SEVENTY-SIXTH WORLD HEALTH ASSEMBLY

Extracts from document EB152/2023/REC/1 for consideration by the Seventy-sixth World Health Assembly[1]

[1] The present document is made available in order to assist the Health Assembly in its deliberations. The final version of document EB152/2023/REC/1 will be made available in due course on the Governance website at http://apps.who.int/gb/or/.

RESOLUTIONS

EB152.R1 Appointment of the Regional Director for the Americas

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization;

Considering also the nomination made by the Regional Committee for the Americas at its seventy-fourth session,

1. APPOINTS Dr Jarbas Barbosa Da Silva Jr. as Regional Director for the Americas as from 1 February 2023;

2. AUTHORIZES the Director-General to issue a contract to Dr Jarbas Barbosa Da Silva Jr. for a period of five years as from 1 February 2023, subject to the provisions of the Staff Regulations and Staff Rules.

(Second meeting, 30 January 2023)

EB152.R2 Expression of appreciation to Dr Carissa Etienne

The Executive Board,

Desiring to express its appreciation to Dr Carissa Faustina Etienne for her services as Regional Director for the Americas;

Mindful of Dr Etienne's lifelong, professional devotion to the cause of global health, and recalling especially her 10 years of service as Regional Director for the Americas;

Recalling resolution CSP30.R8 (2022) adopted by the 30th Pan American Sanitary Conference, 74th session of the Regional Committee for the Americas, which designates Dr Carissa F. Etienne as Director Emeritus of the Pan American Sanitary Bureau,

1. EXPRESSES its profound gratitude and appreciation to Dr Carissa F. Etienne for her invaluable contribution to the work of the World Health Organization and of the Pan American Health Organization, especially her courageous service in the face of the coronavirus disease (COVID-19) emergency;

2. ADDRESSES to her on this occasion its sincere good wishes for many further years of service to the global health community.

(Second meeting, 30 January 2023)

EB152.R3 Scale of assessments for 2024–2025

The Executive Board,

Having considered the report by the Director-General,[1]

RECOMMENDS to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

Having considered the report of the Director-General,

ADOPTS the scale of assessments of Members and Associate Members for the biennium 2024–2025 as set out below.

Members and Associate Members	**WHO scale for 2024–2025 %**
Afghanistan	0.0060
Albania	0.0080
Algeria	0.1090
Andorra	0.0050
Angola	0.0100
Antigua and Barbuda	0.0020
Argentina	0.7190
Armenia	0.0070
Australia	2.1111
Austria	0.6790
Azerbaijan	0.0300
Bahamas	0.0190
Bahrain	0.0540
Bangladesh	0.0100
Barbados	0.0080
Belarus	0.0410
Belgium	0.8281
Belize	0.0010
Benin	0.0050
Bhutan	0.0010
Bolivia (Plurinational State of)	0.0190
Bosnia and Herzegovina	0.0120
Botswana	0.0150
Brazil	2.0131
Brunei Darussalam	0.0210
Bulgaria	0.0560
Burkina Faso	0.0040
Burundi	0.0010
Cabo Verde	0.0010
Cambodia	0.0070
Cameroon	0.0130
Canada	2.6282

[1] Document EB152/29.

Central African Republic	0.0010
Chad	0.0030
Chile	0.4200
China	15.2550
Colombia	0.2460
Comoros	0.0010
Congo	0.0050
Cook Islands (not a member of the United Nations)	0.0010
Costa Rica	0.0690
Côte d'Ivoire	0.0220
Croatia	0.0910
Cuba	0.0950
Cyprus	0.0360
Czechia	0.3400
Democratic People's Republic of Korea	0.0050
Democratic Republic of the Congo	0.0100
Denmark	0.5530
Djibouti	0.0010
Dominica	0.0010
Dominican Republic	0.0670
Ecuador	0.0770
Egypt	0.1390
El Salvador	0.0130
Equatorial Guinea	0.0120
Eritrea	0.0010
Estonia	0.0440
Eswatini	0.0020
Ethiopia	0.0100
Faroe Islands	0.0010
Fiji	0.0040
Finland	0.4170
France	4.3183
Gabon	0.0130
Gambia	0.0010
Georgia	0.0080
Germany	6.1114
Ghana	0.0240
Greece	0.3250
Grenada	0.0010
Guatemala	0.0410
Guinea	0.0030
Guinea-Bissau	0.0010
Guyana	0.0040
Haiti	0.0060
Honduras	0.0090
Hungary	0.2280
Iceland	0.0360
India	1.0441
Indonesia	0.5490
Iran (Islamic Republic of)	0.3710
Iraq	0.1280
Ireland	0.4390
Israel	0.5610

Italy	3.1892
Jamaica	0.0080
Japan	8.0335
Jordan	0.0220
Kazakhstan	0.1330
Kenya	0.0300
Kiribati	0.0010
Kuwait	0.2340
Kyrgyzstan	0.0020
Lao People's Democratic Republic	0.0070
Latvia	0.0500
Lebanon	0.0360
Lesotho	0.0010
Liberia	0.0010
Libya	0.0180
Lithuania	0.0770
Luxembourg	0.0680
Madagascar	0.0040
Malawi	0.0020
Malaysia	0.3480
Maldives	0.0040
Mali	0.0050
Malta	0.0190
Marshall Islands	0.0010
Mauritania	0.0020
Mauritius	0.0190
Mexico	1.2211
Micronesia (Federated States of)	0.0010
Monaco	0.0110
Mongolia	0.0040
Montenegro	0.0040
Morocco	0.0550
Mozambique	0.0040
Myanmar	0.0100
Namibia	0.0090
Nauru	0.0010
Nepal	0.0100
Netherlands	1.3771
New Zealand	0.3090
Nicaragua	0.0050
Niger	0.0030
Nigeria	0.1820
Niue (not a member of the United Nations)	0.0010
North Macedonia	0.0070
Norway	0.6790
Oman	0.1110
Pakistan	0.1140
Palau	0.0010
Panama	0.0900
Papua New Guinea	0.0100
Paraguay	0.0260
Peru	0.1630
Philippines	0.2120

Poland	0.8371
Portugal	0.3530
Puerto Rico (not a member of the United Nations)	0.0010
Qatar	0.2690
Republic of Korea	2.5742
Republic of Moldova	0.0050
Romania	0.3120
Russian Federation	1.8661
Rwanda	0.0030
Saint Kitts and Nevis	0.0020
Saint Lucia	0.0020
Saint Vincent and the Grenadines	0.0010
Samoa	0.0010
San Marino	0.0020
Sao Tome and Principe	0.0010
Saudi Arabia	1.1841
Senegal	0.0070
Serbia	0.0320
Seychelles	0.0020
Sierra Leone	0.0010
Singapore	0.5040
Slovakia	0.1550
Slovenia	0.0790
Solomon Islands	0.0010
Somalia	0.0010
South Africa	0.2440
South Sudan	0.0020
Spain	2.1341
Sri Lanka	0.0450
Sudan	0.0100
Suriname	0.0030
Sweden	0.8711
Switzerland	1.1341
Syrian Arab Republic	0.0090
Tajikistan	0.0030
Thailand	0.3680
Timor-Leste	0.0010
Togo	0.0020
Tokelau (not a member of the United Nations)	0.0010
Tonga	0.0010
Trinidad and Tobago	0.0370
Tunisia	0.0190
Türkiye	0.8451
Turkmenistan	0.0340
Tuvalu	0.0010
Uganda	0.0100
Ukraine	0.0560
United Arab Emirates	0.6350
United Kingdom of Great Britain and Northern Ireland	4.3753
United Republic of Tanzania	0.0100
United States of America	22.0000
Uruguay	0.0920
Uzbekistan	0.0270

Vanuatu	0.0010
Venezuela (Bolivarian Republic of)	0.1750
Viet Nam	0.0930
Yemen	0.0080
Zambia	0.0080
Zimbabwe	0.0070
TOTAL	**100.0000**

(Fourth meeting, 31 January 2023)

EB152.R4 Amendments to the Financial Regulations and Financial Rules[1]

The Executive Board,

Having considered the report on the amendments to the Financial Regulations and Financial Rules,[2]

1. CONFIRMS the amendments made by the Director-General to the Financial Rules as shown in Annex 1, with the amended Rules to become effective at the same time as the amendments to the Financial Regulations;

2. DECIDES to request the Director-General, in relation to the application of Article 7 of the Constitution of the World Health Organization, to hold consultations with Member States on the proposed options for consideration and adoption by the Seventy-sixth World Health Assembly, through the thirty-eighth meeting of the Programme, Budget and Administration Committee of the Executive Board;

3. RECOMMENDS to the Seventy-sixth World Health Assembly the adoption of the following resolution:

> The Seventy-sixth World Health Assembly,
>
> Having considered the report on amendments to the Financial Regulations and Financial Rules,
>
> 1. APPROVES the changes to the Financial Regulations as shown in the Annex to document EB152/30, to be effective as from 1 June 2023;
>
> 2. NOTES that the changes to the Financial Rules as confirmed by the Executive Board at its 152nd session shall be effective at the same time as the amendments to the Financial Regulations approved in paragraph 1;
>
> 3. AUTHORIZES the Director-General to renumber the Financial Regulations and Financial Rules appropriately.

(Fourth meeting, 31 January 2023)

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document EB152/30.

EB152.R5 Housing allowance for the Director-General[1]

The Executive Board,

Having considered the report by the Director-General,[2] and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board,[3]

RECOMMENDS to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

Noting the recommendations of the Executive Board with reference to a housing allowance for the Director-General,

1. ESTABLISHES a housing allowance for the Director-General of US$ 7000 per month adjusted annually with reference to the consumer price index for Geneva;

2. DECIDES that this housing allowance will be in lieu of any other schemes to support the cost of accommodation that may be applicable to WHO staff;

3. DECIDES that the Director-General's contract shall be amended accordingly;

4. DECIDES that the housing allowance will be effective from 1 June 2023 in place of the interim allowance granted in decision WHA75(13) (2022).

(Seventeenth meeting, 7 February 2023)

EB152.R6 Confirmation of amendments to the Staff Rules: remuneration of staff in the professional and higher categories, dependants for family reunification purposes and parental leave[4]

The Executive Board,

Having considered the report by the Director-General,[5] and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board,[6]

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General with effect from 1 January 2023 concerning the remuneration of staff in the professional and higher categories, dependants for family reunification purposes and parental leave, as amended, considering that the wording may be reviewed in the future as necessary.

(Seventeenth meeting, 7 February 2023)

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document EB152/47.

[3] Document EB152/4.

[4] See Annex 2, and Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

[5] Document EB152/49.

[6] Document EB152/4.

EB152.R7 Salaries of staff in ungraded positions and of the Director-General[1]

The Executive Board,

Having considered the report by the Director-General,[2] and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board,[3]

RECOMMENDS to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

Noting the recommendations of the Executive Board with regard to remuneration of staff in ungraded posts and of the Director-General,

1. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors[4] at US$ 193 080 gross per annum with a corresponding net salary of US$ 142 933;

2. ESTABLISHES the salary of the Deputy Director-General[5] at US$ 212 632 gross per annum with a corresponding net salary of US$ 155 837;

3. ESTABLISHES the salary of the Director-General at US$ 265 910 gross per annum with a corresponding net salary of US$ 199 637;

4. DECIDES that those adjustments in remuneration shall take effect from 1 January 2023.

(Seventeenth meeting, 7 February 2023)

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document EB152/49.

[3] Document EB152/4.

[4] Salary category UG1.

[5] Salary category UG2.

DECISIONS

EB152(1) Extension of the temporary suspension of Financial Rule XII, 112.1, in part[1]

The Executive Board, having considered the report by the Director-General,[2] and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board,[3]

Decided to extend the temporary suspension of Financial Rule XII, 112.1, in part, as set out in Annex 3, with this provision to remain in effect until the 153rd session of the Executive Board.[4]

(Fourth meeting, 31 January 2023)

EB152(2) Terms of membership of the Standing Committee on Health Emergency Prevention, Preparedness and Response[5]

The Executive Board, having considered the report of the Standing Committee on Health Emergency Prevention, Preparedness and Response on its first meeting[6] and the report of the Director-General on the terms of membership of the Standing Committee on Health Emergency Prevention, Preparedness and Response,[7]

Decided, consistent with the duration of the term of the Executive Board membership:

(1) to extend the current terms of the three members of the Standing Committee whose terms would otherwise expire in December 2024 until the closure of the Seventy-eighth World Health Assembly in 2025;

(2) to extend the current terms of the Chair and Vice-Chair of the Standing Committee, whose terms would otherwise expire on 4 December 2023, until the closure of the Seventy-seventh World Health Assembly in 2024; and

(3) that the current terms of the other members of the Standing Committee and the subsequent terms of all its members will continue as provided in its terms of reference as contained in decision EB151(2) (2022).[8]

(Sixth meeting, 1 February 2023)

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB152/48 Rev.1.

[3] Document EB152/4.

[4] This decision is taken due to exceptional circumstances and does not set a precedent.

[5] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[6] Document EB152/45.

[7] Document EB152/54.

[8] See Annex 1 of document EB151/2022/REC/1.

EB152(3) Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies[1,2]

The Executive Board, having considered the report of the Director-General,[3]

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

Noting that emergency, critical and operative care services are an integral part of a comprehensive primary health care approach and are essential to ensure that the health needs of people are met across the life course without undue delay;

Recognizing that robust emergency, critical and operative care services are at the foundation of national health systems' ability to respond effectively to emergency events including all hazards; and to ensure the implementation of the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events;

Concerned that the coronavirus disease (COVID-19) pandemic revealed pervasive gaps in capacity of emergency, critical and operative care services that resulted in significant avoidable mortality and morbidity globally;

Noting that integrated people-centred service delivery requires emergency, critical and operative care services that are linked to communities through primary care and by communication, transportation, referral and counter-referral mechanisms,[4] and that these components are interdependent: capacity failures in responsiveness of the emergency, critical and operative care system may result in disrupted primary care delivery and poor outcomes, while failures in primary care and social services may lead to increased use of emergency, critical and operative care services and result in delays in the appropriate provision of life-saving care;

Emphasizing that emergency, critical and operative care represents a continuum of services from the community to health centres to primary care clinics to hospitals, and that integrated planning and implementation of these services can lead to greater efficiency and effectiveness and deliver economies of scope and scale across disease and population-specific programmes;

Acknowledging Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing that well-organized, safe and high-quality emergency, critical and operative care is a key mechanism for achieving a range of associated targets – including those on universal health coverage (3.8), road safety (3.6), maternal and child health (3.1, 3.2), universal access to sexual and reproductive health-care services (3.7), noncommunicable diseases, mental health, and infectious disease (3.4, 3.5 and 3.3);

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Global public health security is defined as the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries (https://www.who.int/health-topics/health-security/#tab=tab_1, accessed 12 December 2022).

[3] Document EB152/5.

[4] The term emergency, critical and operative care (ECO-) system is used here to refer to emergency, critical and operative care services and the mechanisms that ensure they are accessible to the people who need them. Bull World Health Organ 2020;98:728–728A | doi: http://dx.doi.org/10.2471/BLT.20.280016. Accessed 12 December 2022.

