

## Fourth report of Committee B

(Draft)

Committee B held its ninth meeting on 29 May 2023, chaired by Dr Carlos Alvarenga Cardoza (El Salvador).

It was decided to recommend to the Seventy-sixth World Health Assembly the adoption of the attached five resolutions and two decisions relating to the following agenda items:

### **Pillar 4: More effective and efficient WHO providing better support to countries**

- 20. Audit and oversight matters
  - 20.4 Appointment of the External Auditor
    - One resolution

### **Pillar 3: One billion more people enjoying better health and well-being**

- 16. Review of and update on matters considered by the Executive Board
  - 16.1 Well-being and health promotion
    - One decision entitled:
      - Achieving well-being: a draft global framework for integrating well-being into public health utilizing a health promotion approach
  - 16.3 Social determinants of health
    - One decision
    - Three resolutions entitled:
      - The health of Indigenous Peoples
      - The impact of chemicals, waste and pollution on human health
      - Accelerating action on global drowning prevention
  - 16.5 United Nations Decade of Action on Nutrition (2016–2025)

One resolution entitled:

- Accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification

## **Agenda item 20.4**

### **Appointment of the External Auditor**

The Seventy-Sixth World Health Assembly,

Having considered the report by the Director-General on the appointment of the External Auditor and its addendums,<sup>1</sup>

RESOLVES that Comptroller and Auditor General of India shall be appointed External Auditor of the accounts of the World Health Organization for the four-year period from 2024 to 2027 and that he/she audits in accordance with the principles incorporated in Regulation XIV of the Financial Regulations and the Appendix to the Financial Regulations, provided that, should the necessity arise, he/she may designate a representative to act in his/her absence.

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<sup>1</sup> Documents A76/25, A76/25 Add.1 and A76/25 Add.2.

## **Agenda item 16.1**

### **Achieving well-being: a draft global framework for integrating well-being into public health utilizing a health promotion approach**

The Seventy-sixth World Health Assembly, having considered the consolidated report by the Director-General,<sup>1</sup>

Decided:

- (1) to adopt the global framework for integrating well-being into public health utilizing a health promotion approach;<sup>2</sup>
- (2) to request that the Director-General report on implementation of the global framework for integrating well-being into public health utilizing a health promotion approach to the Seventy-seventh World Health Assembly in 2024, the Seventy-ninth World Health Assembly in 2026 and the Eighty-fourth World Health Assembly in 2031, as part of the reporting requirements under resolution WHA75.19 (2022).

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<sup>1</sup> Document A76/7 Rev.1.

<sup>2</sup> Available at <https://www.who.int/teams/health-promotion/enhanced-well-being> (accessed 25 April 2023).

### **Agenda item 16.3**

#### **Social determinants of health**

The Seventy-sixth World Health Assembly, having considered the consolidated report by the Director-General and its addendum on social determinants of health,<sup>1</sup>

Decided:

- (1) to note the operational framework for monitoring social determinants of health equity;
- (2) to request the Director-General to submit the updated report on social determinants of health, their impact on health and health equity, progress made so far in addressing them and recommendations for further action, to the Seventy-seventh World Health Assembly in 2024, through the Executive Board at its 154th session.

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<sup>1</sup> Documents A76/7 Rev.1 and A76/7 Rev.1 Add.1.

## **Agenda item 16.3**

### **The health of Indigenous Peoples**

The Seventy-sixth World Health Assembly,

Recalling that Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health, as declared by the United Nations Declaration on the Rights of Indigenous Peoples adopted by the United Nations General Assembly through resolution 61/295;

Recalling the commitments of the World Conference on Indigenous Peoples in 2014 to intensifying efforts to reduce rates of HIV and AIDS, malaria, tuberculosis and noncommunicable diseases and to ensure their access to sexual and reproductive health, as reflected in resolution 69/2;

Recalling further the United Nations resolutions on Indigenous Peoples and the Outcome document of the high-level plenary meeting of the General Assembly known as the World Conference on Indigenous Peoples, adopted by the United Nations General Assembly on 22 September 2014;

Recalling the Constitution of the World Health Organization, which recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;

Recalling the Expert Mechanism on the Rights of Indigenous Peoples, including its study on Right to Health and Indigenous Peoples with a focus on children and youth (A/HRC/33/57), as well as taking note of the work of the United Nations Permanent Forum on Indigenous Issues and the United Nations Special Rapporteur on the Rights of Indigenous Peoples, recognizing the contribution that Indigenous Peoples make to these discussions;

Recalling also resolutions WHA62.14 (2009) on reducing health inequities through action on the social determinants of health, WHA65.8 (2012) that endorsed the Rio Political Declaration on Social Determinants of Health and WHA74.16 (2021) on the Social Determinants of Health;

Recognizing regional WHO activities on the health of Indigenous Peoples;

Recalling the United Nations General Assembly resolutions 75/168 (2020), 76/148 (2021) and 77/203 (2022) on the rights of Indigenous Peoples, the latter of which reaffirms that Indigenous Peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, and also reaffirms that Indigenous individuals have the right to access, without any discrimination, to all social and health services;

