 17 November 2017, and the resulting Moscow Declaration to End TB,¹ with commitments and calls to action regarding notably: advancing the response to tuberculosis within the Sustainable Development Agenda; ensuring sufficient and sustainable financing; pursuing science, research and innovation; developing a multisectoral accountability framework; and, acting immediately to prepare for the high-level meeting of the United Nations General Assembly in 2018 on the fight against tuberculosis;

Noting the commitment made in the Moscow Declaration to support the development of the multisectoral accountability framework, and recalling in this regard resolution EB142.R3 (2018);

Welcoming the Secretariat’s report on a draft multisectoral accountability framework to accelerate progress to end tuberculosis,²

1. URGES Member States:³

(1) to support preparation for the high-level meeting of the United Nations General Assembly in 2018 on the fight against tuberculosis, including enabling high-level participation; and

(2) to pursue the implementation of all the commitments called for in the Moscow Declaration, which will contribute to reaching the targets of the End TB Strategy and the Sustainable Development Goals target to end the tuberculosis epidemic;

2. CALLS UPON all international, regional and national partners, as appropriate, to pursue the actions called for in the Moscow Declaration and invite those who have not yet endorsed it to add their support;

3. REQUESTS the Director-General:

(1) to continue to support the United Nations Secretary-General and the General Assembly, upon request, in the preparation of the high-level meeting of the General Assembly in 2018 on the fight against tuberculosis;

(2) to support, together with all relevant stakeholders, the implementation of the Moscow Declaration to End TB as a direct contribution to the success of the United Nations General Assembly high-level meeting in 2018 on the fight against tuberculosis, and to advance tuberculosis prevention and care and the specific actions requested of WHO in the Moscow Declaration, including: actions to strengthen health systems towards achieving universal health coverage, including for tuberculosis prevention and care; to urgently support high multidrug-resistant tuberculosis (MDR-TB) burden countries in their national emergency response and to address MDR-TB as a major threat to public health security by supporting implementation of the global action plan on antimicrobial resistance, including tuberculosis-specific actions in all countries;

¹ Available at http://www.who.int/tb/Moscow_Declaration_MinisterialConference_TB/en/, accessed 16 May 2018.

² Documents A71/16 and A71/16 Add.1.

³ And, where applicable, regional economic integration organizations.

- (3) to continue to provide strategic and technical leadership, assistance, advice and support to Member States, as well as working with international institutions and all other relevant stakeholders, towards sufficient and sustainable financing;
- (4) to develop a global strategy for tuberculosis research and innovation, taking into consideration both ongoing and new efforts, and to make further progress in enhancing cooperation and coordination in respect of tuberculosis research and development, considering where possible drawing on relevant existing research networks and global initiatives;
- (5) to continue to develop, in consultation with Member States, the draft multisectoral accountability framework, working in close collaboration with all relevant international, regional and national partners as recommended in the Moscow Declaration to End TB (2017), and to provide technical support to Member States and partners, as appropriate, including for national adaptation and use of the draft multisectoral accountability framework to accelerate progress to end tuberculosis, taking into account national context, laws, regulations and circumstances, in order to enable the monitoring, reporting, review and actions needed to accelerate progress to end tuberculosis, both globally and nationally, leaving no one behind, through an independent, constructive and positive approach, especially in the highest burden countries, and the independent review of progress achieved by those countries;
- (6) to present the draft multisectoral accountability framework to accelerate progress to end tuberculosis at the United Nations General Assembly High-level meeting on the fight against tuberculosis in 2018;
- (7) to report to the Seventy-second World Health Assembly on the implementation of this resolution.

Agenda item 11.2

Cholera prevention and control

The Seventy-first World Health Assembly,

Recalling resolution WHA64.15 (2011) on cholera: mechanism for control and prevention, which led to the revitalization of the Global Task Force on Cholera Control to support Member States to reduce the public health, social and economic consequences of cholera by strengthening WHO's work in this area, and improving collaboration and coordination among stakeholders;

Recognizing the report by the Director-General on WHO's work in health emergencies¹ and the Global Task Force on Cholera Control's recently launched strategy, Ending Cholera: A Global Roadmap to 2030,² large-scale outbreaks of cholera continue to cause significant morbidity and mortality among vulnerable populations in both emergency and endemic settings. With an estimated disease burden of 2.9 million cases and 95 000 deaths every year worldwide, the disease still affects at least 47 countries across the globe, with a potential to spread where water, sanitation and hygiene conditions are inadequate;

Acknowledging that the prevention and control of cholera require a coordinated and multisectoral approach that includes access to appropriate health care, early case management, access to safe water, sanitation, education, health literacy and improved hygiene behaviours, with adjunct use of oral cholera vaccines, strengthened surveillance and information sharing, strengthened laboratory capacity and community involvement, including action on the social determinants of health;