Acknowledging further Sustainable Development Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable) and Goal 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels), and noting that a strong and well-resourced system for emergency, critical and operative care embedded within the broader health system is vital to maintaining the continuity of essential health services in fragile and conflict-affected settings, and to mitigating the impact of disasters, outbreaks and mass casualty incidents, including those resulting from climate change;

Recalling the following resolutions in which the Health Assembly prioritized integrated service-delivery models and identified emergency, critical and operative care services as fundamental: WHA56.24 (2003) on implementing the recommendations of the World report on violence and health, WHA57.10 (2004) on road safety and health (echoed by United Nations General Assembly resolution 72/271 (2018) on improving global road safety), WHA60.22 (2007) on health systems: emergency-care systems, WHA64.10 (2011) on strengthening national health emergency and disaster management capacities and the resilience of health systems, WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage, WHA69.1 (2016) on strengthening essential public health functions in support of the achievement of universal health coverage, WHA72.16 (2019) on emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured, and WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies;

Recognizing that emergency, critical and operative care services are necessary to execute the core capacities under the International Health Regulations (2005) and to promote the enjoyment of human rights;[1]

Recalling also the mandate of WHO's Thirteenth General Programme of Work, 2019–2025 to improve integrated service delivery, protect people from health emergencies and to serve in particular the most disadvantaged, marginalized and hard-to-reach populations, to ensure that no one is left behind;[2]

Noting that providing non-discriminatory and equitable access for all people to timely, safe and high-quality emergency, critical and operative care services can contribute to the reduction

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[1] Convention and Protocol Relating to the Status of Refugees. 1951 (http://www.unhcr.org/protection/basic/3b66c2aa10/convention-protocol-relating-status-refugees.html, accessed 10 January 2023).

Convention on the Elimination of All Forms of Discrimination against Women. 1965 (http://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx, accessed 10 January 2023).

Convention on Cluster Munitions. 2008 (https://www.un.org/disarmament/convention-on-cluster-munitions/, accessed 10 January 2023).

International Convention on the Elimination of All Forms of Racial Discrimination. 1979 (http://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx, accessed 10 January 2023).

Convention on the Rights of the Child. 1989 (http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx, accessed 10 January 2023).

International Convention on the Protection of the Rights of All Migrant Workers. 1990 (http://www.ohchr.org/EN/ProfessionalInterest/Pages/CMW.aspx, accessed 10 January 2023).

Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction (https://www.un.org/disarmament/anti-personnel-landmines-convention, accessed 10 January 2023).

[2] Thirteenth General Programme of Work, 2019–2023. Geneva: World Health Organization; 2018; as contained in document A71/4 (http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1or, accessed 10 January 2023), adopted in resolution WHA71.1. A proposal to extend the Thirteenth General Programme of Work to 2025 was submitted in 2022 (document A75/8) and approved in resolution WHA75.6 (2022).

of disparities in health outcomes, and that safe and effective patient flow is essential to protect people during emergencies;

Emphasizing that timely access is an essential component of quality emergency, critical and operative care services and could prevent millions of deaths and long-term impairments from injuries, infections, mental health conditions, acute exacerbations of noncommunicable diseases, acute complications of pregnancy and other health conditions, including in neonates and children;

Noting that injury alone accounts for nearly 5 million deaths per year and that road traffic injury is the top cause of death of all those in the age group of 5–29 years;[1] and that most people affected by injury require access to emergency, critical and operative care services;

Noting also that emergency, critical and operative care interventions are effective and in general cost-effective, and concerned that the lack of investment in emergency, critical and operative care is compromising outcomes, limiting impact and increasing cost in other parts of the health system and potentially reducing impact of other health interventions;

Noting further that effective planning and resource allocation for delivery of emergency, critical and operative care requires understanding the potential and actual utilization of emergency, critical and operative care services and identifying and removing barriers to accessing care, and that it requires detailed analysis of data that are frequently unavailable or not recorded in many settings;

Considering that quality emergency, critical and operative care services and improved outcomes are best guaranteed through ongoing monitoring to be used for service development, continuous quality improvement, targeted capacity-building of the emergency, critical and operative care workforce and, as appropriate, through regulation;

Considering also that WHO has a range of guidance that allows policy-makers, planners and administrators to develop action plans that are best suited to their national contexts, along with resources for training and standards for essential emergency, critical and operative care services, equipment and supplies at each level of the health system,[2]

1. CALLS FOR timely additional efforts globally to strengthen the planning and provision of emergency, critical and operative care services as part of universal health coverage, so as to meet population health needs, improve health system resilience and ensure public health security;[3]

2. URGES Member States, in accordance with national context and priorities:[4]

(1) to create national policies for sustainable funding, effective governance (including coordination and regulation of public and private sector actors) and universal access to needs-based emergency, critical and operative care for all, without regard to sociocultural factors, without requirement for payment prior to life-saving emergency care, and within a

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[1] Global Health Estimates, World Health Organization, 2019. https://www.who.int/data/global-health-estimates *(accessed 10 January 2023).*

[2] Emergency care. Geneva: World Health Organization (see www.who.int/emergencycare, accessed 25 January 2023).

[3] Global public health security is defined as the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries (https://www.who.int/health-topics/health-security/#tab=tab_1, accessed 12 December 2022).

[4] And, where applicable, regional economic integration organizations.

broader health system that provides quality essential care and services and financial risk protection;

(2) to include emergency, critical and operative care services, with their associated rehabilitation services, across relevant health areas within national packages of services for universal health coverage, such as through use of the WHO UHC Service Package Delivery and Implementation tool to identify relevant and feasible services and required resources based on national context;

(3) as appropriate, to conduct WHO emergency, critical and operative care system assessments[1] to identify gaps and context-relevant action priorities, and to design and implement integrated national and/or regional action plans for emergency, critical and operative care;

(4) to integrate delivery of emergency, critical and operative care within relevant national health system assessments and strategies, including universal health coverage road maps, primary health care strategies, models of care, health emergency preparedness and response plans and National Action Planning for Health Security[2] as appropriate;

(5) to develop national, subnational and facility-level governance mechanisms for the coordination of routine prehospital and hospital-based emergency, critical and operative care services and patient transfer and referral services, including linkages with other relevant actors for disaster and outbreak preparedness and response;

(6) to promote more coherent, inclusive and accessible approaches to safeguard effective emergency, critical and operative care in disasters, fragile settings and conflict-affected areas, ensuring the continuum and provision of essential health services and public health functions, in line with international humanitarian law;

(7) to promote innovative ways for community engagement in the design and delivery of emergency, critical and operative care services, including community education on early recognition, care seeking, and first aid; training for community first aid responders, such as the WHO community first aid responders programme; and structured mechanisms for incorporating community perspectives in strategic planning and monitoring of implementation;

(8) to promote access to timely and reliable prehospital care for all, including by establishing, where they do not exist, toll-free universal access numbers that meet international standards;

(9) to implement, as appropriate, key processes and protocols as identified in WHO guidance on delivery of emergency, critical and operative care, such as triage, checklists and the use of registries and clinical audits, including through WHO's clinical registry platform, and to adapt and operationalize WHO standards on infrastructure, personnel and material resources for emergency, critical and operative care services;

(10) to establish, as appropriate, regulation and certification mechanisms for all personnel and equipment required to deliver emergency, critical and operative care services to ensure professional competency and high quality;

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[1] See who.int/emergency-care (accessed 25 January 2023).

[2] See https://www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/national-action-plan-for-health-security (accessed 25 January 2023).

(11) to provide dedicated pre- and in-service skill-based training in emergency, critical and operative care for all relevant health workers and inter-professional teams, including post-graduate training for doctors and nurses, training first-contact providers in WHO Basic Emergency Care, training community first aid responders, and integrating dedicated training in emergency, critical and operative care into undergraduate nursing and medical curricula, and establishing certification pathways for prehospital providers, as appropriate to national context, taking advantage of the existing WHO training platforms, such as the WHO Academy, as a key resource;

(12) to implement mechanisms for standardized and disaggregated data collection to characterize and report the relevant disease burden and identify high-yield mechanisms for improving the coordination, safety and quality of delivery of emergency, critical and operative care and to demonstrate the contribution of such integrated care to national targets, sustainable development goals and programmatic goals;

3. REQUESTS the Director-General:

(1) to enhance WHO's capacity at all levels, with emphasis on country offices, to provide necessary coordination, technical guidance and support for the efforts of Member States and other relevant actors to strengthen delivery of emergency, critical and operative care, including health emergency preparedness, readiness, response and recovery, across the spectrum of health services;

(2) to promote strengthening of routine emergency, critical and operative care services for a more responsive and resilient health system, and ensure that strengthening of emergency, critical and operative care services is included in strategies for mitigating the impact of health emergencies;

(3) to foster collaboration across relevant sectors, partnerships and action plans, and to facilitate collaboration among Member States, to support the effective dissemination and implementation of best practices and WHO resources for delivery of emergency, critical and operative care;

(4) to create guidance for and support the development of integrated national and/or regional action plans for emergency, critical and operative care and to extend and strengthen community-based emergency, critical and operative care services;

(5) to renew relevant efforts outlined in resolutions WHA68.15 (2015) and WHA72.16 (2019) to provide guidance and support to Member States for review of regulations and legislation for quality- and safety-improvement programmes with continued support for WHO's clinical registry and audit platform, and for other aspects of strengthening the provision of emergency, critical and operative care services;

(6) to support Member States to expand policy-making, technological, administrative and clinical capacity in the area of emergency, critical and operative care, by the provision of policy options and technical guidance, supported by educational strategies and materials for health providers and planners;

(7) to develop guidance for the consideration of Member States on comprehensive monitoring of emergency, critical and operative care services, taking into account their timeliness, quality and extensive scope, to provide data and information to be used in the development of emergency, critical and operative care services, basic and continuous training and regulation of the emergency, critical and operative care workforce;

(8) to support Member States to identify high-priority emergency, critical and operative care services and to evaluate the planning and cost implications of integrating of these services into universal health coverage, such as through the WHO Service Package Delivery and Implementation tool;

(9) to strengthen the evidence base for emergency, critical and operative care interventions by encouraging research and supporting Member States to execute research on emergency, critical and operative care delivery, including by providing tools, protocols, indicators and other needed standards to support the collection, analysis and reporting of data, including on cost-effectiveness;

(10) to support the integration of health facility planning, including for hospitals, with emergency, critical and operative care services, executed in line with communities' priorities and health needs, and with regard to supporting the central role of primary care, in accordance with the principles of a primary health care approach;

(11) to support Member States to identify innovative and sustainable financing mechanisms to ensure access to essential emergency, critical and operative care services, and to facilitate awareness and international and domestic resource mobilization, in line with the Addis Ababa Action Agenda of the Third International Conference on Financing for Development[1] by providing advocacy resources;

(12) to report on progress in the implementation of this resolution to the Health Assembly in 2025, 2027 and 2029.

(Sixth meeting, 1 February 2023)

EB152(4) Increasing access to medical oxygen[2]

The Executive Board, having considered the report by the Director-General,[3]

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

Having considered the report by the Director-General,

Recognizing the inclusion of medical oxygen as a life-saving essential medicine with no substitute on the 22nd World Health Organization Model List of Essential Medicines[4] and the 8th World Health Organization Model List of Essential Medicines for Children,[5] where it is an indication for the management of hypoxaemia, including for vulnerable groups, and during anaesthesia that is essential for surgery and trauma;

[1] United Nations General Assembly resolution 69/313 (2015).

[2] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[3] Document EB152/5.

[4] World Health Organization Model List of Essential Medicines – 22nd List, 2021. Geneva: World Health Organization; 2021. (https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2021.02, accessed 31 August 2022).

[5] World Health Organization Model List of Essential Medicines for Children – 8th List, 2021. Geneva: World Health Organization; 2021. (https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2021.03, accessed 31 August 2022).

Reaffirming the critical role of medical oxygen in the achievement of the Sustainable Development Goals for health, including reducing maternal mortality (target 3.1), newborn and child mortality (target 3.2) and premature mortality from chronic conditions (target 3.4), and that medical oxygen has a role in the acute treatment of some AIDS-, tuberculosis- and malaria-related conditions (target 3.3) and road traffic injuries (target 3.6), and accelerating progress towards universal health coverage (target 3.8);

Noting that the wide application of medical oxygen is essential for the treatment of hypoxaemia across many communicable and noncommunicable diseases and medical conditions across the life course, to which older persons in particular are vulnerable, including but not limited to coronavirus disease (COVID-19), pneumonia, tuberculosis and chronic obstructive pulmonary disease, and situations requiring surgery, emergency and critical care, and therefore necessary for the achievement of the goals and targets of the Global Action Plan for the Prevention and Control of NCDs 2013–2020,[1] the End TB Strategy,[2] the WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care[3] and WHO Guidelines for Safe Surgery 2009;[4]

Underscoring that medical oxygen access is particularly critical for pregnant women during and after delivery, newborns with respiratory distress and children with pneumonia, and therefore necessary for the achievement of the goals and targets of the Global Strategy for Women's, Children's and Adolescent's Health,[5] the Every Newborn Action Plan[6] and The integrated Global Action Plan for Pneumonia and Diarrhoea;[7]

Concerned that complications due to preterm birth are the leading cause of global neonatal mortality and recalling that WHO recommends support for respiratory distress syndrome and the importance of safe medical oxygen use to prevent injury from toxic levels of oxygen in the blood, which can result in retinopathy of prematurity (one of the leading causes of child blindness) and chronic lung disease;

Concerned that in developing countries not all health facilities have uninterrupted access to medical oxygen, and that lack of access is contributing to preventable deaths – a problem that has been exacerbated by the COVID-19 pandemic when the need for medical oxygen has exceeded the capacities of many health systems;

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[1] Global Action Plan for the Prevention and Control of NCDs 2013–2020. Geneva: World Health Organization; 2013. (https://www.who.int/publications/i/item/9789241506236, accessed 31 August 2022).

[2] The End TB Strategy. Geneva: World Health Organization; 2015. (https://www.who.int/publications/i/item/WHO-HTM-TB-2015.19, accessed 31 August 2022).

[3] WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care. Geneva: World Health Organization; 2020. (https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-(pen)-disease-interventions-for-primary-health-care, accessed 31 August 2022).

[4] WHO Guidelines for Safe Surgery 2009. Geneva: World Health Organization; 2009. (https://www.who.int/publications/i/item/9789241598552, accessed 31 August 2022).

[5] Global Strategy for Women's, Children's and Adolescents' Health. Geneva: World Health Organization; 2015. (https://platform.who.int/docs/default-source/mca-documents/rmncah/global-strategy/ewec-globalstrategyreport-200915.pdf?Status=Master&sfvrsn=b42b6d22_4, accessed 31 August 2022).

[6] Every Newborn Action Plan. Geneva: World Health Organization; 2014. (https://www.who.int/initiatives/every-newborn-action-plan, accessed 31 August 2022).