Also recalling United Nations General Assembly resolution 74/2 (2019), entitled “Political declaration of the high-level meeting on universal health coverage”, which recognizes the need to tackle health inequities and inequalities within and among countries through political commitment, policies and international cooperation, including those that address social, economic and environmental and other determinants of health;

Recognizing the importance of holding consultations and cooperating in good faith with the Indigenous Peoples concerned through their own representative institutions in order to obtain their free,

prior and informed consent before adopting and implementing legislative or administrative measures that may affect them as outlined in the United Nations Declaration on the Rights of Indigenous Peoples;

Recognizing that the health needs and vulnerabilities of Indigenous Peoples vary as they are heterogeneous groups of peoples and live in different environmental and social contexts;

Recalling that the United Nations Declaration on the Rights of Indigenous Peoples expressed concern that Indigenous Peoples have suffered from historic injustices as a result of, inter alia, their colonization and dispossession of their lands, territories and resources, thus preventing them from exercising, in particular, their right to development in accordance with their own needs and interests;

Noting reports of the United Nations Department of Economic and Social Affairs, according to which life expectancy can be considerably lower for Indigenous Peoples, lack of access to medical services is higher among Indigenous Peoples, and, as to social, economic and environmental determinants of health, Indigenous Peoples are disproportionately subject to poverty, poor housing, cultural barriers, violence, including gender-based violence, racism, experiencing disability, pollution and lack of access to education, economic opportunities, social protection, water and sanitation, as well as appropriate resilience planning for climate change and natural and other emergencies;

Also noting with concern that Indigenous women often experience disproportionately poorer maternal health outcomes and face considerable barriers to accessing primary health care and other essential health care services, with particular risks to young mothers;

Recognizing the particular vulnerability of Indigenous youth, caused by the changing living environments, including social, cultural, economic and environmental determinants;

Recognizing further that the political, social and economic empowerment, inclusion and non-discrimination of all Indigenous Peoples can support and promote the building of sustainable and resilient communities and facilitate addressing social determinants of health and challenges during public health emergencies;

Recognizing also the need to mainstream a gender perspective and support the full, equal and meaningful participation and leadership at all levels of Indigenous women and girls, and protect their human rights;

Recognizing that Indigenous Peoples are likely to disproportionately experience disability as compared with the general population,<sup>1</sup>

1. URGES Member States, taking into account their national contexts and priorities, and the limitations set out in the United Nations Declaration on the Rights of Indigenous Peoples Article 46.2, and in consultation with Indigenous Peoples, with their free, prior and informed consent:

(1) to develop knowledge about the health situation for Indigenous Peoples through ethical data collection about the health situation for Indigenous Peoples in national contexts with the purpose to identify specific needs and gaps in access to and coverage by current physical and

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<sup>1</sup> Indigenous Peoples are often likely to experience disability disproportionately as compared with the general population with some research indicating rates as high as 20–33% (IASG Thematic Paper – Rights of Indigenous Peoples/Persons with Disabilities, 2014).

mental health services and obstacles in their use, identification of reasons for these gaps and recommendations on how to address them;<sup>1</sup>

(2) to develop, fund and implement national health plans, strategies or other measures for Indigenous Peoples, as applicable, to reduce gender inequality as well as social, cultural and geographic barriers to their equitable access to quality health services, provided in Indigenous languages, including during public health emergencies, and taking a life course approach with a particular emphasis on the reproductive, maternal and adolescent health, while recognizing the Indigenous health practices, as appropriate;

(3) to pay particular attention to ensuring universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes;

(4) to incorporate an intercultural and intersectoral approach in the development of public policies on the health of Indigenous Peoples that also accounts for equitable opportunities for partaking in participatory platforms, overcoming gender inequality as well as barriers related to geographical remoteness, disability, age, language, information availability and accessibility, digital connectivity and other factors;

(5) to explore ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services, within national and/or subnational health systems, particularly at the level of primary health care, and mental health and wellness services;

(6) to adopt an inclusive and participatory approach in the development and implementation of research and development to promote Indigenous health, taking into account their traditional knowledge and practices;

(7) to encourage the attraction, training, recruitment and retention of Indigenous Peoples as health workers, as well as training and capacity-building of human resources to care for Indigenous Peoples with an intercultural approach, including in the context of public health emergencies;

(8) to contribute to capacity-building for Indigenous Peoples so that they may conduct health and environmental monitoring and surveillance in Indigenous territories, with appropriate consideration to the specific conditions of vulnerability, marginalization and discrimination experienced by Indigenous Peoples, and recalling their right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including, inter alia, human and genetic resources, seeds, medicines and knowledge of the properties of fauna and flora;

(9) to address the health needs of Indigenous Peoples, strengthening access to mental health services and care and adequate nutrition, with full consideration to their social, cultural and geographic realities, providing access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services and strengthening access to immunization in Indigenous territories and for Indigenous Peoples irrespective of where they live;

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<sup>1</sup> See for example, <https://datascience.codata.org/articles/10.5334/dsj-2020-043/>.



