

Third report of Committee A

(Draft)

Committee A held its tenth and eleventh meetings on 25 May 2018 under the chairmanship of Mr Arun Singhal (India), Dr Søren Brostrøm (Denmark) and Mrs Mónica Martínez Menduño (Ecuador).

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

12. Other technical matters

12.4 mHealth

One resolution entitled:

– Digital health

12.5 Improving access to assistive technology

One resolution

11. Strategic priority matters

11.2 Public health preparedness and response

- Implementation of the International Health Regulations (2005)

One decision entitled:

– Implementation of the International Health Regulations (2005): five-year global strategic plan to improve public health preparedness and response, 2018–2023

Agenda item 12.4

Digital health

The Seventy-first World Health Assembly,

Having considered the report on mHealth;¹

Recalling resolutions WHA58.28 (2005) on eHealth and WHA66.24 (2013) on eHealth standardization and interoperability;

Recognizing the potential of digital technologies to advance the Sustainable Development Goals, and in particular to support health systems in all countries in health promotion and disease prevention, and by improving the accessibility, quality and affordability of health services;

Recognizing that while technology and innovations can enhance health service capabilities, human interaction remains a key element to patients' well-being;

Underscoring the need to ensure that digital health solutions complement and enhance existing health service delivery models, strengthen integrated, people-centred health services and contribute to improved population health, and health equity, including gender equality, and addressing the lack of evidence on the impact of digital health in these respects;

Acknowledging that the transfer of technology and knowledge on mutually agreed terms, as well as technical cooperation, aligned with Sustainable Development Goal 17, are important in promoting digital health;

Highlighting recent progress in the development and implementation of digital health strategies, policies, legislation and programmes by Member States,² WHO and partner organizations;

Acknowledging previous experience³ of countries and organizations, the interconnectedness of digital technologies, the collection, management and evaluation of health data, the robustness of the enabling environment, in line with established good practices, while considering the sustainability of innovations, and their feasibility, scale-up and inclusivity,

1. URGES Member States:⁴

(1) to assess their use of digital technologies for health, including in health information systems at the national and subnational levels, in order to identify areas of improvement, and to prioritize, as appropriate, the development, evaluation, implementation, scale-up and greater

¹ Document A71/20.

² And, where applicable, regional economic integration organizations.

³ Programmes specified in comments from Missions included the Global Observatory for eHealth, WHO-ITU initiative on mHealth for noncommunicable diseases, the Innovation Working Group, Every Woman Every Child initiative and the WHO-ITU National eHealth Strategy Toolkit. Principles for Digital Development (WHO endorsed).

⁴ And, where applicable, regional economic integration organizations.

utilization of digital technologies, as a means of promoting equitable, affordable and universal access to health for all, including the special needs of groups that are vulnerable in the context of digital health;

(2) to consider, as appropriate, how digital technologies could be integrated into existing health systems infrastructures and regulation, to reinforce national and global health priorities by optimizing existing platforms and services, for the promotion of people-centered health and disease prevention and in order to reduce the burden on health systems;

(3) to optimize, in health systems development and reforms, the use of resources by developing health services alongside the application and use of digital technologies;

(4) to identify priority areas where normative guidance and technical assistance and advice on digital health would be beneficial, including, but not limited to, gaps in research, evidence-based standards, support to implementation and scale-up, financing and business models, content, evaluation, cost-effectiveness and sustainability, data security, ethical and legal issues, re-use and adaptation of existing digital health and other relevant tools;

(5) to work towards and support interoperability of digital technologies for health by, inter alia, promoting the use of international and open standards as an affordable, effective and easily adaptable solution;

(6) to disseminate, as appropriate, best practices and successful examples of digital health architecture, programmes, and services, in particular effective policy design and practical implementation, with the international community, including through WHO, bilateral, regional, cross-regional and global networks, digital platforms and hubs;

(7) to strengthen public health resilience and promote opportunities, as appropriate, through the use of digital technologies, including to improve access to, and monitoring, sharing and use of, quality data, direct citizen, health worker and government engagement, and to build capacity for rapid response to disease incidents and public health emergencies, leveraging the potential of digital information and communication technology to enable multidirectional communications, feedback loops and data-driven “adaptive management”;

(8) to build, especially through digital means, capacity for human resources for digital health, as appropriate, across both health and technology sectors, and to communicate areas of specific need to WHO in order to receive appropriate technical assistance;

(9) to improve the digital skills of all citizens, including through working with civil society to build public trust and support for digital health solutions, and to promote the application of digital health technology in the provision of, and access to, everyday health services;