[7] The integrated Global Action Plan for Pneumonia and Diarrhoea. Geneva: World Health Organization; 2013. (https://www.who.int/publications/i/item/the-integrated-global-action-plan-for-prevention-and-control-of-pneumonia-and-diarrhoea-(gappd), accessed 31 August 2022).

Recalling the publication of WHO medical oxygen treatment guidelines, good practices, technical specifications, forecasting tools, training videos, consultations, safety guidelines[1] and the 2022 revisions to the monograph on Medicinal Oxygen that was adopted at the 56th meeting of the WHO Expert Committee on Specifications for Pharmaceutical Preparations for publication in the 11th Edition of The International Pharmacopoeia,[2] which collectively aim to improve access to medical oxygen through the appropriate selection, procurement, instalment, operation and maintenance of medical oxygen systems and related infrastructure by Member States;

Acknowledging the inclusion of pulse oximeters and other medical oxygen-related devices as priority medical devices listed in Core Medical Equipment,[3] the Interagency List of Medical Devices for Essential Interventions for Reproductive, Maternal, Newborn and Child Health,[4] the WHO list of priority medical devices for cancer management,[5] the Priority medical devices list for the COVID-19 response and associated technical specifications,[6] the WHO-UNICEF Technical specifications and guidance for oxygen therapy devices and the WHO list of priority medical devices for management of cardiovascular diseases and diabetes,[7] and that medical oxygen devices are also regularly highlighted in the WHO compendium of innovative health technologies for low-resource settings;[8]

Acknowledging the role of the Access to COVID-19 Tools Accelerator Oxygen Emergency Taskforce[9] in helping developing countries to finance urgently needed medical oxygen supplies to meet the surging demand during the COVID-19 pandemic and recognizing that large gaps in access to medical oxygen remain globally unaddressed, especially in developing countries;

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[1] Oxygen [website]. Geneva: World Health Organization; (n.d.). (https://www.who.int/health-topics/oxygen#tab=tab_1, accessed 31 August 2022).

[2] Medicinal Oxygen. Geneva: World Health Organization; 2022. (https://cdn.who.int/media/docs/default-source/essential-medicines/norms-and-standards/qas20-867-medicinal-oxygen.pdf?sfvrsn=ab60e2fe_5, accessed 31 August 2022).

[3] Core Medical Equipment. Geneva: World Health Organization; 2011. (https://www.who.int/publications/i/item/WHO-HSS-EHT-DIM-11.03, accessed 31 August 2022).

[4] Interagency List of Medical Devices for Essential Interventions for Reproductive, Maternal, Newborn and Child Health. Geneva: World Health Organization; 2016. (https://www.who.int/publications-detail-redirect/9789241565028, accessed 31 August 2022).

[5] WHO list of priority medical devices for cancer management. Geneva: World Health Organization; 2017. (https://www.who.int/publications/i/item/9789241565462, accessed 31 August 2022).

[6] Priority medical devices list for the COVID-19 response and associated technical specifications. Geneva: World Health Organization; 2020. (https://www.who.int/publications/i/item/WHO-2019-nCoV-MedDev-TS-O2T.V2, accessed 31 August 2022).

[7] WHO launches List of Priority Medical Devices for management of cardiovascular diseases and diabetes. Geneva: World Health Organization; 2021. (https://www.who.int/news/item/30-06-2021-who-launches-list-of-priority-medical-devices-for-management-of-cardiovascular-diseases-and-diabetes, accessed 31 August 2022).

[8] WHO compendium of innovative health technologies for low-resource settings. Geneva: World Health Organization; 2022. (https://www.who.int/publications/i/item/9789240049505, accessed 31 August 2022).

[9] Chaired by Unitaid, the Access to COVID-19 Tools – Accelerator Oxygen Emergency Taskforce includes WHO (and the broader biomedical consortium WHO coordinates), Unicef, The Global Fund, the World Bank, UNOPS, USAID, the Bill & Melinda Gates Foundation, the Clinton Health Access Initiative, the Program for Appropriate Technology in Health, the Access to Medicine Foundation, Save the Children and the Every Breath Counts Coalition. COVID-19 oxygen emergency impacting more than half a million people in low- and middle-income countries every day, as demand surges. Geneva: World Health Organization; 2021. (https://www.who.int/news/item/25-02-2021-covid-19-oxygen-emergency-impacting-more-than-half-a-million-people-in-low--and-middle-income-countries-every-day-as-demand-surges, accessed 31 August 2022).

Highlighting the opportunity to consider medical oxygen in pandemic preparedness and response efforts, including through domestic and international funding; and

Recognizing resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines and other health products, in order to enhance the availability and affordability of medical oxygen, particularly in developing countries,

1. URGES Member States,[1] taking into account their national contexts:

(1) to include medical oxygen and associated medical devices on national lists of essential medicines and medical devices for adults and children, including to address hypoxaemia and during anaesthesia, for relevant communicable and noncommunicable diseases, medical conditions and injuries for all relevant patients, including mothers, newborns, infants and children;

(2) to develop, as appropriate, costed national plans to increase access to quality assured, affordable medical oxygen systems and personnel to meet the identified needs of all patients in the context of national achievement of the health-related Sustainable Development Goals and universal health coverage;

(3) to develop national, regional and local health regulations, policies and plans that are informed by but not limited to WHO guidelines and technical specifications that relate to medical oxygen and associated medical devices;

(4) to assess the scale of medical oxygen access gaps in their health systems, including at subnational- and local-level health facilities, in order to provide patients with the required amounts of medical oxygen and related diagnostic tools (including pulse oximeters and patient monitors), and medical devices that deliver oxygen therapy (including invasive and non-invasive ventilators and continuous positive airway pressure), and the availability of qualified staff;

(5) to update their national pharmacopoeias as appropriate, informed by provisions on medical oxygen in The International Pharmacopoeia;

(6) to prevent toxic levels of medical oxygen and the provision of safe medical oxygen among preterm newborns, by using oxygen blenders, pulse oximeters and equipment that meet global standards for technical specifications;

(7) to consider conducting regular assessments to provide for the rational use of oxygen, in order to prevent under-utilization, overuse and/or inappropriate use of medical oxygen;

(8) to consider including, as appropriate, access to medical oxygen, related diagnostics and therapies, and all medical oxygen systems and personnel in national strategies for pandemic preparedness and response and other health emergencies, including for infectious disease outbreaks;

(9) to provide for adequate numbers of clinical staff to be appropriately trained to provide clinical assessments for hypoxaemia and to administer medical oxygen therapy, including as part of comprehensive emergency, critical and operative care services across all clinical settings;

[1] And, where applicable, regional economic integration organizations.

(10) to provide for adequate numbers of qualified staff, including engineers and other staff as required, to establish demand, select, set up, operate and maintain the equipment and all the infrastructure related to medical oxygen production, storage and uninterrupted distribution to patients;

(11) to monitor access to safe, affordable, quality assured medical oxygen and related services throughout their health systems, as part of national efforts to achieve universal health coverage;

(12) to raise public awareness, as appropriate, about the life-saving role of medical oxygen as a treatment for many conditions, including the critical role of pulse oximetry as a routine screening tool, to increase public understanding of hypoxaemia and its consequences and to build confidence in health system capacities to meet medical oxygen needs;

(13) to set up, as appropriate, national and subnational medical oxygen systems in order to secure the uninterrupted provision of medical oxygen to health care facilities at all levels including both rural and urban set-ups;

(14) to consider the stepwise integration of medical oxygen and other medical gas systems into the construction of health care infrastructure to improve accessibility and to reduce the risk of bottled medical oxygen shortages;

(15) to consider increasing domestic financing as well as international support for medical oxygen and to provide transparent procurement and tendering processes, as appropriate, to ensure resilient supply chains for sustainable local manufacturing and procurement of medical oxygen and related diagnostic tools and therapies;

(16) to invest, as appropriate, in medical oxygen innovations with the potential to increase access to quality assured, affordable and reliable supplies of medical oxygen and related diagnostic tools and therapies, including those suitable for low-resource settings;

(17) to promote good manufacturing practices by strengthening quality control in the production chain, filling and distribution of medical oxygen;

(18) to promote research, including translational research, to improve access to and the quality and safety of medical oxygen in health care settings;

(19) to promote mutual support, assistance and cooperation to increase access to medical oxygen; and

(20) to integrate medical oxygen data into routine health information systems;

2. REQUESTS the Director-General:

(1) to continue to highlight medical oxygen as an essential medicine and to highlight the related priority medical devices and infrastructure that must be available to all patients who need them as part of quality health systems contributing to universal health coverage;

(2) to support Member States to improve access to medical oxygen by developing guidelines, technical specifications, forecasting tools, training materials and other resources, and by providing technical support especially designed to meet the needs of health systems in developing countries;

(3) to promote the convergence and harmonization of regulations governing the provision of medical oxygen and access to safe, effective and quality assured medical oxygen sources and devices that meet standards set by WHO and competent authorities;

(4) to support Member States' efforts to provide adequate, predictable and sustainable financing for affordable medical oxygen and for the trained workforce required to install, operate and maintain medical oxygen systems safely;

(5) to include medical oxygen supply in WHO-related pandemic, preparedness and response efforts;

(6) to review medical oxygen innovations and to promote sharing of the innovations among Member States on voluntary and mutually agreed terms to increase access to quality, affordable and reliable supplies of medical oxygen and related diagnostic tools and therapies in low-resource settings;

(7) to establish, as needed, a research agenda regarding the use of medical oxygen;

(8) to collect and analyse data and to share best practices in closing gaps to medical oxygen access in health systems;

(9) to consult with relevant non-State actors regularly on all aspects of access to medical oxygen and to enable partnerships between non-State actors and Member States in the design and delivery of medical oxygen solutions;

(10) to promote mutual support, assistance and cooperation among all stakeholders to increase access to medical oxygen; and

(11) to report on progress in the implementation of this resolution to the Health Assembly in 2026, 2028 and 2030.

(Sixth meeting, 1 February 2023)

EB152(5) Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage[1]

The Executive Board, having considered the report by the Director-General,[2]

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

Having considered the report by the Director-General,

Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health;

[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB152/5.

Recalling United Nations General Assembly resolution 70/1 (2015) on transforming our world: the 2030 Agenda for Sustainable Development, resolutions WHA72.4 (2019) on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage and WHA72.2 (2019) on primary health care, United Nations General Assembly resolution 74/2 (2019) on the political declaration of the high-level meeting on universal health coverage, and United Nations General Assembly resolution 75/315 (2021) on scope, modalities, format and organization of the high-level meeting on universal health coverage;

Recognizing that the 2030 Agenda for Sustainable Development acknowledges the need to achieve universal health coverage and access to quality health care, and further recognizing that vital contribution of universal health coverage is fundamental for achieving the Sustainable Development Goals related not only to health and well-being, but also to other socioeconomic development and recognizing that achievement of the Sustainable Development Goals is critical for the attainment of healthy lives and well-being for all, with a focus on health outcomes throughout the life course;

Recognizing also that health system resilience and universal health coverage are central for effective and sustainable preparedness, prevention and response to pandemics and other public health emergencies;

Recognizing further that the 2030 Agenda for Sustainable Development acknowledges the fundamental role of primary health care in achieving universal health coverage and other health-related Sustainable Development Goals and targets, as envisioned in the Alma-Ata Declaration and the Declaration of Astana from the Global Conference on Primary Health Care, and that primary health care and health services should be high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, and provided with compassion, respect and dignity by health professionals who are well-trained, skilled, motivated and committed;

Also recognizing the need for health systems that are strong, resilient, functional, well governed, responsive, accountable, integrated, community-based, person-centred with enhanced patient safety, and capable of quality service delivery supported by a sufficiently funded and accessible competent health workforce, adequate health infrastructure and enabling legislative and regulatory frameworks that support equitable access to responsive and quality health services;

Further recognizing that communities, local administrations and organizations are central to achieving universal health coverage and support efforts to provide community-based health services, improve access to quality health services and care for hard-to-reach communities, including in humanitarian contexts;

Expressing concern at the global shortfall of 15 million in the health workforce in 2020, primarily in low- and middle-income countries, and recognizing the need to attract, educate, build and retain a skilled health workforce, including doctors, nurses, midwives and community health workers, who are a fundamental element of strong and resilient health systems, and recognizing also that 70% of health and care workers are women and that gender inequalities undermine health system performance and global health security;

Expressing further concern over working conditions and management of the health workforce, as well as the challenge of retaining skilled health workers, and recognizing the need for governments to invest in health workforce education and improved working conditions for the health workforce, and to ensure the safety of health workers, including during pandemics;

Recognizing the importance of preventing and responding to sexual exploitation, abuse and harassment of and by the health workforce;

Noting with concern the threat to human health, safety and well-being caused by the coronavirus disease (COVID-19) pandemic, which has spread all over the globe and exposed the vulnerability of current global health architecture, as well as the unprecedented and multifaceted effects of the pandemic, including the severe disruption to societies, education and health systems in maintaining essential health services, economies, international trade and travel and the devastating impact on the livelihoods of people;

Recognizing the consequences of the adverse impact of climate change on health and health systems, as well as other environmental determinants of health, and underscoring the need to mitigate these impacts through adaptation and mitigation efforts, and underlining that resilient and people-centred health systems are necessary to protect the health of all people;

Expressing concern that the number of complex emergencies is hindering the achievement of universal health coverage, and that coherent and inclusive approaches to safeguard universal health coverage in emergencies are essential, including through international cooperation, ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles;

Noting the improvement of Sustainable Development Goal indicator 3.8.1 on coverage of essential health services by 2019 while expressing concern over the increased prevalence of catastrophic health spending (indicator 3.8.2);

Expressing concern that the unmet health care needs, in particular among poor households that cannot afford the cost of health services, can result in increased morbidity and mortality due to lack of or delayed accesses,

1. URGES Member States:[1]

(1) to engage in the preparation of the high-level meeting of the United Nations General Assembly on universal health coverage, including the development of a concise and action-oriented, consensus-based political declaration, and to participate in the high-level meeting of the United Nations General Assembly in 2023 on universal health coverage at the highest level, preferably at the level of Heads of State and Government;

(2) to coordinate across the three high-level meetings of the United Nations General Assembly on universal health coverage, on tuberculosis and on pandemic prevention, preparedness and response to promote a coherent, integrated and action-oriented global health agenda and to maximize synergies of those meetings;

(3) to accelerate the achievement of universal health coverage as committed in resolution WHA72.4 (2019) and United Nations General Assembly resolution 74/2 (2019), through increased and sustained political leadership, public accountability, inclusiveness and social participation by all relevant stakeholders;

(4) to increase COVID-19 vaccine coverage according to WHO and nationally determined coverage targets by reaching the highest coverage among the priority-use groups and health workforce including consideration of integration into immunization programmes and primary health care, in order to conclude the acute phase of pandemic, and to strengthen health systems resilience, in particular health delivery systems and health workforce, including systems to prevent and respond to sexual exploitation, abuse and

[1] And, where applicable, regional economic integration organizations.

harassment of and by the health workforce, as a platform for the full and effective implementation of universal health coverage by 2030;