(10) to promote basic, accessible and intercultural information and support health promotion and disease prevention in Indigenous communities that are not in voluntary isolation;

2. CALLS ON relevant actors in consultation with Indigenous Peoples, with their free, prior and informed consent:

(1) to engage and support full, effective and equal participation of Indigenous Peoples, through their own representative institutions, in the development, as well as monitoring and evaluation of the implementation, of the relevant health plans, strategies or other measures for Indigenous Peoples, including those related to public health emergencies;

(2) to foster the appropriate funding of research and development related to the health of Indigenous Peoples including through the relevant resources and collaboration, while ensuring that rights related to Indigenous Peoples' cultural heritage, traditional knowledge and cultural expressions, and the valuing of Indigenous knowledge systems are respected;

(3) to follow the highest ethical principles when carrying out research and development related to the health of Indigenous Peoples using appropriate culturally diverse consensual approaches and observing the rights of Indigenous Peoples over their traditional lands, territories and resources, cultural heritage, traditional knowledge and traditional cultural expressions, as set out in the United Nations Declaration on the Rights of Indigenous Peoples;

(4) to engage in dialogue and cooperate with relevant sectors with the aim of ensuring that equity guides all policies that address the social and cultural determinants of health which have an adverse impact on Indigenous Peoples, including through ensuring the highest quality, availability and affordability of goods and services essential to their health and well-being, including during public health emergencies, as set out in the United Nations Declaration on the Rights of Indigenous Peoples;

3. REQUESTS the Director-General:

(1) to develop, for the consideration of the Seventy-ninth World Health Assembly through the 158th session of the Executive Board, a Global Plan of Action for the Health of Indigenous Peoples, in consultation with Member States, Indigenous Peoples, relevant United Nations and multilateral system agencies, as well as civil society, academia and other stakeholders, in line with WHO's Framework of Engagement with Non-State Actors, taking a life course approach, with a particular emphasis on the reproductive, maternal and adolescent health, and with a specific focus on those in vulnerable situations, and bearing in mind local context;

(2) to provide technical support, upon request of the Member States, for the development of national plans for the promotion, protection and enhancement of the physical and mental health of Indigenous Peoples, including in the context of public health emergencies;

(3) to propose, in consultation with Member States, strategic lines of action for the improvement of the health of Indigenous Peoples in the development of the fourteenth WHO General Programme of Work.

### **Agenda item 16.3**

#### **The impact of chemicals, waste and pollution on human health**

The Seventy-sixth World Health Assembly,

Reaffirming that the objective of WHO is the attainment by all peoples of the highest possible level of health and its function, inter alia, as the directing and coordinating authority on international health work;

Reaffirming also that the Constitution of WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and declares that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

Recognizing that the health sector has a critical role and unique expertise to contribute to the sound management of chemicals and waste and protecting from their harmful impacts on health and well-being;

Recognizing the importance of the One Health approach, including the work of the One Health High-Level Expert Panel, as well as the importance of WHO's role in this integrated, unifying approach in collaborating with the other Quadripartite Organizations (Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), the World Organisation for Animal Health (WOAH, founded as OIE) and their 2022–2026 One Health Joint Plan of Action;

Recalling WHO's longstanding recognition of the importance of sound chemicals management for human health, the key role of WHO in providing leadership and coordination on the human health aspects of the sound management of chemicals throughout their life cycle, and the necessity of health sector participation in, and contribution to, these efforts as set out in: resolution WHA59.15 (2006) on the Strategic Approach to International Chemicals Management; resolution WHA63.25 (2010) on improvement of health through safe and environmentally sound waste management; resolution WHA63.26 (2010) on improvement of health through sound management of obsolete pesticides and other obsolete chemicals; resolution WHA67.11 (2014) on public health impacts of exposure to mercury and mercury compounds; resolution WHA68.8 (2015) on health and the environment: addressing the health impact of air pollution; and WHA69.4 (2016) on the role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond;

Recalling the WHO Road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond and recognizing it as a tool to facilitate cross-sectoral collaboration and to identify concrete actions towards the achievement of the sound management of chemicals;

Recalling the WHO Global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments, that builds on: scaling up primary prevention; acting on determinants of health in all policies and sectors; strengthening health sector leadership, governance and coordination; building mechanisms for governance, and political and social support; generating the evidence base on risks and solutions; and monitoring progress;

Welcoming the resolution 5/8 on the establishment of a science-policy panel to contribute further to the sound management of chemicals and waste and prevent pollution, adopted by the fifth session of the United Nations Environment Assembly and the invitation to WHO to play a role in the meetings of the ad-hoc open-ended working group to prepare proposals for the science-policy panel, as appropriate;

Further welcoming the resolution 5/14 entitled “End plastic pollution – Towards an international legally binding instrument”, also adopted by the fifth session of the United Nations Environment Assembly;

Noting the adoption of Human Rights Council resolution 48/13 and General Assembly resolution 76/300 entitled “The human right to a clean, healthy and sustainable environment”;

Recognizing the work on the promotion of the sound management of chemicals and waste and the prevention of pollution by multilateral agreements and intergovernmental bodies, including the Inter-Organization Programme for the Sound Management of Chemicals (IOMC) and the International Conference on Chemicals Management (ICCM), and welcoming the continuation of their work to contribute further to the sound management of chemicals and waste and to prevent pollution;