Acknowledging also that cholera control is both a matter of emergency response in the case of outbreaks, and a matter of development when the disease is endemic in high-risk contexts, such as in camps for refugees and internally displaced people;

Affirming that progress towards the 2030 Agenda for Sustainable Development including commitment to Goal 3 (Ensure healthy lives and promote well-being for all at all ages); Goal 6 (Ensure availability and sustainable management of water and sanitation for all); and Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable), would reduce the prevalence and spread of cholera, along with other diarrhoeal diseases and enteric infections;

Recalling that all States Parties must comply with the International Health Regulations (2005);

Acknowledging that cholera, as a disease of epidemic potential, has to be recognized in itself and reported separately from other diarrhoeal diseases, within national surveillance systems, as not doing so hampers effective control measures,

¹ Document A71/6.

² Ending cholera: a global roadmap to 2030 (<http://www.who.int/cholera/publications/global-roadmap.pdf?ua=1>, accessed 21 May 2018).

1. URGES Member States:¹

(1) to foster the identification by governments of cholera epidemics and to elevate cholera as a State priority in affected countries through its inclusion in national policies and plans, either as a stand-alone plan or embedded within broader diarrhoeal disease control initiatives, or within national health, health security, water, sanitation and hygiene, development and Sustainable Development Goal implementation plans, where relevant, and national disaster and/or emergency management agencies;

(2) to develop and implement, in affected countries, a multisectoral package of selected effective prevention and control measures, including long-term water, sanitation and hygiene services, access to appropriate health care, access to safe water, sanitation and improved hygiene behaviours, as well as infrastructure development along with associated capacity-building activities for operations, maintenance and repairs and sustainable financing models adapted to the local transmission pattern for long-term control or elimination;

(3) to ensure that national policies and plans regarding the prevention and management of cholera comprise all areas with high-risk of cholera transmission;

(4) to establish national multisectoral cholera and acute diarrhoea prevention and surveillance mechanisms in affected countries to coordinate the implementation of the control or elimination plan, ensuring representation of the different ministries, agencies, partners and communities involved in cholera control efforts;

(5) to strengthen capacity for: preparedness in compliance with the International Health Regulations (2005), early detection and treatment, laboratory confirmation, case management and immediate and effective response to outbreaks in order to reduce the public health, social and economic impact;

(6) to strengthen surveillance and early reporting of cholera in line with the International Health Regulations (2005), and build capacity for data collection and analysis, including information on critical determinants including water and sanitation coverage;

(7) to strengthen community involvement, social mobilization in cholera prevention, early detection, household water treatment and storage, and other related water, sanitation and hygiene response activities;

(8) to support, including through international cooperation, research for better prevention and control, including research for improved vaccines and better rapid diagnostics and treatment; and to support monitoring of antimicrobial resistance;

(9) to refrain from implementing health measures that are more restrictive of international traffic and more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection, in line with the International Health Regulations (2005);

¹ And, where applicable, regional economic integration organizations.

(10) to establish national targets, when applicable, and make financial and political commitments to cholera control with national Sustainable Development Goal implementation plans;

2. REQUESTS the Director-General:

(1) to strengthen surveillance and reporting of cholera in line with the International Health Regulations (2005) and to further reinforce advocacy, strategic leadership and coordination with partners at all levels via the Global Task Force on Cholera Control secretariat and working groups, including by providing technical support and operational guidance to countries for cholera prevention and control;

(2) to increase capacity to support countries to scale up their ability to implement and monitor multisectoral, integrated interventions for long-term cholera prevention, control and elimination; interventions for preparedness and response to cholera epidemics in accordance with the global initiatives of Ending Cholera: A Global Roadmap to 2030 and aligned with national plans to encourage reporting, monitor progress and disease burden in order to inform country and global strategies; and interventions for control or elimination;

(3) to support countries, upon request, in the assessment of cholera risk factors and capacity for multisectoral engagement within existing technical resources;

(4) to continue leading the management of the oral cholera vaccine stockpile to enable a sufficient global supply, including the support to and monitoring and evaluation of oral cholera vaccine use, and where appropriate vaccine campaigns, in cooperation with relevant organizations and partners, including UNICEF and the GAVI Alliance;

(5) to monitor and support long-term cholera prevention and control and elimination programmes at country and regional levels;

(6) to develop and promote an outcome-oriented research and evaluation agenda for cholera, targeted to address important knowledge gaps, to the improvement of implementation of existing interventions, including for water sanitation and hygiene, and to the development of improved vaccines for better and more durable prevention and outbreak control covering all aspects of cholera control;

(7) to raise the profile of cholera at the highest levels on the global public health agenda and to strengthen coordination and engagement of multiple sectors, particularly water, sanitation and hygiene, and other non-health sectors such as finance and infrastructure development;

(8) to report to the Seventy-third World Health Assembly, through the Executive Board at its 146th session, on the global cholera situation and evaluate efforts made in cholera prevention and control.