(5) to prioritize fiscal space for health through political leadership, improve health systems efficiency, address the environmental, social and economic determinants of health, reduce waste in health systems, identify new sources of revenue, mobilize domestic resources as the main source of financing for universal health coverage, as well as additional financing sources in line with Sustainable Development Goal 17 (Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development), improve public financial management, accountability and transparency, and prioritize coverage of the poor and people in vulnerable situations;

(6) to provide a comprehensive evidence-based benefit package to expand access to quality health services on the path towards progressive realization of universal health coverage informed by cost-effectiveness evidence and reduce reliance on out-of-pocket payment to minimize catastrophic health spending in order to achieve the goal of health equity;

(7) to ensure, by 2030, 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, and ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences;

(8) to integrate, where relevant, essential public health functions into primary health care including surveillance and outbreak control and supporting a One Health approach, sustain capacity for universal health coverage, scale up telemedicine to increase access to affordable essential health services and maintain all essential health services during emergencies, including through international cooperation;

(9) to strengthen regular monitoring and evaluation for performance improvement of universal health coverage, and to provide information to support global, regional and national monitoring of progress on universal health coverage and inform preparations for the high-level meeting of the United Nations General Assembly on universal health coverage as well as inform ongoing efforts to achieve the Sustainable Development Goals;

2. REQUESTS the Director-General:

(1) to provide support to Member States in the preparations for the high-level meeting of the United Nations General Assembly on universal health coverage, and coordinate across the high-level meetings of the United Nations General Assembly on universal health coverage, tuberculosis and pandemic prevention, preparedness and response, in order to ensure synergies among the three meetings and promote coherent, integrated and action-oriented global health agendas;

(2) to produce a report on universal health coverage as a technical input and hold Member States information sessions to facilitate informed discussions in advance of the negotiations on the political declaration and during the high-level meeting of the United Nations General Assembly on universal health coverage;

(3) to review the importance and feasibility of using unmet need for health care services as an additional indicator for monitoring universal health coverage, through regional

consultations with Member States, as part of the ongoing WHO review process of health-related Sustainable Development Goal indicators;

(4) to provide technical support and policy advice to Member States, in collaboration with the broader United Nations system and other relevant stakeholders, on sustainably strengthening their capacity to generate and use evidence to inform the design and implementation of universal health coverage, strengthening primary health care, promoting access to quality-assured medical products, essential medicines, vaccines, diagnostics and devices, and addressing challenges in health workforce, including to provide support to Member States for preventing and responding to sexual exploitation, abuse and harassment of and by the health workforce, as well as addressing challenges in health information systems and health financing;

(5) to facilitate and support the learning from and sharing of universal health coverage experiences, challenges and best practices across WHO Member States, including in humanitarian and development contexts and by means of international cooperation such as North–South, South–South and triangular cooperation and relevant WHO initiatives;

(6) to support the implementation of the Global Action Plan for Healthy Lives and Well-being for All in order to accelerate progress towards health-related Sustainable Development Goal targets, through collaboration across the relevant United Nations and non-United Nations health-related agencies, with coordinated approaches and aligned support for Member State-led national plans and strategies;

(7) to continue submitting biennial reports on progress made in implementing this resolution to the Health Assembly, as requested in resolution WHA72.4 (2019).

(Sixth meeting, 1 February 2023)

EB152(6) Strengthening diagnostics capacity[1,2]

The Executive Board, having considered the report by the Director-General,[3]

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

Having considered the report by the Director-General,

Recognizing the Declaration of Alma-Ata (1978), which identified primary health care as "essential health care based on practical, scientifically sound and socially acceptable methods and technology […] at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination", and the Declaration of Astana (2018) on building sustainable primary health care in accordance with the call of the 2030 Agenda for Sustainable Development to achieve universal health coverage and the health-related Sustainable Development Goals, and that diagnostics are important to ensure quality,

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] For the purpose of this resolution, the term "diagnostics" includes medical devices used for the diagnosis, screening, monitoring, prediction, staging or surveillance of diseases or health conditions, both in vitro and non-in vitro types.

[3] Document EB152/5.

comprehensive and integrated primary health care and health services everywhere and for everyone;

Recognizing that diagnostic services are vital for the prevention, diagnosis, case management, monitoring and treatment of communicable, noncommunicable, neglected tropical and rare diseases, injuries and disabilities;

Noting that the WHO Constitution upholds the enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition, and recognizing that the achievement of any state in the promotion and protection of health is of value to all, and that governments have a responsibility for the health of their peoples that can be fulfilled only by the provision of adequate health and social measures;

Recognizing that access to diagnostics in many countries may be reduced for households living in remote and rural areas, hard-to-reach and pastoral communities, low-income households and people in vulnerable situations, as well as those at higher risk of disease, and that equitable access to diagnostics, in particular diagnostic imaging in developing countries, is particularly deficient and that targeted efforts are needed to lift these barriers;

Recognizing that increasing access to diagnostics from current levels could reduce annual premature deaths, including for people living in developing countries;

Noting that equitable access to safe, effective and quality assured diagnostics requires a comprehensive health-systems approach that addresses all stages of the value chain;

Recalling the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also recalling the Doha Declaration on the TRIPS Agreement and Public Health, which affirms that the TRIPS Agreement can and should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and which recognizes that intellectual property protection is important for the development of new medicines while also recognizing the concerns about its effects on prices;[1]

Recalling resolution WHA67.20 (2014) on regulatory system strengthening for medical products, requesting the Director-General to prioritize support for "strengthening areas of regulation of health products that are the least developed, such as regulation of medical devices, including diagnostics";[2]

Recalling resolution WHA67.23 (2014) on health intervention and technology assessment in support of universal health coverage;[3]

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[1] Resolution WHA74.6. Strengthening local production of medicines and other health technologies to improve access. 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_R6-en.pdf, accessed 1 February 2023).

[2] Resolution WHA67.20. Regulatory system strengthening for medical products. In: Sixty-seventh World Health Assembly, Geneva, 19–24 May 2014. Geneva: World Health Organization; 2014 (https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R20-en.pdf, accessed 17 October 2022).

[3] Resolution WHA67.23. Health intervention and technology assessment in support of universal health coverage. In: Sixth-seventh World Health Assembly, Geneva, 19–24 May 2014. Geneva: World Health Organization; 2014 (https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R23-en.pdf, accessed 5 January 2022).

Noting regional resolutions and initiatives on the regulation, assessment and/or management of medical devices, including in vitro diagnostics, and on strengthening public health laboratories;[1]

Noting the publication of the First WHO Model List of Essential In Vitro Diagnostics,[2] followed by a second[3] and a third edition,[4] the guidance on selection of essential in vitro diagnostics at country level[5] and the guidance for procurement of in vitro diagnostics and related laboratory items and equipment;[6]

Recalling resolution WHA60.29 (2007) on health technologies, which covers issues arising from the deployment and use of health technologies and the need to establish priorities in the selection and management of health technologies, in particular medical devices;[7]

Recognizing the development of the Universal Health Coverage Compendium[8] and the WHO lists of priority medical devices,[9] including those required for reproductive, maternal and newborn health,[10] cancer management,[11] coronavirus disease (COVID-19),[12] and cardiovascular diseases and diabetes,[13] and for covering the broad range of medical devices used for diagnostic purposes;

Recognizing that some of the barriers to improving equitable access to medicines are similar to those for diagnostics and that the regulation, selection, process, training for proper use,

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[1] Strengthening Public Health Laboratories in the WHO African Region: A Critical Need for Disease Control. Geneva: World Health Organization; 2008 (https://www.afro.who.int/sites/default/files/sessions/resolutions/AFR-RC58-6.pdf, accessed 4 January 2023).

[2] First WHO Model List of Essential In Vitro Diagnostics. Geneva: World Health Organization; 2019 (WHO Technical Report Series, No. 1017; https://apps.who.int/iris/bitstream/handle/10665/311567/9789241210263-eng.pdf?ua=1, accessed 4 January 2023).

[3] The selection and use of essential in vitro diagnostics. Geneva: World Health Organization; 2020 (WHO technical report series, No. 1022; https://www.who.int/publications/i/item/9789241210317, accessed 4 January 2023).

[4] The selection and use of essential in vitro diagnostics. Geneva: World Health Organization; 2021 (WHO Technical Report Series, No. 1031; https://www.who.int/publications/i/item/9789240019102, accessed 31 January 2023).

[5] Selection of essential in vitro diagnostics at country level. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240030923, accessed 31 October 2022).

[6] Guidance for procurement of in vitro diagnostics and related laboratory items and equipment. Geneva: World Health Organization; 2017 (https://www.who.int/publications/i/item/9789241512558, accessed 4 January 2023).

[7] Resolution WHA60.29. Health technologies. In: Sixtieth World Health Assembly, Geneva, 14–23 May 2007. Geneva: Word Health Organization; 2007 (https://apps.who.int/iris/bitstream/handle/10665/22609/A60_R29-en.pdf?sequence=1&isAllowed=y, accessed 4 January 2023).

[8] UHC Compendium: Health interventions for universal health coverage [website]. Geneva: World Health Organization; (n.d.) (https://www.who.int/universal-health-coverage/compendium, accessed 30 October 2022).

[9] Prioritizing medical devices [website]. Geneva: World Health Organization; (n.d.) (https://www.who.int/activities/prioritizing-medical-devices, accessed 31 January 2023).

[10] Interagency List of Priority Medical Devices for Essential Interventions for Reproductive, Maternal, Newborn and Child Health. Geneva: World Health Organization; 2016 (https://apps.who.int/iris/bitstream/handle/10665/205490/9789241565028_eng.pdf, accessed 31 January 2023).

[11] WHO list of priority medical devices for cancer management. Geneva: World Health Organization; 2017 (https://www.who.int/publications/i/item/9789241565462, accessed 30 October 2022).

[12] Priority medical devices for the COVID-19 response and associated technical specifications. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/WHO-2019-nCoV-MedDev-TS-O2T.V2, accessed 30 October 2022).

[13] WHO list of priority medical devices for management of cardiovascular diseases and diabetes. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240027978, accessed 30 October 2022).

maintenance and – where appropriate – infrastructure support are different and in some instances even more complex, but nevertheless recognizing that synergies can be used wherever possible when addressing the barriers to access to medicines and diagnostics;

Recognizing the need to establish priorities in the management of diagnostics, considering procurement,[1] the supply chain, maintenance, safe use and decommissioning, to improve health outcomes through optimal use of the resources that are often capital intensive;

Recognizing the critical role of rapid and accurate diagnostics to combat antimicrobial resistance by guiding the correct management of infections, and the appropriate use of new and existing antimicrobials through improved antimicrobial stewardship and surveillance;

Recognizing the lack of equitable access to basic diagnostics in many parts of the world for priority pathogens, which have been identified by WHO as having the greatest outbreak potential;

Recognizing that appropriate diagnostics are needed to inform prediction, prevention, detection, monitoring and control of outbreaks and pandemic diseases; and noting that diagnostics capacity at national and subnational levels is essential;

Noting the emphasis of the Access to COVID-19 Tools Accelerator[2] (ACT-A) "to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines";

Noting the learnings derived from the Access to COVID-19 Tools Accelerator[1] (ACT-A), including its diagnostics pillar, regarding the strengths and weaknesses of ACT-A;

Noting that during the COVID-19 pandemic response, despite the sharing of the genome sequence of the novel coronavirus that paved the way for the rapid development of diagnostic tests, the lack of access for developing countries in particular to diagnostic tests created inequities in the public health response;

Noting that the benefit of diagnostics can be maximized by a suitable health system (including laboratories), which enables the selection/regulation and use of them in a proper way, with a skilled and licensed workforce operating in safe and operational facilities with the appropriate infrastructure and adequate financing;

Recalling resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, which underscores that timely, fair and equitable access to health products is a global priority and that the availability, accessibility, acceptability and affordability of health products are fundamental to tackling global public health emergencies;[3]

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[1] Considering alternative procurement mechanisms, including pooled procurement, bundled procurement – including reagents and accessories – public-private partnerships (PPP), leasing, etcetera.

[2] The Access to COVID-19 Tools (ACT) Accelerator [website]. Geneva: World Health Organization; (n.d.) (https://www.who.int/initiatives/act-accelerator, accessed 1 February 2023).

[3] Resolution WHA 74.7. Strengthening WHO preparedness for and response to health emergencies. 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_R7-en.pdf, accessed 22 December 2022).

Recognizing the increasing burden of noncommunicable diseases[1] and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2030,[2] which includes addressing the lack of diagnostics for noncommunicable diseases through multistakeholder collaborations to develop new technologies that are affordable, safe, effective and quality controlled, and improving laboratory and diagnostic capacity and human resources;[3]

Recognizing the need to ensure the integrated and coordinated provision of high-quality, affordable, accessible, age and gender sensitive and evidence-based diagnostic interventions, for all individuals without discrimination, with a view to achieving universal health coverage;

Noting the importance of point-of-care tests at the primary health care level as well as at the community level, including self-testing, to increase access to and the affordability and use of diagnostics;

Noting the opportunities for improved diagnostics including, but not limited to, the research and development of simple, affordable tests for diseases currently lacking good quality tests, digitalization, telediagnosis and clinical decision support and improved information management,[4] point-of-care testing and genomic sequencing;

Noting resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines and other health products;[5]

Noting the challenges associated with the cost of diagnostic tests in developing countries that affect access;

Recalling resolution WHA74.6 (2021) on strengthening local production of medicines and other health technologies to improve access, which recalls "resolution WHA61.21 (2008), decision WHA71(9) (2018) and document A71/12 (2018), insofar as they address the role of technology transfer and local production of medicines and other health technologies in improving access;"[6]

Noting that although high-burden infectious diseases persist globally, considerable efforts over the last decade by Member States, WHO, donors and other stakeholders have expanded laboratory diagnostic services and access to in vitro diagnostics for several high-burden infectious diseases,[7]

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[1] Including those that affect eye, ear and oral health.

[2] Implementation roadmap 2023–2030 for the Global action plan for the prevention and control of NCDs 2013–2030 [website]. Geneva: World Health Organization; (n.d.) (https://www.who.int/teams/noncommunicable-diseases/governance/roadmap, accessed 31 January 2023).

[3] Global Action Plan for the Prevention and Control of NCDs 2013–2020. Geneva: World Health Organization; 2013 (https://apps.who.int/iris/handle/10665/94384, accessed 9 November 2022).

[4] Recommendations on digital interventions for health system strengthening – Executive summary. Geneva: World Health Organization; 2019 (document WHO/RHR/19.8).

[5] Measuring medicine prices, availability, affordability and price components, 2nd edition. Geneva: World Health Organization; 2008 (https://apps.who.int/iris/bitstream/handle/10665/70013/WHO_PSM_PAR_2008.3_eng.pdf?sequence=1&isAllowed=y, accessed 25 November 2022).

[6] Resolution WHA74.6. Strengthening local production of medicines and other health technologies to improve access. 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-REC1/A74_REC1-en.pdf#page=27, accessed 9 February 2022).

[7] Global technical strategy for malaria 2016–2030, 2021 update. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240031357, accessed 1 February 2023).