Recognizing that unsound management of chemicals and waste, as well as pollution, can cause significant adverse effects on human health and the environment, and these are important factors in many noncommunicable diseases;

Recognizing further the linkages between the health impacts of chemicals, waste and pollution and other priority global health issues including inequity and vulnerability, maternal and child health, antimicrobial resistance and the meaningful achievement of Universal Health Coverage, and that inaction on these linkages limits our collective capacity to strengthen our health systems, including in the context of health emergencies;

Noting that the market and non-market costs of inaction could be as high as 10% of global gross domestic product<sup>1</sup> and that 2 million lives and 53 million disability-adjusted life years were lost in 2019 due to exposures to selected chemicals<sup>2</sup> with nearly half of those deaths attributable to lead exposure and resulting cardiovascular disease and 138 000 deaths from pesticides involved in suicides representing 20% of all global suicides;<sup>3</sup>

Recognizing that robust data is only available for a small number of potential chemical exposures, and that people are exposed to many more chemicals in their daily lives, and noting that children are particularly vulnerable to these exposures resulting in childhood death, illnesses and disability, particularly in developing countries;<sup>4</sup>

Emphasizing the cross-cutting nature and relevance of the sound management of chemicals and waste and the prevention of pollution to many of the goals and targets of the 2030 Agenda for

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<sup>1</sup> UNEP Global Chemicals Outlook II – Part 1 page 170  
[https://wedocs.unep.org/bitstream/handle/20.500.11822/28186/GCOII\\_PartI.pdf?sequence=1&isAllowed=y](https://wedocs.unep.org/bitstream/handle/20.500.11822/28186/GCOII_PartI.pdf?sequence=1&isAllowed=y).

<sup>2</sup> <https://www.who.int/publications/i/item/WHO-HEP-ECH-EHD-21.01>.

<sup>3</sup> <https://www.who.int/publications/i/item/9789240026629> WHO LIVE LIFE: An implementation guide for suicide prevention in countries.

<sup>4</sup> ([https://www.who.int/health-topics/children-environmental-health#tab=tab\\_2](https://www.who.int/health-topics/children-environmental-health#tab=tab_2)) and/or UNICEF (2020, <https://www.unicef.org/reports/toxic-truth-childrens-exposure-to-lead-pollution-2020>). Research was also conducted by the Lancet Commission (2017 and 2022).

Sustainable Development, including for human health, gender equality, nutrition, sustainable consumption and production patterns, climate change, oceans and seas, clean air and water and biodiversity;<sup>1</sup>

Aware that production, consumption and the use of chemicals and the amount of waste generated will grow substantially over the coming years, and expressing great concern with regard to the unsound management of chemicals and waste and its adverse effects on human, animal and plant health and the environment;

Welcoming the acknowledgement of the interlinkages between biodiversity and health and the three objectives of the Convention for Biological Diversity in the Kunming-Montreal Global Biodiversity Framework, agreeing that that framework is to be implemented by States Parties, with consideration of the One Health approach, among other holistic approaches that are based on science, mobilize multiple sectors, disciplines and communities to work together and aim to sustainably optimize the health of people, animals and plants and the equilibrium of ecosystems based on scientific evidence and on risk assessments developed by relevant international organizations, and recalling decision 14/4 of the Conference of the Parties of the Convention on Biological Diversity which requested the Executive Secretary and the World Health Organization, as well as other partners, to continue the development of a draft global action plan to mainstream biodiversity and health linkages into national policies, strategies, programmes and accounts;

Aware of the extensive WHO research concerning the linkages between pollution and health risks, including on the disproportionate effect it has on persons in vulnerable situations;<sup>2</sup>

Noting that the negotiations for the new international instrument for the Strategic Approach and sound management of chemicals and waste beyond 2020 are in progress for consideration at the 5th International Conference on Chemicals Management (ICCM5), it is timely to highlight the importance of health sector engagement in efforts to address the impacts of chemicals, waste and pollution;

Concerned that the production, consumption and disposal of plastic products, including microplastics and related chemicals, which can be released to the environment, may potentially impact human, plant and animal health as well as the environment, directly or indirectly;

Recalling the adoption by the fifth session of the United Nations Environment Assembly resolution 5/7 on the Sound management of chemicals and waste which requested the Executive Director, subject to availability of resources, in cooperation with the World Health Organization, to update the report entitled State of the Science of Endocrine Disrupting Chemicals 2012 and to present a full range of options for addressing asbestos contaminants in products and the environment;

Reaffirming the importance of the Rio Principles in addressing the sound management of chemicals for health;

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<sup>1</sup> The water–health nexus was highlighted at the UN 2023 Water Conference, with access to drinking water, sanitation, and hygiene services (WASH) as an essential for positive health outcomes and the achievement of the Sustainable Development Goals.

<sup>2</sup> Agreed language taken from resolutions WHA75.19, WHA74.4, WHA74.5, WHA74.15, WHA74.16.