(10) to develop, as appropriate, legislation and/or data protection policies around issues such as data access, sharing, consent, security, privacy, interoperability and inclusivity consistent with international human rights obligations and to communicate these on a voluntary basis to the WHO;

(11) to develop, as appropriate, and in coordination with existing and emerging regional hubs and support mechanisms, effective partnerships with stakeholders from across all sectors in the use of digital health;

2. REQUESTS the Director-General:

- (1) to develop, within existing resources, and in close consultation with Member States¹ and with inputs from relevant stakeholders as appropriate, a global strategy on digital health identifying priority areas including where WHO should focus its efforts;
- (2) to elevate the strategic capacity of WHO in digital technologies and to mainstream these in WHO's work, operations and relevant programmes, including when working with Member States;
- (3) to provide technical assistance and normative guidance to Member States, on request, for scaling up the implementation of digital health – including through the development and implementation of Member States' digital health strategies, and in line with the Thirteenth General Programme of Work, 2019–2023, with the appropriate structure, resources, assets and capabilities, within existing resources;
- (4) to ensure that WHO builds on its strengths, by developing guidance for digital health, including, but not limited to, health data protection and usage, on the basis of its existing guidelines and successful examples from global, regional and national programmes, including through the identification and promotion of best practices, such as evidence-based digital health interventions and standards;
- (5) to develop a repository on regulations, evidence related to improvements and unintended effects regarding health promotion, disease prevention and access to, and quality and cost-effectiveness of, health services, and best practices relating to digital health technologies, provided by, inter alia, Member States on a voluntary basis;
- (6) to monitor developments and trends of digital technologies in health systems, public health and data science, and analyse their implications for the achievement of the health-related Sustainable Development Goals;
- (7) to promote WHO's collaboration with other organizations of the United Nations system and other relevant stakeholders to strengthen digital health implementation, by leveraging their capabilities;
- (8) to submit a report to the Seventy-third World Health Assembly in 2020 on the progress made in implementing this resolution.

¹ And, as applicable, regional economic integration organizations.

Agenda item 12.5

Improving access to assistive technology

The Seventieth-first World Health Assembly,

Having considered the report on improving access to assistive technology;¹

Considering that one billion people need assistive technology and that, as the global population ages and the prevalence of noncommunicable diseases increases, this figure will rise to more than two billion by 2050;²

Noting that assistive technology enables and promotes the inclusion, participation and engagement of persons with disabilities, ageing populations and people with co-morbidities in the family, community and all areas of society, including the political, economic and social spheres;

Recalling that 90% of those who need assistive technology do not have access to it, and that this has a significant adverse impact on the education, livelihood, health and well-being of individuals, and on families, communities and societies;¹

Recalling also the 2030 Agenda for Sustainable Development and its ultimate aim of “leaving no one behind”;

Recognizing that the inclusion of assistive technology, in line with countries’ national priority and context, into health systems is essential for realizing progress towards the targets in the Sustainable Development Goals relating to universal health coverage, inclusive and equitable quality education, inclusive and sustainable economic growth, full and productive employment and decent work for all, reducing inequality within and among countries by empowering and promoting the social, economic and political inclusion of all, making cities and human settlements inclusive, safe and sustainable, and providing universal access to safe, inclusive and accessible green and public spaces, particularly for persons with disabilities;

Recalling the United Nations Convention on the Rights of Persons with Disabilities, under which 175 Member States have committed inter alia to ensuring access to quality assistive technology at an affordable cost (Article 20) and to foster international cooperation (Articles 4, 20, 26 and 32) in support of national efforts for the realization of the purpose and objectives of the Convention;

Emphasizing the need for a comprehensive, sustainable and multisectoral approach to improving access to assistive technology that fulfils the safety and quality standards established by national and international regulations, at the national and subnational levels;

Recalling resolutions WHA69.3 (2016), WHA67.7 (2014), and WHA66.4 (2013) and WHA70.13 (2017) in which, respectively, the Health Assembly calls on Member States, inter alia, to

¹ Document A71/21.