1. URGES Member States, taking into account their national context and circumstances:

(1) to consider the establishment of national diagnostics strategies, as part of their national health plans, that include regulation, assessment and management of diagnostics and development of integrated networks to tackle all diseases and medical challenges, avoiding current silos often observed;

(2) to consider health technology assessment systems for the systematic evaluation of the effectiveness and cost-effectiveness of diagnostics to support decision-making for the selection of diagnostics for interventions for universal health coverage;

(3) to consider the development of national essential diagnostics lists, adapting the WHO Model List of Essential In Vitro Diagnostics and the WHO lists of priority medical devices to local context, and plans to fund gaps in access to essential diagnostics, and to update them regularly;

(4) to extend the scope of packages of essential diagnostic services, and to make essential diagnostics available, accessible and affordable at the primary health care level;

(5) to invest in developing skilled workforce at all levels of their respective health systems, with the training needed to support advances in diagnostics and the management of these technologies;

(6) to commit to the safe use of diagnostic imaging procedures by applying standards based on the International Basic Safety Standards, where appropriate, and by considering the protection of patients, staff and the public;[1]

(7) to commit resources to invest in research and product development and to promote local production capacity for diagnostics, particularly in developing countries;

(8) to consider including provisions that facilitate access in funding agreements for research and development in diagnostics;

(9) to take policy measures for equitable and timely access for all to diagnostics technologies and products, in particular for the benefit of developing countries, including joint development and transfer of diagnostics technologies, on voluntary and mutually agreed terms;

(10) to take into account the rights and obligations contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, including those affirmed by the Doha Declaration on the TRIPS Agreement and Public Health, in order to promote access to diagnostics and other health technologies for all;

(11) to consider, as appropriate, legislative, administrative or policy measures to prevent anti-competitive practices that hinder access to diagnostics;

[1] Document EB131/11. Radiation protection and safety of radiation sources: International Basic Safety Standards. Report by the Secretariat. In: 131st session of the Executive Board, Geneva, 28–29 May 2012. Geneva: World Health Organization; 2012 (https://apps.who.int/gb/ebwha/pdf_files/EB131/B131_11-en.pdf, accessed 4 January 2023).

(12) to leverage international and/or regional collaboration for harmonizing and promoting twinning practices and reliance mechanisms for the regulation, manufacturing and supply of all types of diagnostics;

(13) to establish routine data collection systems for monitoring key data on the market shaping and effective use of diagnostics, and to use these data for evidence-based policy-making;

(14) to invest in diagnostic services, including the selection and use of essential in vitro diagnostics;

(15) to strengthen international collaboration and assistance, including during epidemics and pandemics, aligned with the International Health Regulations (2005);

2. REQUESTS the Director-General:

(1) to collect data on affordability, availability and access to essential diagnostics;

(2) to support Member States, upon their request and as appropriate, with technical advice for procurement that will enable access to good quality, affordable diagnostics for all Member States;[1]

(3) to provide cross-references between the WHO Model List of Essential In Vitro Diagnostics and the diagnostic devices already included in the WHO priority medical devices lists, in order to facilitate the identification of relevant diagnostics for comprehensive diagnostic services, in particular through the open electronic platforms eEDL[2] and MeDevIS;[3]

(4) to update the WHO Model List of Essential In Vitro Diagnostics and the WHO lists of priority medical devices, to include innovative diagnostics, following a review of the latest evidence and/or health technology assessments;

(5) to support Member States upon their request to develop policies for health technology management of diagnostics, including national maintenance systems and disposal;

(6) to continue to support Member States upon their request in promoting quality and sustainable local production of diagnostics, including, as appropriate, by facilitating research and development and technology transfer on voluntary and mutually agreed terms, and by coordinating with relevant international intergovernmental organizations and agencies to promote local production in a strategic and collaborative approach;[4]

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[1] And, where applicable, regional economic integration organizations.

[2] Model List of Essential In Vitro Diagnostics [electronic platform]. Geneva: World Health Organization; (n.d.) (https://edl.who-healthtechnologies.org/, accessed 31 January 2023).

[3] Priority Medical Devices Information System [electronic platform]. Geneva: World Health Organization; (n.d.) (https://medevis.who-healthtechnologies.org/, accessed 31 January 2023).

[4] Resolution WHA74.6. Strengthening local production of medicines and other health technologies to improve access. 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_R6-en.pdf, accessed 5 January 2022).

(7) to support Member States upon their request to strengthen national and regional regulatory systems for diagnostics;

(8) to support the development and updating of Member States' national diagnostics lists, considering the WHO lists, including cost-effectiveness and state-of-the-art diagnostics products and technologies;

(9) to categorize a subset of the WHO Model List of Essential In Vitro Diagnostics as tailored to emergency situations, including the Interagency Emergency Health Kits;[1]

(10) to publish publicly available information on diagnostic products and technologies[2] from the WHO Model List of Essential In Vitro Diagnostics and the WHO lists of priority medical devices, through the open electronic platforms eEDL and MeDevIS;

(11) to develop or strengthen national, regional and global laboratory networks and diagnostics initiatives and to support Member States in developing and implementing quality management systems for ensuring safe, affordable, accessible diagnostic services and quality assured diagnostics;

(12) to develop and/or update WHO definitions of diagnostics, through a group of experts and public consultations, and to publish revised definitions before the 156th session of the Executive Board;

(13) to take a horizontal health programme approach for all diagnostics (both in vitro and non-in vitro) across diseases and to avoid siloed guidance, policy and funding streams;

(14) to support Member States in creating optimized, integrated diagnostic networks and services that best serve country programmes to tackle all diagnostic systems needs, removing the oftentimes siloed programmatic and diagnostic services;

(15) to prioritize and review rapidly clinical evidence for new diagnostic interventions, services or products for consideration in guidelines, across diseases and with an effort to integrate recommendations in a disease-agnostic way, where possible;

(16) to report on progress in the implementation of this resolution to the Seventy-eighth World Health Assembly in 2025.

(Sixth meeting, 1 February 2023)

EB152(7) Draft global strategy on infection prevention and control[3]

The Executive Board, having considered the report by the Director-General,[4]

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[1] Interagency Emergency Health Kit 2017. Geneva: World Health Organization; 2017 (https://www.who.int/emergencies/emergency-health-kits/interagency-emergency-health-kit-2017, accessed 31 January 2023).

[2] Decision WHA75(25). Standardization of medical devices nomenclature. In: Seventy-fifth World Health Assembly, Geneva, 22–28 May 2022. Geneva: World Health Organization; 2022 (https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75(25)-en.pdf, accessed 31 January 2023).

[3] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[4] Document EB152/9.

Decided that informal consultations with Member States on the draft WHO global strategy on infection prevention and control will continue to be facilitated by the Secretariat prior to the Seventy-sixth World Health Assembly with a view to enabling the following draft decision to be submitted to the Seventy-sixth World Health Assembly for adoption:

> The Seventy-sixth World Health Assembly, having considered the report on the draft global strategy on infection prevention and control,
>
> Decided to adopt the WHO global strategy on infection prevention and control.

(Seventh meeting, 2 February 2023)

EB152(8) Global road map on defeating meningitis by 2030[1]

The Executive Board, having considered the report by the Director-General,[2]

Decided to request the Director-General to submit the next report on progress in implementing resolution WHA73.9 (2020) on the global road map on defeating meningitis by 2030 to the Seventy-eighth World Health Assembly in 2025, through the Executive Board at its 156th session.

(Seventh meeting, 2 February 2023)

EB152(9) Substandard and falsified medical products[3]

The Executive Board, having considered the report by the Director-General,[4]

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following decision:

> The Seventy-sixth World Health Assembly, having considered the report on substandard and falsified medical products,
>
> Decided to request the Director-General:
>
> (1) to facilitate the conduct of an independent evaluation of the Member State mechanism on substandard and falsified medical products in accordance with the terms of reference to be developed by the Steering Committee of the Member State mechanism; and
>
> (2) to report on the outcome of the evaluation to the governing bodies consistent with existing reporting requirements of the Member State mechanism on substandard and falsified medical products.

(Eighth meeting, 2 February 2023)

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB152/10.

[3] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[4] Document EB152/7.

EB152(10) Strengthening rehabilitation in health systems[1]

The Executive Board, having considered the report by the Director-General,[2]

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

Having considered the report by the Director-General,

Considering that the need for rehabilitation is increasing due to the epidemiological shift from communicable to noncommunicable diseases, while taking note of the fact that there are also new rehabilitation needs emerging from infectious diseases like coronavirus disease (COVID-19);

Considering further that the need for rehabilitation is increasing due to the global demographic shift towards rapid population ageing accompanied by a rise in physical and mental health challenges, injuries, in particular road traffic accidents, and comorbidities;

Expressing deep concern that rehabilitation needs are largely unmet globally and that in many countries more than 50% of people do not receive the rehabilitation services they require;

Recognizing that rehabilitation requires more attention by policy-makers and domestic and international actors when setting health priorities and allocating resources, including with regard to research, cooperation and technology transfer on voluntary and mutually agreed terms and in line with their international obligations;

Deeply concerned that most countries, especially developing countries, are not sufficiently equipped to respond to the sudden increase in rehabilitation needs created by health emergencies;

Emphasizing that rehabilitation services are key to the achievement of Sustainable Development Goal 3 (ensure healthy lives and promote well-being for all at all ages), as well as an essential part of achieving target 3.8 (achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all);

Reaffirming that rehabilitation services contribute to the enjoyment of human rights, such as the right to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health, the right to work and the right to education, among others, and that Member States' obligations and commitments in this regard are consistent with the United Nations Convention on the Rights of Persons with Disabilities;

Noting the Declaration of Astana, which emphasizes that rehabilitation is an essential element of universal health coverage and an essential health service for primary health care;

Recalling resolution WHA54.21 (2001) and the International Classification of Functioning, Disability and Health, which provides a standard language and a conceptual basis for the definition and measurement of health, functioning and disability;

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB152/8.

Recalling also the role of rehabilitation for effective implementation of: resolution WHA66.10 (2013), in which the Health Assembly endorsed the global action plan for the prevention and control of noncommunicable disease 2013–2020; resolution WHA69.3 (2016) on the global strategy and action plan on ageing and health 2016–2020; resolution WHA71.8 (2018) on improving access to assistive technology; decision WHA73(33) (2020) on the road map for neglected tropical diseases 2021–2030; resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies; and resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities;

Recalling further the political declaration of the high-level meeting on universal health coverage (2019), including the commitment therein to increase access to health services for all persons with disabilities, remove physical, attitudinal, social, structural, and financial barriers, provide quality standard of care and scale up efforts for their empowerment and inclusion;

Noting that persons in marginalized or vulnerable situations often lack access to affordable, quality and appropriate rehabilitation services and to assistive technology, accessible products, services and environments, which impacts their health, well-being, educational achievement, economic independence and social participation;

Concerned about the affordability of accessing rehabilitation services, related health products and assistive technology, and inequitable access to such products within and among Member States, as well as the financial hardships associated with high prices, which impede progress towards achieving universal health coverage;

Reaffirming that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of needed treatment, promotive, preventive, rehabilitative and palliative essential health services, while recognizing that, for most people, rehabilitation services and access to rehabilitation-related assistive technology are often an out-of-pocket expense, and ensuring that users' access to these services is not restricted by financial hardship or other barriers;

Noting with concern that, in most countries, the current rehabilitation-related workforce is insufficient in number and quality to serve the needs of the population, and that the shortage of rehabilitation professionals is higher in low- and middle-income countries and in rural, remote and hard-to-reach areas;

Stressing that disability-sensitive, quality, basic and continued education and training of health professionals, including effective communication skills, are crucial to ensure that they have the adequate professional skills and competencies in their respective roles and functions to provide safe, quality, accessible and inclusive health services;

Noting that rehabilitation is a set of interventions designed to optimize functioning in individuals with health conditions or impairments in interaction with their environment and, as such, is an essential health strategy for achieving universal health coverage, increasing health and well-being, improving quality of life, delaying the need for long-term care and empowering persons to achieve their full potential and participate in society;

Noting as well that the benefits of improving access to affordable assistive technology, accessible products, services and infrastructures and rehabilitation include improved health outcomes following a range of interventions, as well as facilitated participation in education, employment and other social activities, and significantly reduced health care costs and burden of care providers, and that telerehabilitation can contribute to the process of rehabilitation;

Further noting that rehabilitation requires a human-centred, goal-oriented and holistic approach, guiding coordinated cross-governmental mechanisms that integrate measures linked to public health, education, employment, social services and community development and to work in collaboration with civil society organizations, representative organizations and other relevant stakeholders;

Recognizing that the provision of timely care for the acutely ill and injured will prevent millions of deaths and long-term disabilities and contribute to universal health coverage;

Concerned that lack of access to rehabilitation may expose persons with rehabilitation needs to higher risks of marginalization in society, poverty, vulnerability, complications and comorbidities, and impact on function, participation and inclusion in society;

Noting with concern that the fragmentation of rehabilitation governance in many countries and the lack of integration of rehabilitation into health systems and services and along the continuum of care result in inefficiencies and failure to respond to individual and populations' needs;

Also noting with concern that the lack of awareness among health care providers of the relevance of rehabilitation across the life course and for a wide range of health conditions leads to preventable complications, comorbidities and long-term loss of functioning;

Appreciating the efforts made by Member States, the WHO Secretariat and international partners in recent years to strengthen rehabilitation in health systems, but mindful of the need for further action;

Deeply concerned that, without concerted action, including through international cooperation, for strengthening rehabilitation in health systems, rehabilitation needs will continue to go unmet with long-term consequences for persons and their families, societies and economies;

Noting the Rehabilitation 2030 Initiative, which acknowledges the profound unmet need of rehabilitation, emphasizes the need for equitable access to quality rehabilitation and identifies priority actions to strengthen rehabilitation in health systems,

1. URGES Member States:[1]

(1) to raise awareness of and build national commitment for rehabilitation, including for assistive technology, and strengthen planning for rehabilitation, including its integration into national health plans and policies, as appropriate, while promoting interministerial and intersectoral work and meaningful participation of rehabilitation users, particularly persons with disabilities, older persons, persons in need of long-term care, community members, and community-based and civil society organizations at all stages of planning and delivery;

(2) to incorporate appropriate ways to strengthen financing mechanisms for rehabilitation services and the provision of technical assistance, including by incorporating rehabilitation into packages of essential care where necessary;

(3) to expand rehabilitation to all levels of health, from primary to tertiary, and to ensure the availability and affordability of quality and timely rehabilitation services, accessible and usable for persons with disabilities, and to develop community-based rehabilitation strategies, which will allow rehabilitation to reach underserved rural, remote and hard-to-

[1] And, where applicable, regional economic integration organizations.

reach areas, while implementing person-centred strategies and participatory, specialized and differentiated intensive rehabilitation services to meet the requirements of persons with complex rehabilitation needs;

(4) to ensure the integrated and coordinated provision of high-quality, affordable, accessible, gender-sensitive, appropriate and evidence-based interventions for rehabilitation along the continuum of care, including strengthening referral systems and the adaptation, provision and servicing of assistive technology related to rehabilitation, including after rehabilitation, and promoting inclusive, barrier-free environments;

(5) to develop strong multidisciplinary rehabilitation skills suitable to the country context, including in all relevant health workers; to strengthen capacity for analysis and prognosis of workforce shortages as well as to promote the development of initial and continuous training for professionals and staff working in rehabilitation services; and to recognize and respond to different types of rehabilitation needs, such as needs related to physical, mental, social and vocational functioning, including the integration of rehabilitation in early training of health professionals, so that rehabilitation needs can be identified at all levels of care;

(6) to enhance health information systems to collect information relevant to rehabilitation, including system-level rehabilitation data, and information on functioning, utilizing the International Classification of Functioning, Disability and Health, ensuring data disaggregation by sex, age, disability and any other context-relevant factor, and compliance with data protection legislation, for a robust monitoring of rehabilitation outcomes and coverage;

(7) to promote high-quality rehabilitation research, including health policy and systems research;

(8) to ensure timely integration of rehabilitation into emergency preparedness and response, including emergency medical teams;

(9) to urge public and private stakeholders to stimulate investment in the development of available, affordable and usable assistive technology and support for implementation research and innovation for efficient delivery and equitable access with a view to maximizing impact and cost-effectiveness;

2. INVITES international organizations and other relevant stakeholders, including intergovernmental and nongovernmental organizations and organizations of persons with disabilities, private sector companies and academia:

(1) to support Member States,[1] as appropriate, in their national efforts to implement the actions in the Rehabilitation 2030 Initiative and to strengthen advocacy for rehabilitation, as well as support and contribute to the WHO-hosted World Rehabilitation Alliance, a multistakeholder initiative to advocate for health system strengthening for rehabilitation;

(2) to harness and invest in research and innovation in relation to rehabilitation, inclusive of available, affordable and usable assistive technology, including the development of new technologies, and support Member States, as appropriate, in collecting health policy and system research to ensure future evidence-based rehabilitation policies and practices;

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[1] And, where applicable, regional economic integration organizations.