Recognizing the importance of science and risk-based assessments to inform the development of policies and strategies concerning public health issues;

Convinced that the availability of policy-relevant scientific evidence and findable, accessible, interoperable and reusable (FAIR) data on the impacts of and interactions between chemicals, waste and pollution could help countries design effective public health policies, as well as better abide by their international obligations, and that it could further intergovernmental bodies, the private sector and other relevant stakeholders in their work,

1. CALLS UPON Member States,<sup>1</sup> taking into account national contexts and legislations:
  - (1) to strengthen implementation of the WHO Global Strategy on Health, Environment and Climate and the WHO Road Map to enhance the engagement of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond, taking a health-in-all policies approach;
  - (2) to support WHO in scaling up work on plastics and health to enable better information of the potential human health impacts associated with plastic, including plastic pollution, with the aim of strengthening the public health aspects, including under the work of the Intergovernmental Negotiating Committee (INC) to develop an international legally binding instrument on plastic pollution;
  - (3) to encourage the health sector to strengthen partnerships and collaborative efforts to develop and update regulatory frameworks, including the harmonization of protocols for national human biomonitoring and surveillance programmes particularly for chemicals of concern such as cadmium, lead, mercury, highly hazardous pesticides and endocrine disrupting chemicals (EDCs);
  - (4) to further explore, recognize and act on the linkages between chemicals, waste and pollution and other health priorities at the domestic and international levels, such as maternal and child health, antimicrobial resistance, and the importance of identifying, preventing and addressing environmentally related disease in Universal Health Coverage;
  - (5) to engage in the ad hoc open-ended working group established by United Nations Environment Assembly decision 5/8 to prepare proposals for the science-policy panel to contribute further to the sound management of chemicals and waste and prevent pollution, particularly with regard to inclusion of health aspects and participation of the health sector in the eventual panel;
  - (6) to recognize the importance of science-based domestic regulation of highly hazardous pesticides, in efforts to reduce adverse occupational health effects, exposure of children, and the consequences of highly hazardous pesticides on human health and diseases, including to address suicide and neurological disorders;<sup>2</sup>
2. ENCOURAGES, as articulated in resolution WHA69.4, the continued participation of the health sector, including WHO within its functions and Member States, during the negotiations for the new

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<sup>1</sup> And, where applicable, regional economic integration organizations.

<sup>2</sup> <https://www.who.int/publications/i/item/9789240026629> WHO LIVE LIFE: An implementation guide for suicide prevention in countries.

international instrument for the Strategic Approach and sound management of chemicals and waste beyond 2020 to be considered at the 5th International Conference on Chemicals Management (ICCM5), and invites the governing bodies of relevant multilateral agreements, other international instruments and intergovernmental bodies, such as the International Conference on Chemicals Management, the Strategic Approach to International Chemicals Management (SAICM) Secretariat and the United Nations Environment Programme, to consider the present resolution, as appropriate and to recognize this resolution and the work of the health sector and to facilitate this engagement;

3. INVITES the governing bodies of relevant multilateral agreements, other international instruments, and intergovernmental bodies to consider the present resolution, as appropriate;

4. REQUESTS the Director General:

(1) to publish a report, incorporating science and risk based-assessments and conclusions on the human health implications of chemicals, waste and pollution as well as reporting on existing data gaps, including from a One Health approach, ensuring data disaggregation by sex, age, disability and any other relevant factor, that takes into account persistent and bio accumulative and persistent and mobile substances, as well as substances that are carcinogenic, mutagenic or reprotoxic, neurotoxic, immunotoxin or harmful to cardiovascular, respiratory and other organ systems, or endocrine disruptors;

(2) to in consultation with other One Health Quadripartite members, to further develop research on the linkages among human and animal health and the environment, such as in the case of chemicals, waste and pollution;

(3) to work jointly with the United Nations Environment Programme, to update the report entitled State of the Science of Endocrine Disrupting Chemicals 2012 to be prepared prior to the sixth session of the United Nations Environment Assembly, in line with the United Nations Environment Assembly resolution 5/7;

(4) to continue to provide technical support to countries, in particular developing countries, upon request, to build capacity to conduct science-based assessments and research, including on the association of pollution from plastics, including microplastics, as well as cadmium, arsenic, lead, agrochemical pesticides, among others, with known health effects, in order to inform the development of public health policies and support the strengthening of health systems in this area;

(5) to develop an awareness-raising campaign including an online platform that could be replicated by national and local authorities, on the health impacts of chemicals, waste and pollution, including as contaminants in drinking water and food, as well as preventing suicidal deaths using highly hazardous pesticides;

(6) to advocate for a multisectoral, multistakeholder approach to addressing pollution, including the animal and human health sectors both as a contributor to pollution as well as in its work to identify, prevent, mitigate and treat the health impacts of pollution especially at country level;

(7) to establish organizational work and support lines in relation to the overall orientation and guidance of the Strategic Approach to International Chemicals Management (SAICM), and the intersessional work of the International Conference on Chemicals Management, building on WHO's existing relevant work, as well as the SAICM Health Sector Strategy;