² World Health Organization, World Bank. World report on disability. Geneva: World Health Organization; 2011.

improve access to assistive technology for older people, people with disabilities and people with vision and hearing loss;

Noting the request made to the Executive Board by the WHO Regional Committee for the Eastern Mediterranean, in resolution EM/RC63/R.3 (2016) on improving access to assistive technology, to include assistive technology as an agenda item for the Health Assembly,

1. URGES Members States:¹

- (1) to develop, implement and strengthen policies and programmes, as appropriate, to improve access to assistive technology within universal health and/or social services coverage;
- (2) to ensure that adequate and trained human resources for the provision and maintenance of assistive products are available at all levels of health and social service delivery;
- (3) to ensure that assistive technology users and their carers have access to the most appropriate assistive products and use them safely and effectively;
- (4) where appropriate, based on national needs and context, to develop a national list of priority assistive products that are affordable and cost-effective and meet minimum quality and safety standards, drawing on WHO's priority assistive products list;
- (5) to promote or invest in research, development, innovation and product design in order to make existing assistive products affordable; and to develop a new generation of products including high-end or advanced assistive technology, taking advantage of universal design and new evidence-based technologies, in partnership with academia, civil society organizations, in particular with persons with disabilities and older persons and their representative organizations, and the private sector, as appropriate;
- (6) to encourage international and/or regional collaboration for the manufacturing, procurement and supply of priority assistive products, ensuring that these remain affordable and available across borders;
- (7) to collect population-based data on health and long-term care needs including those that may be met by assistive technology in order to develop evidence-based strategies, policies and comprehensive programmes;
- (8) to invest in and promote inclusive barrier-free environments so that all people who need assistive technology can make optimum use of it, in order to live independently and safely and participate fully in all aspects of life;
- (9) to promote the inclusion of priority assistive products and inclusive barrier-free environments within emergency preparedness and response programmes;

¹ And, where applicable, regional economic integration organizations.

2. REQUESTS the Director-General:

(1) by 2021, to prepare a global report on effective access to assistive technology in the context of an integrated approach, based on the best available scientific evidence and international experience, with the participation of all relevant units within the Secretariat and in collaboration with all relevant stakeholders, giving consideration to the possibility of establishing an Expert Advisory Group, within existing resources, for this purpose;

(2) to provide the necessary technical and capacity-building support for Member States, aligned with national priorities, in the development of national assistive technology policies and programmes, including procurement and financing, regulation, training for health and social services, appropriate service delivery, and inclusive barrier-free environments;

(3) to provide technical and capacity-building support to countries, on request, to assess the feasibility of establishing regional or subregional manufacturing, procurement and supply networks for assistive technology and cooperation platforms;

(4) to contribute to and engage in, as appropriate, the development of minimum standards for priority assistive products and services, in order to promote their safety, quality, cost-effectiveness and appropriateness;

(5) to report on progress in the implementation of the present resolution to the Seventy-fifth World Health Assembly and thereafter to submit a report to the Health Assembly every four years until 2030.

Agenda item 11.2

Implementation of the International Health Regulations (2005): five-year global strategic plan to improve public health preparedness and response, 2018–2023

The Seventy-first World Health Assembly, having considered the draft five-year global strategic plan to improve public health preparedness and response; recalling decision WHA70(11) (2017), in which the Seventieth World Health Assembly took note of the report contained in document A70/16 on implementation of the International Health Regulations (2005):¹ global implementation plan and requested the Director-General, inter alia, “to develop, in full consultation with Member States, including through the regional committees, a draft five-year global strategic plan to improve public health preparedness and response, based on the guiding principles contained in Annex 2 of document A70/16, to be submitted for consideration and adoption by the Seventy-first World Health Assembly, through the Executive Board at its 142nd session”; recalling that Member States may use any voluntary monitoring and evaluation instruments, including those referenced in the five-year global strategic plan; and appreciating the contribution of Member States to the extensive consultative process to develop the draft five-year global strategic plan, including discussions at the sessions of all six regional committees in 2017, the web-based consultation conducted by the Secretariat between 19 September and 13 October 2017, and the consultation of Member States, through the Permanent Missions in Geneva, organized on 8 November 2017,

(1) decided:

(a) to welcome with appreciation the five-year global strategic plan to improve public health preparedness and response, noting that this does not create any legally binding obligations for Member States, and mindful of the legally binding nature of the International Health Regulations (2005) obligations;

(b) that States Parties and the Director-General shall continue to report annually to the Health Assembly on the implementation of the International Health Regulations (2005), using the self-assessment annual reporting tool;

(2) requested the Director-General:

(a) to provide the necessary financial and human resources to support the implementation of the five-year global strategic plan, and, as necessary, its adaptation to regional contexts and existing relevant frameworks;

(b) to continue to submit every year a single report to the Health Assembly on progress made in implementation of the International Health Regulations (2005), containing information provided by States Parties and details of the Secretariat’s activities, pursuant to paragraph 1 of Article 54 of the International Health Regulations (2005);

(c) to continue to provide support to Member States to build, maintain and strengthen core capacities under the International Health Regulations (2005).

¹ Document A71/7.