3. REQUESTS the Director-General:

(1) to develop, with input from Member States and in collaboration with relevant international organizations and other stakeholders, and to publish, before the end of 2026, a WHO baseline report with information on the capacity of Member States to respond to existing and foreseeable rehabilitation needs;

(2) to develop feasible global health system rehabilitation targets and indicators for effective coverage of rehabilitation services for 2030, focusing on tracer health conditions, for consideration by the Seventy-ninth World Health Assembly, through the 158th session of the Executive Board;

(3) to develop and continuously support the implementation of technical guidance and resources to provide support to Member States in their national efforts to implement the actions of the Rehabilitation 2030 Initiative, building on their national situations in access to physical, mental, social and vocational rehabilitation;

(4) to ensure that there are appropriate resources as regards the institutional capacity of WHO, at headquarters and at regional and local levels, to support Member States in strengthening and increasing the variety of available rehabilitation services and access to available, affordable and usable assistive technology, and to facilitate international collaboration in this regard;

(5) to support Member States to systematically integrate rehabilitation and assistive technology into their emergency preparedness and response as part of their investment in strengthening their own emergency medical teams, including by addressing the long-term rehabilitation needs of those affected by health emergencies, including COVID-19;

(6) to report on progress in the implementation of this resolution to the Health Assembly in 2026, 2028 and 2030.

(Seventh meeting, 2 February 2023)

EB152(11) Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health[1]

The Executive Board, having considered the report of the Director-General,[2]

Decided to recommend that the Seventy-sixth World Health Assembly note the report by the Director-General and its Annex, and that it adopt the following decision:

The Seventy-sixth World Health Assembly, having considered the report by the Director-General,

Decided:

(1) to endorse the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases (2022 update of Appendix 3

[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB152/6.

of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030);

(2) to request the Director-General to submit a draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases for consideration by the Eightieth World Health Assembly, through the Executive Board at its 160th session, and to incorporate revised interventions to Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030 on a continuous basis, when data are available.

(Ninth meeting, 2 February 2023)

EB152(12) Accelerating action on global drowning prevention[1]

The Executive Board, having considered the report by the Director-General,[2]

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

Having considered the report by the Director-General,

Recalling resolution WHA64.27 (2011), which recognized drowning as a leading global cause of child death from unintentional injury,[3] 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,[4] 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,[5] 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;

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB152/22.

[3] 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).

[4] 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).

[5] 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).

Recalling further the publication by the WHO Secretariat of the Global report on drowning,[1] as well as subsequent guidance[2] 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;

Recognizing the interlinkages between drowning and development, and noting that over 90% of deaths occur in low- and middle-income countries;[3]

Noting with concern that the official global estimate of 235 000 deaths per annum[4] 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[3] 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[5] on 25 July each year;

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

[2] 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).

[3] 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).

[4] Global Health Estimates. Geneva: World Health Organization; 2019 (https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates).

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

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;

(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.

(Eleventh meeting, 3 February 2023)

EB152(13) Accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification[1]

The Executive Board, having considered the report by the Director-General,[2] highlighting the need to accelerate progress in safe and effective food fortification,[3]

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

Having considered the report by the Director-General;

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;

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB152/24.

[3] And supplementation strategies. According to the FAO Codex Alimentarium, for food fortification is understood, "... the addition of one or more essential nutrients to a food, whether or not it is normally contained in the food, for the purpose of preventing or correcting a demonstrated deficiency of one or more nutrients in the population or specific population groups ...". The Codex Alimentarius Commission (Guidelines for vitamin and mineral food supplements CAC/GL 55 – 2005) also defines vitamin and mineral food supplements as "sources in concentrated forms of those nutrients alone or in combinations, marketed in forms such as capsules, tablets, powders, solutions etc., that are designed to be taken in measured small-unit quantities but are not in a conventional food form and whose purpose is to supplement the intake of vitamins and/or minerals from the normal diet".

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;

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,[1] 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

[1] And, where applicable, regional economic integration organizations.

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;

(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.

(Eleventh meeting, 3 February 2023)

EB152(14) Possible convocation of a special session of the Executive Board

The Executive Board, having considered the report by the Secretariat on the possible convocation of a special session of the Executive Board,[1]

Decided:

(1) to hold a special session of the Executive Board in the event that the outcome of the investigation process requires consideration of the matter by the Executive Board, in accordance with the procedure set out in the Annex to the report;[2]

(2) to include on the agenda of the special session of the Executive Board one item only, dedicated to considering any recommendation from the Regional Committee for the Western Pacific on the matter under discussion, as well as such consequential matters as may be appropriate;

(3) that the special session of the Executive Board should be convened by the Director-General, in consultation with the Chair of the Board;

(4) that the special session of the Executive Board should be held in person in Geneva on such date as may be decided upon, and subject to such adjustments to these arrangements as may be necessary and decided upon, by the Director-General, in consultation with the Chair of the Board;

(5) that the modalities set out in Annex 4 shall apply to the special session of the Executive Board, unless otherwise decided by the Executive Board.

(Twelfth meeting, 4 February 2023)

EB152(15) Recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance[3]

The Executive Board, recalling the outcome of the Seventy-fifth World Health Assembly, in particular the adoption of the recommendations of the Working Group on Sustainable Financing through decision WHA75(8) (2022); recalling also that the Executive Board at its 151st session established an Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance to analyse challenges in governance for transparency, efficiency, accountability and compliance, and come up with recommendations; having considered the report of the Agile Member

[1] Document EB152/55.

[2] The Annex is confidential.

[3] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance to the Seventy-sixth World Health Assembly, through the Executive Board at its 152nd session and the Programme, Budget and Administration Committee of the Executive Board at its thirty-seventh meeting, with recommendations for long-term improvements;[1] welcoming the submission of the Secretariat implementation plan on reform for consideration by the Executive Board at its 152nd session through the Programme, Budget and Administration Committee at its thirty-seventh meeting,[2] and noting that the Task Group recommendations in its report reflect consensus lying in a subset of the broader suite of reform ideas and do not preclude Member States from proposing, advocating for or participating in other reforms that are not listed here,

Decided:

(1) to request the Director-General in order to give effect to those recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance[3] where actions are proposed ahead of their consideration by the Seventy-sixth World Health Assembly:

(a) to make information, including costing advice, available to Member States from the earliest stages of development for resolutions and decisions to allow them to assess potential financial implications and to inform their understanding of any impact on the programme budget, including availability of financial resources; and to make staff available at relevant sessions to explain this information to Member States, and to provide guidance on proposing sunsetting clauses and the barriers to implementing such provisions;

(b) to prepare a separate organigram (version for Member States' access) and appropriate granularity of detail for working-level contact details;

(c) to support the efforts of the co-facilitators of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance, and the Chair of the Executive Board, in consultation with Member States, to prepare proposals to strengthen the role of the Executive Board and its Programme, Budget and Administration Committee to better engage and provide advice and guidance on the oversight of future programme budgets and improve the way of working in the governing bodies, including by providing legal and procedural advice;

(d) to conduct an analysis of the value chain in the production of reports for WHO governing bodies sessions, including the initial consultation phase, with a view to outlining the process currently in place to draft reports, relevant internal and/or external consultations, and other relevant steps. The analysis should provide specific recommendations to improve efficiency and address internal and external barriers to timely publication and the necessary steps to address these including the resource implications;

(e) to develop a project plan with associated costs for the implementation of digital solutions for governing bodies services' interactions with Member States, including the proposed digital portal;

(f) to review the 2012 analysis on cost recovery for voluntary contributions contained in the Annex to document EBPBAC18/3 to assess whether the recommendations from that analysis still hold and propose feasible actions for further implementing the

[1] See documents EB152/33 and EB152/4.

[2] See documents EB152/34 and EB152/4.

[3] See document EB152/33, Appendix.

recommendations and the suggestions to address the new challenges emerging from the review, as well as provide guidance for conducting further analysis;

(g) to conduct an analysis of voluntary contribution earmarking flexibility and limitations in similar United Nations or global health agencies, as well as successful practice of incentives for donors to provide more flexible funding, to inform potential future reforms to governance of voluntary contributions;

(h) to provide guidance to inform the preparation of proposed draft decisions on improving the timeliness of delivery of governing bodies documents and information to Member States including on flexibility and/or rigidity within Financial Regulations of the World Health Organization, Rules of Procedure of the governing bodies and the Constitution of the World Health Organization regarding the form and structure of reports for WHO governing bodies sessions for translation and inclusion in agendas with a view to exploring changes to these;

(i) to provide reports on the implementation of this decision to the Executive Board at its 154th session in January 2024 through the Programme, Budget and Administration Committee of the Executive Board at its thirty-ninth meeting;

(2) to request the co-facilitators of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance co-facilitators, for consideration by the Executive Board at its 153rd session in May 2023, to prepare, in collaboration with the Chair of the Executive Board and in consultation with Member States:

(a) a draft decision to decide on a contemporary acceptable lead time for publication of reports in all official languages ahead of the sessions of the Health Assembly, Executive Board and Programme, Budget and Administration Committee of the Executive Board, including, where applicable, acceptable lag times for publication following completion of informal consultation processes;

(b) a proposal to identify, inter alia, a financial threshold for costs that would be incurred beyond the programme budget, above which the initiative or programme would need to be costed under the Department of Planning, Resource Coordination and Performance Monitoring's more stringent "second pass" costing methodology, and for which the details of the identified costing and the associated contribution to achieving the general programme of work would then be reported to the Health Assembly through the Programme, Budget and Administration Committee of the Executive Board or, if applicable, through the Executive Board and any conditions under which the Programme, Budget and Administration Committee should consider requesting divergence from results reporting;

(c) a draft decision setting out a standard template and recommended timeline for the process of proposing and considering resolutions and decisions that reflect, inter alia, costing investigation of potential duplication and/or synergies (for example, with existing or proposed resolutions or initiatives addressing the same issues); applicability of sunsetting clauses; and contribution to the relevant general programme of work;

(d) proposals for the reform of the Executive Board and its Programme, Budget and Administration Committee that consider, inter alia, meeting structure, cadence, agenda management and preparation of reports (prioritization, timing and structure), exploration of need for additional Member State engagement with external auditors, internal auditors and/or the Independent Expert Oversight Advisory Committee beyond standing agenda

items as well as proposals for positioning Member States to give strategic guidance based on governing bodies documents;

(3) to recommend to the Seventy-sixth World Health Assembly the adoption of the following decision:

The Seventy-sixth World Health Assembly, having considered the report of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance to the Seventy-sixth World Health Assembly, through the Executive Board at its 152nd session and the Programme, Budget and Administration Committee of the Executive Board at its thirty-seventh meeting, with recommendations for long-term improvements,

Decided:

(1) to adopt the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance contained in the Appendix to the report of the Agile Member States Task Group;

(2) to request the Director-General to put in place measures to support the implementation of the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance contained in the Appendix to the report of the Agile Member States Task Group and to track and report on this implementation on an ongoing basis alongside reporting on the Secretariat implementation plan on reform.

(Fourteenth meeting, 6 February 2023)

EB152(16) Secretariat implementation plan on reform[1]

The Executive Board, having considered the report by the Director-General,[2] and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board,[3]

Decided to endorse the Secretariat implementation plan on reform.

(Fourteenth meeting, 6 February 2023)

EB152(17) Extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030[4]

The Executive Board, having considered the report by the Director-General,[5]

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

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[1] See Annex 5, and Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB152/34.

[3] Document EB152/4.

[4] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[5] Document EB152/36.

The Seventy-sixth World Health Assembly,

Recalling resolution WHA61.17 (2008) on the health of migrants, and resolution WHA70.15 (2017) and decision WHA72(14) (2019) on promoting the health of refugees and migrants, as well as the commitments made in the 2019 political declaration of the high-level meeting on universal health coverage,[1] to ensure that no one is left behind;

Recognizing the role that the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 plays in advancing and coordinating WHO's work on refugee and migrant health, in line with the Thirteenth General Programme of Work, 2019–2025 and in collaboration with IOM, UNHCR and other relevant international organizations, including but not limited to UNFPA and UNICEF, and stakeholders, avoiding duplication;

Reaffirming the goals and objectives of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023, and recognizing its contribution and prioritization effort to improve global health equity by addressing the physical and mental health and well-being of refugees and migrants, as evidenced during the coronavirus disease (COVID-19) pandemic;

Noting the contribution of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to meet the targets set in the Sustainable Development Goals, including those of Goals 3, 5 and 10, as well as the objectives of the Global Compact for Safe, Orderly and Regular Migration and the Global Compact on Refugees,

1. DECIDES to extend the time frame of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 from 2023 to 2030;

2. URGES Member States:

(1) to continue to address the health needs and multiple situations of vulnerability of migrants and refugees, in line with national contexts and priorities and in accordance with relevant international obligations and commitments;

(2) to strengthen the integration of refugee and migrant health in global, regional and national initiatives, in collaboration with donors and other relevant stakeholders and partnerships including health and migration forums, to accelerate progress towards target 3.8 of the Sustainable Development Goals;

(3) to identify and share, through informal consultations to be convened by the Secretariat at least every two years, challenges, lessons learned and best practices related to the implementation of actions within the WHO global action plan on promoting the health of refugees and migrants, 2019–2030;

3. ENCOURAGES relevant stakeholders and networks to engage with Member States in the implementation of actions consistent with the WHO global action plan on promoting the health of refugees and migrants, 2019–2030;

4. REITERATES to the Director-General the importance of allocating the necessary resources to implement the WHO global action plan on promoting the health of refugees and migrants, 2019–2030;

[1] United Nations General Assembly resolution 74/2, adopted on 10 October 2019.