(8) to actively contribute, in accordance with its mandate, to the work of the Intergovernmental Negotiating Committee, that is in charge of developing a legally binding instrument on plastic pollution; and the Ad Hoc Open-Ended Working Group to establish a Science-Policy Panel to contribute further to the sound management of chemicals and waste and to prevent pollution, and to explore the full range of options for the future involvement of WHO for the consideration by the Seventy-seventh World Health Assembly through the Executive Board at its 154th session, considering its collaboration with the United Nations Environment Programme and other organizations, as applicable, including within the framework of the Inter-Organization Programme for the Sound Management of Chemicals (IOMC);

(9) to submit, when complete, the outcome of the intersessional process to prepare recommendations regarding the Strategic Approach and sound management of chemicals and waste beyond 2020 to the Seventy-eighth World Health Assembly for consideration through the Executive Board at its 156th session, along with a report on any updates needed to the WHO Roadmap to enhance the engagement of the health sector in the new instrument;

(10) to work including within the framework of the Inter-Organization Programme for the Sound Management of Chemicals (IOMC) to encourage science-based review, research and regulation of highly hazardous pesticides used in agriculture to reduce human, animal and environmental hazards;

(11) to continue to collaborate with the Inter-Organization Programme for the Sound Management of Chemicals (IOMC) to promote broad engagement and coordination of relevant intergovernmental organizations, further strengthening international cooperation and multisectoral engagement in the sound management of chemicals and waste;

(12) to support countries upon request, especially developing countries, to develop national, or regional, human biomonitoring programmes for chemicals of concern, through capacity-building and technology transfer on voluntary and mutually agreed terms and in line with international obligations, aiming at helping to identify potential risks in the territories regarding population groups; to collect data to support the development of public policies; as well as to support the improvement of national health systems;

(13) to report on the implementation of this resolution to the Seventy-seventh World Health Assembly in 2024 through the Executive Board at its 154th session, the Seventy-eighth World Health Assembly in 2025 through the Executive Board at its 156th session and submit progress reports to the Health Assembly in 2027 and 2029.

## Agenda item 16.3

### Accelerating action on global drowning prevention

The Seventy-sixth World Health Assembly,

Having considered the consolidated report by the Director-General,<sup>1</sup>

Recalling resolution WHA64.27 (2011), which recognized drowning as a leading global cause of child death from unintentional injury,<sup>2</sup> requiring multisectoral approaches to prevention through the implementation of evidence-based interventions;

Recalling also resolution WHA74.16 (2021), which recognized the need to strengthen efforts to address the social, economic, gender-related and environmental determinants of health,<sup>3</sup> including the need to address the consequence of the adverse impact of climate change, natural disasters and extreme weather events;

Recalling as well the adoption of resolution 75/273 (2021) by the United Nations General Assembly on global drowning prevention,<sup>4</sup> inviting WHO to assist Member States in their drowning prevention efforts and to coordinate actions within the United Nations system among relevant United Nations entities;

Recalling further the publication by the WHO Secretariat of the Global report on drowning,<sup>5</sup> as well as subsequent guidance<sup>6</sup> showing that drowning is a serious and neglected public health issue that can be prevented with feasible, low-cost, effective and scalable interventions;

Deeply concerned that drowning has been the cause of over 2.5 million preventable deaths in the past decade but has been largely unrecognized relative to its impact, and that peak drowning rates are among children;

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<sup>1</sup> Document A76/7 Rev. 1.

<sup>2</sup> Resolution WHA64.27. Child injury prevention. In: Sixty-fourth World Health Assembly, Geneva, 16–24 May 2011. Geneva: World Health Organization; 2011 ([https://apps.who.int/gb/ebwha/pdf\\_files/WHA64/A64\\_R27-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R27-en.pdf)).

<sup>3</sup> Resolution WHA74.16. Social determinants of health. In: Seventy-fourth World Health Assembly, Geneva, 24 May–1 June 2021. Geneva: World Health Organization; 2021 ([https://apps.who.int/gb/ebwha/pdf\\_files/WHA74/A74\\_R16-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R16-en.pdf)).

<sup>4</sup> Resolution 75/273. Global drowning prevention. In: 75th session of the United Nations General Assembly, New York, 2020–2021. New York: United Nations; 2021 (<https://digitallibrary.un.org/record/3925005?ln=en>).

<sup>5</sup> Global report on drowning: preventing a leading killer. Geneva: World Health Organization; 2014 (<https://apps.who.int/iris/rest/bitstreams/644433/retrieve>).

<sup>6</sup> Preventing drowning: an implementation guide. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/rest/bitstreams/1083494/retrieve>) and Preventing drowning: practical guidance for the provision of day-care, basic swimming and water safety skills, and safe rescue and resuscitation training. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/rest/bitstreams/1415756/retrieve>).