Agenda item 12.1

Addressing the burden of snakebite envenoming

The Seventy-first World Health Assembly,

Having considered the report on global snakebite burden;¹

Deeply concerned that snakebite envenoming² kills an estimated 81 000–138 000 men, women and children a year worldwide and causes physical and psychological disability in four or five times that figure;

Noting that the individuals affected by snakebite are overwhelmingly members of impoverished agricultural and herding communities, the great proportion of whom are 10–40 years of age;

Concerned that several factors, including poor prevention, health worker training, diagnosis and treatment of cases of snakebite envenoming and inadequacy of available tools for prevention, diagnosis and treatment of the disease, impede further progress in addressing snakebite envenoming;

Recognizing that snakebite envenoming causes disproportionate suffering, but has to date been largely overlooked by the global health community even though it can induce catastrophic health expenditure and exacerbate poverty;

Recognizing further that snakebite envenoming has been categorized by WHO as a high priority neglected tropical disease,³ following the recommendation of WHO's Strategic and Technical Advisory Group for Neglected Tropical Diseases at its 10th meeting (Geneva, 29 and 30 March 2017),⁴ in response to the urgent need to implement effective control strategies, tools and interventions;

Recognizing the lack of statistics and accurate information and the need to further improve data on the epidemiology of snakebite envenoming for a better understanding of the disease and its control;

Aware that early diagnosis and treatment are essential for reducing the morbidity, disability and mortality that snakebite envenoming can cause;

Noting with satisfaction the progress made by some Member States with regard to research into snakebite envenoming and improved case management;

Acknowledging the urgent need to improve access to safe, effective and affordable treatments in all regions of the world where snakebite envenoming is endemic;

¹ Document A71/17.

² Snakebite envenoming is the disease resulting from the pathological and pathophysiological alterations induced by the deleterious action of venom injected in the body as a consequence of snakebite.

³ See <http://www.who.int/snakebites/resources/s40409-017-0127-6/en/> (accessed 8 December 2017).

⁴ See http://www.who.int/neglected_diseases/NTD_STAG_report_2017.pdf?ua=1 (accessed 24 May 2018).

Recognizing the work of WHO towards developing guidelines for the diagnosis and management of snakebite envenoming and for the production, control and regulation of antivenoms and the need to make these available to all regions of the world;

Mindful that achievement of the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, particularly those concerning poverty, hunger, health and education, may be hampered by the negative impact of neglected diseases of the poor, including snakebite envenoming,

1. URGES Member States:¹

- (1) to assess the burden of snakebite and, where necessary, establish and/or strengthen surveillance, prevention, treatment and rehabilitation programmes;
- (2) to improve the availability, accessibility and affordability of antivenoms to populations at risk, and develop mechanisms to ensure that additional costs related to the treatment and rehabilitation after snakebite envenoming are affordable for all;
- (3) to promote the transfer of knowledge and technology between Member States in order to improve the global availability of antivenoms and the effective management of cases;
- (4) to integrate, where possible and appropriate, efforts to control snakebite envenoming with other relevant disease-control activities;
- (5) to improve access to specific treatment and rehabilitation services for the individuals affected by snakebite envenoming, by mobilizing national resources;
- (6) to provide training to relevant health workers on the diagnosis and management of snakebite envenoming, with particular emphasis in regions of high incidence;
- (7) to intensify and support research on snakebite envenoming, particularly in order to develop new tools to diagnose, treat, prevent and measure the burden of the disease;
- (8) to promote community awareness of snakebite envenoming, through culturally contextualized public campaigns, in support of early treatment and prevention, and intensify community participation in awareness and prevention efforts;
- (9) to foster cooperation and collaboration among Member States, the international community and relevant stakeholders in order to strengthen national capacities to control, prevent and treat snakebite envenoming;

2. REQUESTS the Director-General:

- (1) to accelerate global efforts and provide coordination to the control of snakebite envenoming, ensuring the quality and safety of antivenoms and other treatments and prioritization of high impact interventions;

¹ And, where applicable, regional economic integration organizations.

- (2) to continue to offer technical support to institutions working on research into snakebite envenoming, including WHO collaborating centres, in support of improved, evidence-based disease control efforts;
- (3) to foster international efforts aimed at improving the availability, accessibility and affordability of safe and effective antivenoms for all;
- (4) to provide support to Member States for strengthening their capacities for improving awareness, prevention and access to treatment and for reducing and controlling snakebite envenoming;
- (5) to foster technical cooperation among Member States as a means of strengthening surveillance, treatment and rehabilitation services;
- (6) to cooperate, as appropriate and in accordance with their respective mandates, with international agencies, nongovernmental organizations, foundations and research institutions, directly to provide support to Member States in which snakebite envenoming is prevalent, upon request, in order to strengthen snakebite management activities;
- (7) to report on progress in implementing this resolution to the Seventy-third World Health Assembly.