5. REQUESTS the Director-General:

(1) to continue implementing the WHO global action plan on promoting the health of refugees and migrants, 2019–2030;

(2) to continue to provide technical assistance, develop guidelines and promote knowledge sharing as well as collaboration and coordination within and among Member States, for the implementation of actions consistent with the WHO global action plan on promoting the health of refugees and migrants, 2019–2030;

(3) to promote the production of knowledge through surveillance and research and support efforts to translate the WHO global action plan on promoting the health of refugees and migrants, 2019–2030 into concrete capacity-building actions, with a focus on the specific health needs of refugees and migrants, while taking into account their situations of vulnerability;

(4) to submit a progress report to the Health Assembly in 2025, 2027 and 2029 on the implementation of this resolution and on the WHO global action plan on promoting the health of refugees and migrants, 2019–2030.

(Fifteenth meeting, 6 February 2023)

EB152(18) Extension of the WHO traditional medicine strategy: 2014–2023 to 2025[1]

The Executive Board, having considered the report by the Director-General,[2]

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following decision:

The Seventy-sixth World Health Assembly,

Having considered the report by the Director-General,

Recognizing United Nations General Assembly resolution 70/1 (2015), entitled Transforming our world: the 2030 Agenda for Sustainable Development, Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and target 3.8 (Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all);

Noting that in United Nations General Assembly resolution 74/2 (2019), entitled Political declaration of the high-level meeting on universal health coverage, Heads of State and Government recommitted to achieve universal health coverage by 2030 by, inter alia, exploring 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, according to national context and priorities;

[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB152/37.

Noting also the WHO global report on traditional and complementary medicine 2019,[1] and progress made in the implementation of the WHO traditional medicine strategy: 2014–2023;

Highlighting the importance of WHO's role in providing technical support for the integration of evidence-based traditional and complementary medicine, as appropriate, into health systems and services by Member States, as well as in supporting measures to regulate traditional and complementary medicine practice, including legal and sustainable resources of traditional and complementary medicine, and for the protection and conservation of traditional and complementary medicine resources, in particular knowledge and natural resources,[2] according to national laws and regulations;

Noting the reported use of traditional and complementary medicine during the coronavirus disease (COVID-19) pandemic in several Member States;

Recognizing the efforts of Member States to evaluate through an evidence-based approach, including rigorous clinical trials, as appropriate, the potential of traditional and complementary medicine, including in health system preparedness for and response to health emergencies;

Recognizing also the value and the diversity of the cultures of Indigenous Peoples and local communities and their holistic traditional knowledge,[3]

Decided to request the Director-General:

(1) to extend the WHO traditional medicine strategy: 2014–2023 to 2025;

(2) to develop, guided by the WHO traditional medicine strategy: 2014–2023 and in consultation with Member States[4] and relevant stakeholders, a draft new global traditional medicine strategy for the period 2025–2034 and to submit the draft strategy for consideration by the Seventy-eighth World Health Assembly in 2025, through the Executive Board at its 156th session.

(Fifteenth meeting, 6 February 2023)

EB152(19) Engagement with non-State actors[5]

The Executive Board, having considered the report by the Director-General,[6] and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board,[7]

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[1] WHO global report on traditional and complementary medicine 2019. Geneva: World Health Organization; 2019.

[2] All activities will be in compliance with Member State obligations pursuant to the Convention on International Trade in Endangered Species of Wild Fauna and Flora and other international agreements on the protection of endangered species of wild fauna and flora.

[3] Rights of indigenous peoples. New York: United Nations General Assembly; 2021 (A/C.3/76/L.22/Rev.1; https://documents-dds-ny.un.org/doc/UNDOC/LTD/N21/321/97/PDF/N2132197.pdf?OpenElement).

[4] And, where applicable, regional economic integration organizations.

[5] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[6] Document EB152/40.

[7] Document EB152/4.

(1) Decided:

(a) to admit into official relations with WHO the following non-State actors: The Carter Center, Inc. and NCD Alliance;

(b) to discontinue official relations with Health On the Net Foundation, International Association of Cancer Registries, International Insulin Foundation and International Women's Health Coalition Inc.;

(2) Noted with appreciation the collaboration with WHO of the non-State actors listed in Annex 6, commended their continuing contribution to the work of WHO, and decided to renew them in official relations with WHO;

(3) Further noted that the plan for collaboration with International Rescue Committee, Inc. has yet to be agreed, and decided to defer the review of relations with this entity until the 154th session of the Executive Board in January 2024, at which time a report should be submitted to the Board on the agreed plan for collaboration and on the status of relations.

(Fifteenth meeting, 6 February 2023)

EB152(20) Provisional agenda of the Seventy-sixth World Health Assembly

The Executive Board, having considered the report by the Director-General,[1] and recalling its earlier decision that the Seventy-sixth World Health Assembly should be held at the Palais des Nations in Geneva, opening on Sunday, 21 May 2023, and closing no later than Tuesday, 30 May 2023,[2] approved the provisional agenda of the Seventy-sixth World Health Assembly.

(Fifteenth meeting, 6 February 2023)

EB152(21) Date and place of the 153rd session of the Executive Board

The Executive Board decided:

(1) that its 153rd session should be convened on 31 May and 1 June 2023, at WHO headquarters, Geneva;

(2) that, in the event that limitations to physical meetings preclude the holding of the 153rd session of the Executive Board as envisaged, adjustments to the arrangements for that session should be made by the Executive Board or, exceptionally, by the Officers of the Board, in consultation with the Director-General.

(Fifteenth meeting, 6 February 2023)

[1] Document EB152/41.

[2] Decision EB151(11) (2022).

EB152(22) Proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits[1]

The Executive Board, having considered the report by the Director-General[2] and the proposal submitted on the proportional allocation of Partnership Contribution resources between preparedness and response, as required under the Pandemic Influenza Preparedness Framework, Section 6.14.5,

Decided:

(1) that from 1 January 2023 to 31 December 2030 the current proportional division between pandemic preparedness and response (70% of contributions for pandemic preparedness measures and 30% for response activities) shall continue;

(2) that, in order to ensure that the proportional division does not hinder necessary response measures during pandemic influenza emergencies, the Director-General shall continue to be able to modify temporarily the allocation of Partnership Contribution resources as required to respond to such emergencies; and that the Director-General shall promptly report on any such modification to Member States, and to manufacturers and other stakeholders;

(3) that the proportional division shall be reviewed again in 2030.

(Sixteenth meeting, 6 February 2023)

EB152(23) Behavioural sciences for better health[3]

The Executive Board, having considered the report of the Director-General,[4]

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

Having considered the report by the Director-General;

Noting that behavioural science is a multidisciplinary scientific approach that deals with human action and its psychological, social and environmental drivers, determinants and influencing factors, and that it is applied in protecting and improving people's health by informing the development of public health policies, programmes and interventions that can range from legislation and fiscal measures to communications and social marketing, as well as to support other public health efforts;

Acknowledging, while noting the contribution of behavioural science in achieving improved health outcomes, the centrality of epidemiological data on the incidence and prevalence of diseases and their risk factors in public health and in informing the development of health policies and the health system;

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB152/14.

[3] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[4] Document EB152/25.

Recognizing the value of high-quality data about behaviours collected with a variety of methods in guiding the health sector, including in health in all policies and whole-of government activities, aimed at reducing risk factors, addressing health determinants, creating environments conducive to health and well-being and increasing equal access to healthy options, and informing the development of behavioural interventions;

Acknowledging that supporting individuals to enact healthier behaviours to achieve improved health outcomes is challenging due both to the complexity inherent in human behaviour and the different national contexts, and that no single discipline can provide a complete understanding of the matter, and that developing interventions to change behaviour of either individuals regarding their own health or health service employees and health professionals requires a comprehensive and interdisciplinary approach that includes but is not limited to anthropology, communications, economics, neuroscience, psychology and sociology;[1]

Noting that individuals, communities and populations are often exposed to multiple behavioural influences including by all types of public and private sector communications, and that behavioural science can facilitate the understanding on how such influences and communications guide decision-making;

Recognizing the interest among the Member States in strengthening the use of behavioural science in informing policy development and decision-making for public health and taking note of behavioural science-related initiatives on the national, regional and global level;

Understanding that behavioural factors at the individual, collective and institutional levels, shaped by economic, environmental and social determinants of health, many of which are not amenable by individual action alone, are important contributors to increasing trends in both communicable and noncommunicable diseases and their risk factors, injuries, and health emergency risks as well as other health challenges that pose a significant challenge to health systems and increase disease burden globally, and that behavioural science can affect these outcomes therefore, improving the health and well-being of citizens is also the responsibility of the governments and in relevant contexts, nongovernmental organizations, civil society and health providers, and in private-sector entities whose products, services or other influences have a role in protecting and promoting the health of the population and preventing diseases;

Taking note of the United Nation's Secretary-General's Guidance Note on Behavioural Science, which encourages United Nations agencies to invest in behavioural science and work in a connected and collaborative interagency community to realize its tremendous potential to achieve impact;[2]

Recalling the Ottawa Charter for Health Promotion (1986), resolution WHA57.16 (2004) on health promotion and healthy lifestyles, the Rio Political Declaration on Social Determinants of Health (2011),[3] the Moscow Declaration on Healthy Lifestyles and Noncommunicable Disease Control (2011), the Shanghai Declaration on Health Promotion (2016),[4] the WHO Global Report on Health Equity for Persons with Disabilities (2022) and the United Nations Framework

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[1] Behavioural Insights and Public Policy: Lessons from Around the World. Paris: Organization of Economic Co-operation and Development Publishing; 2017. doi:10.1787/9789264270480-en.

[2] Available at https://www.un.org/en/content/behaviouralscience/ (accessed 26 January 2023).

[3] Rio Political Declaration on Social Determinants of Health (2011), adopted by the World Conference on Social Determinants of Health (Rio de Janeiro, 19–21 October 2011), endorsed by the Sixty-fifth World Health Assembly in resolution WHA65.8 (2012).

[4] Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development (2016), adopted at the 9th Global Conference on Health Promotion, held in China from 21 to 24 November 2016.

Convention on Climate Change and the Paris Agreement, and emphasizing the need to address health-related behaviours;

Acknowledging that participatory approaches of behavioural science that meet WHO principles for respectful care are fundamental to optimizing the design and uptake of health services and other care services, maximizing adherence to treatment and improving self-management support and reducing risk behaviours;

Highlighting the contribution of behavioural science in achieving universal health coverage and in strengthening prevention of, preparedness for and response to public health emergencies including through strong and resilient health systems, taking into account the lessons learned from the coronavirus disease (COVID-19) pandemic;

Concerned about the impact on behaviours of health-related misinformation and disinformation, including during the COVID-19 pandemic;

Recognizing that cost effective and secure use of information and communication technologies in support of health and health-related fields has a potential to improve the quality and coverage of health services, increase access to health information and skills, and promote positive changes in health behaviours;

Welcoming WHO’s work on behavioural sciences for better health as part of a comprehensive approach to equity in health, healthier behaviours and to achieve improved health and well-being including mental health and mental well-being;

Recognizing the importance of building capacity to systematically adopt evidence, including from behavioural science and implementation studies, in order to: (i) understand the methods that promote systematic uptake of effective approaches to impact routine individual practices and beyond, including at the professional, organization and government levels, and (ii) understand and examine drivers of behaviour among people and what can sustain or change behaviour,

1. URGES Member States,[1] taking into account their national and subnational circumstances, contexts and priorities:

(1) to acknowledge the role of behavioural science, through the provision of an improved understanding of individual behaviours, in the generation of evidence to inform health policies, public health activities and clinical practices, integrated with collective action through health in all policies, whole-of-government and whole-of-society approaches on economic, environmental and social determinants of health;

(2) to identify opportunities to use behavioural science in developing and strengthening effective, tailored, equitable and human-centred health-related policies and functions across sectors, while ensuring commitment, capability and coordination across sectors in achieving the health-related Sustainable Development Goals;

(3) to use behavioural science in participatory approaches including bidirectional communication with providers and local stakeholders and empower communities in understanding public health problems and designing and evaluating interventions to

[1] And, where applicable, regional economic integration organizations.

address them, in order to further enhance the effectiveness, local ownership and sustainability of interventions;

(4) to develop and allocate sustainable human and financial resources for building or strengthening technical capacity for the use of behavioural science in public health;

(5) to establish behavioural science functions or units for generating, sharing and translating evidence, to inform a national strategy as appropriate, and to monitor, evaluate and share lessons learned from subnational, national and regional levels responsible for the local implementation of behaviourally informed policies and interventions;

(6) to promote enabling environments and incentives, including appropriate measures in other policy areas, that encourage and facilitate behaviours that are beneficial to the physical and mental health of individuals as well as to the environment, and supportive to the development of healthy, safe and resilient communities;

(7) to strengthen the capacity of health professionals through pre-service training, where possible, among academia, non-State actors and civil society, where applicable, on behavioural science approaches in patient care and a variety of public health functions, as appropriate, intersectoral policy frameworks and institutional policies;

(8) to promote and support cooperation and partnership among Member States, between non-State actors, relevant stakeholders, health organizations, academic institutions, research foundations, the private sector and civil society, to implement plans and programmes based on behavioural science and to improve the quality of behavioural science insights by appropriate means, including the generation and sharing of evidence-based data which should follow the principles of interoperability and openness;

2. REQUESTS the Director-General:

(1) to support the use of behavioural science approaches in the work of the Organization, across programmes and activities, and to continue to advocate an evidence- and behavioural science-based approach in informing health-related policies;

(2) to mainstream behavioural science approaches in the work of the Organization and to advocate for necessary structural considerations, including as appropriate behavioural science teams, units or functions and for the allocation of sufficient funding and human resources;

(3) to support Member States, at their request, in developing or strengthening of behavioural science function(s) or unit(s);

(4) to evaluate, within existing resources, based on a prior request by the Member State(s) concerned, the behavioural science initiatives such as policies, interventions, programmes and research and share the results of such evaluations;

(5) to establish a global repository of behavioural science evidence from empirical studies, including from randomized controlled trials on behavioural interventions that can be accessed and used in the strengthening of health promotion interventions, among others, with a view to achieve societal and lifestyle changes, and interventions aimed at tackling misinformation and disinformation related to public health, including studies with positive and no or negative outcomes;

(6) to provide behavioural science-related technical support, normative guidance, capacity-building and knowledge sharing to Member States upon their request including through the WHO Academy;

(7) to compile and disseminate evidence on improved outcomes resulting from the application of the behavioural sciences to public health;

(8) to develop guidance, including through application of behavioural science, that addresses public health priorities including vaccine hesitancy, as well as misinformation and disinformation that conflicts with public health-based evidence, in particular among vulnerable groups, including migrants;

(9) to create synergies and find ways to better integrate behavioural science approaches aimed at promoting health and addressing the social determinants of health;

(10) to report on progress in implementing this resolution to the Seventy-eighth World Health Assembly in 2025, the Eightieth World Health Assembly in 2027 and the Eighty-second World Health Assembly in 2029.