Recognizing the interlinkages between drowning and development, and noting that over 90% of deaths occur in low- and middle-income countries;<sup>1</sup>

Noting with concern that the official global estimate of 235 000 deaths per annum<sup>2</sup> excludes drownings attributable to flood-related climatic events and water transport incidents, resulting in a significant under-representation of drowning deaths;

Underlining that drowning has connections with the social determinants of health, including through increased vulnerabilities to the effects of climate change, in particular flooding events, which are predicted to increase in severity and frequency, unsafe modes of water transport and inherently riskier livelihoods dependent on exposure to water;

Underlining further that in all countries other connections with the social determinants of health include drowning being a high risk in poor rural communities with close proximity to water bodies, where poverty prevents implementation of drowning-prevention interventions, livelihood needs may lead to children being unsupervised and where long-term economic and social impacts of drowning exacerbate and prolong socioeconomic marginalization;

Emphasizing that drowning prevention requires the urgent development of an effective coordinated response among relevant stakeholders in this regard,

1. WELCOMES the invitation of the United Nations General Assembly<sup>1</sup> for WHO to assist Member States, upon their request, in their drowning prevention efforts, and further accepts for WHO to coordinate actions within the United Nations system among relevant United Nations entities and to facilitate the observance of World Drowning Prevention Day<sup>3</sup> on 25 July each year;

2. URGES Member States:

(1) to assess their national situations concerning the burden of drowning, ensuring targeted efforts to address national priorities, including through the appointment of a national drowning prevention focal point, as appropriate, and assuring that resources available are commensurate with the extent of the problem;

(2) to develop and implement national multisectoral drowning-prevention programmes, with a focus on community, including emergency response planning and linkage with community first aid response and emergency care systems, as appropriate, in line with WHO recommended interventions, particularly in countries with a high burden of drowning;

(3) to ensure that policy planning and implementation across sectors such as health, education, environment, climate adaptation planning, rural economic development, fisheries, water transport and disaster risk reduction, particularly policies that address the underlying drivers of increased flood risk, are undertaken in a manner that reduces drowning risks;

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<sup>1</sup> Resolution 75/273. Global drowning prevention. In: 75th Session of the United Nations General Assembly, New York, 2020–2021. New York: United Nations; 2021 (<https://digitalibrary.un.org/record/3925005?ln=en>).

<sup>2</sup> Global Health Estimates. Geneva: World Health Organization; 2019 (<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates>).

<sup>3</sup> United Nations: World Drowning Prevention Day [webpage] (<https://www.un.org/en/observances/drowning-prevention-day>, accessed 3 February 2023).

(4) to promote drowning prevention through community engagement and public awareness and behavioural change campaigns;

(5) to promote capacity-building and support international cooperation by sharing lessons learned, experiences and best practices, within and among the regions;

3. REQUESTS the Director-General:

(1) to encourage research on the context and risk factors for drowning, facilitate adaptation of effective drowning prevention and safe rescue and resuscitation measures that can be applied in local communities, and evaluate the effectiveness of drowning-prevention programmes;

(2) to prepare a global status report on drowning prevention by the end of 2024 to guide future targeted actions;

(3) to provide Member States, upon their request, with technical knowledge and support to implement and evaluate public health, urban and environmental policies and programmes for drowning prevention and mitigation of its consequences;

(4) to foster capacity-building and facilitate knowledge exchange among Member States and relevant stakeholders, promoting dissemination and uptake of evidence-based guidance for drowning prevention;

(5) to establish a global alliance for drowning prevention with organizations of the United Nations system, international development partners and nongovernmental organizations;

(6) to report on progress in the implementation of this resolution to the Health Assembly in 2025, to include reporting on the global status report on drowning prevention and reflect on contributions to the agenda of the Thirteenth General Programme of Work, 2019–2025, and subsequently in 2029, to include reporting on achievements of the global alliance and intersections with broader agendas, including the Sustainable Development Goals and the Sendai Framework for Disaster Risk Reduction 2015–2030.

## **Agenda item 16.5**

### **Accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification**

The Seventy-sixth World Health Assembly,

Having considered the consolidated report by the Director-General;<sup>1</sup>

Recalling resolutions WHA39.31 (1986) on prevention and control of iodine disorders; WHA45.33 (1992) on national strategies for prevention and control of micronutrient malnutrition; WHA58.24 (2005) on sustaining the elimination of iodine deficiency disorders; WHA65.6 (2012) on comprehensive implementation plan on maternal, infant and young child nutrition; and WHA68.19 (2015) on outcome of the Second International Conference on Nutrition, which promote food fortification as a mechanism to prevent micronutrient deficiencies and birth defects associated with nutritional deficiencies;

Recalling also resolution WHA63.17 (2010) on birth defects, which requested the Director-General to support Member States in developing national plans for implementation of effective interventions to prevent and manage birth defects within their national maternal, newborn and child health plan, and food fortification strategies, among others, for the prevention of birth defects, and promoting equitable access to such services; and urged Member States to increase coverage of effective prevention measures, including folic acid supplementation;

Recognizing that micronutrient deficiencies are a public health concern as they constitute a risk factor for many diseases, and they may lead to increasing morbidity and mortality rates; and that the latest estimates indicate that 372 million preschool children and 1.2 billion women of reproductive age worldwide are at risk of at least one micronutrient deficiency;

Recognizing the primary role of healthy, balanced and diverse diets and sustainable food systems that help to reduce the prevalence of nutritional deficiencies, complemented with population strategies, such as food fortification, and/or supplementation, across the life cycle;

Recognizing that anaemia in 2019 globally affected 570 million women of reproductive age (29.9%), 31.9 million pregnant women (36.5%) and 269 million children 6 to 59 months of age (40%), worldwide, impairing their physical capacity and work performance and, when women were pregnant, increasing the risk of complications and maternal and neonatal mortality;