Agenda item 12.2

WHO global action plan on physical activity 2018–2030

The Seventy-first World Health Assembly,

Having considered the report on physical activity for health;¹

Concerned by the rapidly growing burden of noncommunicable diseases, mental health disorders and other mental health conditions globally, and its negative impact on health, well-being, quality of life, and socioeconomic development;

Acknowledging that increasing physical activity and reducing sedentary behaviour can prevent at least 3.2 million noncommunicable disease-related mortalities globally per year,² reduce related disability and morbidity and the financial burden on health systems, and increase the number of healthy life years;

Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011),³ the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (2014),⁴ the 2030 Agenda for Sustainable Development,⁵ Health Assembly resolutions WHA51.18 (1998) and WHA53.17 (2000) on the prevention and control of noncommunicable diseases, WHA55.23 (2002) on diet, physical activity and health, WHA57.17 (2004) on the global strategy on diet, physical activity and health, and WHA66.10 (2013) on follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which endorsed the global action plan for the prevention and control of noncommunicable diseases 2013–2020, and which adopted a voluntary global target to, by 2025, achieve a 10% relative reduction in prevalence of insufficient physical activity;

Acknowledging the Secretariat's work in providing Member States with tools, including WHO's global Noncommunicable Diseases Progress Monitor, and guidelines to promote physical activity,⁶ and further acknowledging that supplementary tools and guidelines may need to be developed to support Member States to scale up their actions in increasing physical activity and reducing sedentary behaviour;

¹ Document A71/18.

² Global Status Report on Noncommunicable Diseases 2014. Geneva: World Health Organization; 2014, page 33.

³ United Nations General Assembly resolution 66/2 (2011).

⁴ General Assembly resolution 68/300 (2014).

⁵ General Assembly resolution 70/1 (2015).

⁶ Global recommendations on physical activity for health. Geneva: World Health Organization; 2010 (<http://www.who.int/dietphysicalactivity/publications/9789241599979/en/>, accessed 22 January 2018).

Recognizing the efforts made by Member States and all relevant stakeholders in recent years to promote physical activity and reduce sedentary behaviour as part of broader efforts to prevent and control noncommunicable diseases and improve mental health;

Recognizing also the need to further scale up actions and enable environments to facilitate physical activity and reduce sedentary behaviour throughout the life course, bearing in mind different national contexts, priorities and policy opportunities,

1. ENDORSES the global action plan on physical activity 2018–2030;
2. ADOPTS the voluntary global target of a 15% relative reduction, using a baseline of 2016, in the global prevalence of physical inactivity in adolescents¹ and in adults² by 2030, as an extension of the existing voluntary global target of a 10% relative reduction in prevalence of insufficient physical activity by 2025;³
3. URGES Member States⁴ to implement the global action plan on physical activity 2018–2030, according to national contexts and priorities, and to monitor and report on progress regularly in order to improve programme performance;
4. INVITES relevant national, regional and international partners along with other relevant stakeholders, including the private sector, to implement the global action plan on physical activity 2018–2030 and contribute to the achievement of its strategic objectives, aligned with domestic plans or strategies;
5. REQUESTS the Director-General:
 - (1) to implement the actions for the Secretariat in the global action plan on physical activity 2018–2030, including providing necessary support to Member States for implementation of the plan, in collaboration with other relevant partners;
 - (2) to finalize, in consultation with Member States and other relevant stakeholders, a monitoring and evaluation framework on the implementation of the global action plan on physical activity 2018–2030, including a recommended set of process and impact indicators, by the end of 2018, taking into account the existing monitoring framework and indicators at the global and regional levels, and to publish it on the WHO website;
 - (3) to produce, before the end of 2020, the first global status report on physical activity, building on the latest available evidence and international experience, including on sedentary behaviour;

¹ Insufficient physical activity among adolescents (aged 11–17 years) is defined as less than 60 minutes of moderate to vigorous intensity activity daily.

² Insufficient physical activity among adults (aged 18+ years) is defined as less than 150 minutes of moderate-intensity activity per week.

³ See resolution WHA66.10.

⁴ And, where applicable, regional economic integration organizations.

- (4) to incorporate reporting on progress made in implementing the global action plan on physical activity 2018–2030 in the reports to be submitted to the Health Assembly in 2021 and 2026 in accordance with the agreed reporting sequence set out in resolution WHA66.10 (2013); and to submit a final report on the global action plan on physical activity 2018–2030 to the Health Assembly in 2030;
- (5) to update the global recommendations on physical activity for health 2010.

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