Recognizing that while the number of countries with adequate and safe iodine intake reached 118 in 2020, several countries still require increased efforts to ensure adequate iodine intake; that vitamin A deficiency in children 6 to 59 months of age remains a public health concern affecting 29% of them in 2013, putting them at increased risk of mortality; and that the lack of vitamin D exposes children to rickets and osteomalacia and adults to osteoporosis;

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<sup>1</sup> Document A76/7 Rev. 1

Concerned that surveys evaluating folate insufficiency among women of reproductive age show that this condition is highly prevalent more than 40%, increasing their probability of having babies with neural tube defects; and that an estimated 240 000 newborns worldwide die within 28 days of birth each year due to birth defects, that birth defects can lead to long-term disability, taking a significant toll on individuals, families, health systems and societies, and that nine out of 10 children born with a major birth defect are in low- and middle-income countries;

Noting the availability of new or updated guidance and tools to support Member States in the design, development, operation, evaluation and monitoring of their fortification programmes, including WHO guidelines on fortification of different products; a Manual for millers, regulators, and programme managers, and the Micronutrient survey manual and companion toolkit, among others;

Acknowledging the scientific evidence of the protective effect of fortifying foods with folic acid and other micronutrients of concern within populations, such as iron, vitamin A, zinc, calcium and vitamin D, when implemented as to not exceed Tolerable Upper Intake Levels; and recognizing that, according to national circumstances, safe and effective food fortification and/or supplementation policies, when adequately designed and implemented, can be a safe, proven and cost-effective intervention that improves micronutrient status and other health outcomes, including by preventing spina bifida and anencephaly;

Acknowledging the challenges that countries face to plan, implement, monitor and educate on food fortification programmes, upon a science-based risk–benefit assessment, as well as to assess the impact on the population of these measures,

1. URGES Member States,<sup>1</sup> taking into account their national circumstances and capacities:
  - (1) to recognize the importance of, and promote, healthy and balanced diets, and nutritional education for all populations, including in regular health and promotion of maternal and child health programmes;
  - (2) to make decisions on food fortification with micronutrients and/or supplementation, including to prevent birth defects on the basis of public health needs and a risk–benefit assessment, using as vehicles foodstuffs considered most appropriate in the country, and carrying out regular monitoring;
  - (3) to conduct dialogues among government officials, health professionals and civil society on the importance of preventing micronutrient deficiencies and birth defects through the promotion of healthy diets, and safe and effective food fortification and/or supplementation policies, adequately designed and implemented;
  - (4) to build multisectoral collaborations among health ministries and national health authorities, agriculture, social protection, trade, development, the food and food processing industry, and other stakeholders to consider implementing safe and effective food fortification and/or supplementation policies;
  - (5) to consider further strengthening surveillance and national estimates of anaemia, neural tube defects and other birth defects to better monitor progress towards prevention and to ensure accountability for improved health outcomes;

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<sup>1</sup> And, where applicable, regional economic integration organizations.

(6) to establish systems for newborn screening diagnosis and early management of anaemia, neural tube defects and other birth defects in newborns and children under 5 years;

(7) to consider, in accordance with national circumstances, appropriate ways to strengthen financing mechanisms and other enhancements for food fortification and/or supplementation programmes to ensure quality implementation, capacity to monitor compliance, impact and regular reporting of programme performance, coverage, quality and evolution of the micronutrient status, including attention to consequences of intake, coverage and status;

(8) to share information, as appropriate and through WHO, within the framework of the report on implementation of this resolution, on the status of food fortification in each respective country and its impact on the population, including possible adverse effects;

2. REQUESTS the Director-General:

(1) to continue providing normative evidence-based guidance and standards to Member States on food fortification and supplementation, with micronutrients and its implementation in appropriate vehicles, and the assessment of the micronutrient status and the causes of the deficiencies, based on the nutritional status of the population, in particular to prevent birth defects;

(2) to provide guidance on risk–benefit assessment, monitoring of compliance, and periodic evaluation of coverage and impact of the food fortification and supplementation programmes;

(3) to develop technical and quality assurance guidance for food fortification and, within available resources, for supplementation, to non-State actors who produce and process food; ensuring the establishment of quality assurance and quality control systems in accordance with national standards as well as governmental inspection and technical audit, auditing to enforce them; and to strengthen the existing quality infrastructure through capacity-building and experience sharing;

(4) to develop a report on the global status of food fortification and supplementation, and use it to identify global and national priorities to periodically evaluate that food fortification programmes adhere to WHO recommendations, including not to exceed the Tolerable Upper Intake Levels for each nutrient, to allow the adjustment and promotion of food fortification programmes towards 2030;

(5) to provide technical support to Member States to conduct needs and feasibility assessments, design fortification programmes, strengthen surveillance, to develop estimates on micronutrient deficiencies; and the prevention and management of neural tube and other birth defects;

(6) to report on the implementation of this resolution through biennial reports to the Health Assembly until 2030, beginning with the Seventy-ninth World Health Assembly, to be issued in 2026, 2028 and 2030, respectively.

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