(Fifteenth meeting, 6 February 2023)

EB152(24) Award of the State of Kuwait Health Promotion Foundation's His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion

The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel,[1] awarded the State of Kuwait Health Promotion Foundation's His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2023 to the National Center for Chronic and Noncommunicable Disease Control and Prevention of China and Dr Abla Mehio Sibai from Lebanon for their outstanding contribution to research in the areas of health care for the elderly and in health promotion. Each laureate will receive a plaque and US$ 20 000.

(Seventeenth meeting, 7 February 2023)

EB152(25) Award of the Sasakawa Health Prize

The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel,[2] awarded the Sasakawa Health Prize for 2023 jointly to the Nick Simons Institute of Nepal and Professor Vichai Tienthavorn from Thailand for their outstanding innovative work in health development. Each laureate will receive a statuette and US$ 20 000.

(Seventeenth meeting, 7 February 2023)

[1] Document EB152/44, section 3.

[2] Document EB152/44, section 1.

EB152(26) Award of the Nelson Mandela Award for Health Promotion

The Executive Board, having considered the report of the Nelson Mandela Award for Health Promotion Selection Panel,[1] awarded the Nelson Mandela Award for Health Promotion for 2023 to Dr Mariam Athbi Al Jalahma from Bahrain for her significant contribution to health promotion. The laureate will receive a plaque.

(Seventeenth meeting, 7 February 2023)

EB152(27) Award of the Dr LEE Jong-wook Memorial Prize for Public Health

The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize Selection Panel,[2] awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2023 to Dr Jorge Francisco Meneses from Guatemala for his outstanding contribution to public health. The laureate will receive a plaque and US$ 100 000.

(Seventeenth meeting, 7 February 2023)

EB152(28) Award of the United Arab Emirates Health Foundation Prize

The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel,[3] awarded the United Arab Emirates Health Foundation Prize for 2023 to Dr Maria Asuncion Silvestre from the Philippines for her outstanding contribution to health development. The laureate will receive US$ 20 000.

(Seventeenth meeting, 7 February 2023)

EB152(29) Involvement of non-State actors in WHO's governing bodies[4]

The Executive Board, having considered the report by the Director-General,[5]

Decided:

(1) that the constituency statements will continue to be implemented during all WHO governing body meetings, in accordance with the modalities outlined in paragraphs 15 to 17 of document EB152/38;

(2) that the Secretariat regularly consult Member States and non-State actors in official relations with WHO with a view to improving these modalities based on such consultations, and that the results of the first consultation be submitted for consideration by the Executive Board at its 156th session in January 2025;

[1] Document EB152/44, section 5.

[2] Document EB152/44, section 4.

[3] Document EB152/44, section 2.

[4] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[5] Document EB152/38.

(3) to request the Director-General to explore the implications of the present decision for statements delivered by observers and report to the Executive Board at its 153rd session in May 2023, through the Programme, Budget and Administration Committee of the Executive Board.

(Eighteenth meeting, 7 February 2023)

ANNEX 7

Financial and administrative implications for the Secretariat of resolutions and decisions proposed for adoption by the Executive Board

Resolution EB152.R4:	Amendments to the Financial Regulations and Financial Rules
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this resolution would be implemented:** 4.3.1 Sound financial practices and oversight managed through an efficient and effective internal control framework.
2.	**Short justification for considering the resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the resolution:** No effective end date is envisaged for these continuing amendments to the Financial Regulations and Financial Rules.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total budgeted resource levels required to implement the resolution, in US$ millions:** The work to be carried out would be the continuing work of the Organization as approved, for which reason there would be no resource implications that could not be accommodated within the existing approved revised Programme budget 2022–2023.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** Not applicable.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** Not applicable.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

Not applicable.

5. Level of resources already available to fund the implementation of the resolution in the current biennium, in US$ millions

– Resources available to fund the resolution in the current biennium:

Not applicable.

– Remaining financing gap in the current biennium:

Not applicable.

Resolution EB152.R5: Housing allowance for the Director-General

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this resolution would be implemented:

4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform.

2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the resolution:

No end date is foreseen for the resolution, so costing is provided to the end of December 2025, that is, 31 months.

B. Resource implications for the Secretariat for implementation of the resolution

1. Total budgeted resource levels required to implement the resolution, in US$ millions:

US$ 0.217 million.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 0.049 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

US$ 0.168 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

Not applicable.

5. Level of resources already available to fund the implementation of the resolution in the current biennium, in US$ millions

– **Resources available to fund the resolution in the current biennium:**

US$ 0.049 million.

– **Remaining financing gap in the current biennium:**

Not applicable.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	–	–	–	–	–	–	0.049	0.049
	Activities	–	–	–	–	–	–	0.000	0.000
	Total	–	–	–	–	–	–	0.049	0.049
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	–	–	–	–	–	–	0.168	0.168
	Activities	–	–	–	–	–	–	0.000	0.000
	Total	–	–	–	–	–	–	0.168	0.168
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Resolution EB152.R6: Confirmation of amendments to the Staff Rules: remuneration of staff in the professional and higher categories, dependants for family reunification purposes and parental leave

Resolution EB152.R7: Salaries of staff in ungraded positions and of the Director-General

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which these resolutions would be implemented:

4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery.

2. Short justification for considering the resolutions, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the resolutions:

With respect to **resolution EB152.R6** (concerning remuneration of staff in the Professional and higher categories, dependants for family reunification purposes and parental leave), the relevant amendments to the Staff Rules will take effect from 1 January 2023.

With respect to **resolution EB152.R7** (concerning remuneration of staff in ungraded positions and the Director-General), the relevant adjustments in remuneration will take effect from 1 January 2023.

There is no defined end date for implementation.

B. Resource implications for the Secretariat for implementation of the resolutions

1. Total budgeted resource levels required to implement the resolutions, in US$ millions:

The resource requirements for the two resolutions are already included within what is planned under the approved revised Programme budget 2022–2023.

All resource requirements to implement the resolutions would be covered within the post cost averages that form the basis of staff planning for the approved revised Programme budget. Since these are spread across all results and all levels of the Organization, the additional resource levels required for these resolutions are already covered within the same approved revised Programme budget.

It should be noted that payroll costs are always subject to some variability due to post adjustment, exchange rates, staff mix in terms of dependency and education grant entitlements, among other factors. These additional costs will be absorbed within the overall payroll budget fluctuations and post cost averages.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

Not applicable.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

Not applicable.

4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.
5.	**Level of resources already available to fund the implementation of the resolutions in the current biennium, in US$ millions** **– Resources available to fund the resolutions in the current biennium:** Not applicable. **– Remaining financing gap in the current biennium:** Not applicable. **– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Decision EB152(1): Extension of the temporary suspension of Financial Rule XII, 112.1, in part	
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:** 4.2.2. The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation.
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Six months.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** The work to be carried out would be to extend the temporary suspension of Financial Rule XII, 112.1, in part, as set out in decision EB150(23) (2022) and subsequently in decision EB151(12) (2022), which has been incorporated into the core work of the approved revised Programme budget 2022–2023. Therefore, there would be no resource implications that could not be accommodated within the approved revised Programme budget 2022–2023.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** Not applicable.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

Not applicable.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

Not applicable.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

Not applicable.

– **Remaining financing gap in the current biennium:**

Not applicable.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

Decision EB152(2): Terms of membership of the Standing Committee on Health Emergency Prevention, Preparedness and Response

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

The decision would be implemented with immediate effect.

B. Resource implications for the Secretariat for implementation of the decision

1. Total budgeted resource levels required to implement the decision, in US$ millions:

Zero.

The work to be performed to comply with this mandate falls under the umbrella of decision EB151(2) (2022), which was costed before adoption. The relevant costing is contained in document EB151/2022/REC/1, Annex 2, pages 11 and 12 (https://apps.who.int/gb/ebwha/pdf_files/EB151-REC1/B151_REC1_Interactive_en.pdf).

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

Not applicable.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

Not applicable.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

Not applicable.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

Not applicable.

– **Remaining financing gap in the current biennium:**

Not applicable.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

Decision EB152(3): Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages.

2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities.

2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4.	**Estimated time frame (in years or months) to implement the decision:** Within 6.5 years.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 55.50 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 3.50 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 12.00 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 40.00 million.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** US$ 2.00 million. – **Remaining financing gap in the current biennium:** US$ 1.50 million. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)a

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.26	0.23	0.22	0.24	0.20	0.22	0.54	1.90
	Activities	0.10	0.10	0.10	0.10	0.10	0.10	1.00	1.60
	Total	0.36	0.33	0.32	0.34	0.30	0.32	1.54	3.50
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.50	0.45	0.45	0.75	0.40	0.45	1.00	4.00
	Activities	1.20	1.20	1.20	1.20	1.20	1.20	0.80	8.00
	Total	1.70	1.65	1.65	1.95	1.60	1.65	1.80	12.00
B.4. Future bienniums resources to be planned	Staff	2.30	2.20	2.00	2.30	1.80	2.00	3.80	16.40
	Activities	3.60	3.50	3.50	3.50	3.50	3.50	2.50	23.60
	Total	5.90	5.70	5.50	5.80	5.30	5.50	6.30	40.00

[a] The row and column totals may not always add up, owing to rounding.

Decision EB152(4): Increasing access to medical oxygen

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists.

1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems.

1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Zero.

4. Estimated time frame (in years or months) to implement the decision:

Seven years.

B. Resource implications for the Secretariat for implementation of the decision

1. Total budgeted resource levels required to implement the decision, in US$ millions:

US$ 17.10 million.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 1.44 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

US$ 8.29 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

US$ 7.37 million.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

US$ 1.44 million.

– **Remaining financing gap in the current biennium:**

Zero.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Zero.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.05	0.07	0.05	0.05	0.05	0.05	0.33	0.65
	Activities	0.06	0.05	0.05	0.04	0.05	0.04	0.50	0.79
	Total	0.11	0.12	0.10	0.09	0.10	0.09	0.83	1.44
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.60	0.50	0.50	0.45	0.43	0.50	1.26	4.24
	Activities	1.00	0.65	0.60	0.30	0.50	0.50	0.50	4.05
	Total	1.60	1.15	1.10	0.75	0.93	1.00	1.76	8.29
B.4. Future bienniums resources to be planned	Staff	0.60	0.50	0.50	0.44	0.43	0.44	1.26	4.17
	Activities	0.70	0.55	0.45	0.25	0.45	0.40	0.40	3.20
	Total	1.30	1.05	0.95	0.69	0.88	0.84	1.66	7.37

Decision EB152(5): Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages.

1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course.

1.1.5. Countries enabled to strengthen their health and care workforce.

1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage.

3.1.1. Countries enabled to address social determinants of health across the life course.

3.3.1. Countries enabled to address environmental determinants, including climate change.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Eight years (until 2030, aligned with the Sustainable Development Goals).

B. Resource implications for the Secretariat for implementation of the decision

1. Total budgeted resource levels required to implement the decision, in US$ millions:

US$ 2105.64 million.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 138.12 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

US$ 425.01 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

US$ 1542.51 million.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

US$ 20.00 million.

– **Remaining financing gap in the current biennium:**

US$ 118.12 million.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	17.60	4.36	8.56	5.16	6.40	5.96	7.21	55.25
	Activities	26.40	6.54	12.84	7.74	9.60	8.94	10.81	82.87
	Total	44.00	10.90	21.40	12.90	16.00	14.90	18.02	138.12
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	56.65	24.63	21.49	8.19	17.44	19.43	22.17	170.00
	Activities	84.97	36.94	32.24	12.29	26.16	29.15	33.26	255.01
	Total	141.62	61.57	53.73	20.48	43.60	48.58	55.43	425.01
B.4. Future bienniums resources to be planned	Staff	194.36	65.84	57.45	55.83	111.10	51.95	80.48	617.01
	Activities	291.53	98.76	86.18	83.74	166.65	77.92	120.72	925.50
	Total	485.89	164.60	143.63	139.57	277.75	129.87	201.20	1542.51

Decision EB152(6): Strengthening diagnostics capacity	
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:** 1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists. 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems. 1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services. 1.3.4. Research and development agenda defined and research coordinated in line with public health priorities. 1.3.5. Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices. 2.1.2. Capacities for emergency preparedness strengthened in all countries. 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated.
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Zero.
4.	**Estimated time frame (in years or months) to implement the decision:** Seven years.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 49.51 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 5.23 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Zero.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 11.56 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 32.72 million.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

US$ 4.00 million.

– **Remaining financing gap in the current biennium:**

US$ 1.23 million.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Zero.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.36	0.26	0.27	0.27	0.26	0.27	3.06	4.75
	Activities	0.03	0.03	0.03	0.03	0.03	0.03	0.30	0.48
	Total	0.39	0.29	0.30	0.30	0.29	0.30	3.36	5.23
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.77	0.57	0.59	0.59	0.57	0.59	6.64	10.32
	Activities	0.09	0.07	0.07	0.07	0.07	0.07	0.80	1.24
	Total	0.86	0.64	0.66	0.66	0.64	0.66	7.44	11.56
B.4. Future bienniums resources to be planned	Staff	2.26	1.68	1.73	1.73	1.66	1.73	19.44	30.23
	Activities	0.19	0.14	0.14	0.14	0.14	0.14	1.60	2.49
	Total	2.45	1.82	1.87	1.87	1.80	1.87	21.04	32.72

Decision EB152(7): Draft global strategy on infection prevention and control

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Eight and a half years, from 2023 to 2031, inclusive.

B.	Resource implications for the Secretariat for implementation of the decision
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 15.61 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 1.59 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 3.53 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 10.49 million.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** US$ 0.60 million. – **Remaining financing gap in the current biennium:** US$ 0.99 million. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** US$ 0.50 million.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.05	0.05	0.04	0.05	0.04	0.03	0.80	1.06
	Activities	0.03	0.03	0.03	0.03	0.03	0.03	0.35	0.53
	Total	0.08	0.08	0.07	0.08	0.07	0.06	1.15	1.59
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.11	0.09	0.09	0.10	0.08	0.09	1.90	2.46
	Activities	0.10	0.10	0.10	0.10	0.10	0.10	0.47	1.07
	Total	0.21	0.19	0.19	0.20	0.18	0.19	2.37	3.53
B.4. Future bienniums resources to be planned	Staff	0.33	0.28	0.26	0.29	0.24	0.26	5.23	6.89
	Activities	0.30	0.30	0.30	0.30	0.30	0.30	1.80	3.60
	Total	0.63	0.58	0.56	0.59	0.54	0.56	7.03	10.49

Decision EB152(8): Global road map on defeating meningitis by 2030

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages.

Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results.

Output 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems.

Output 1.3.4. Research and development agenda defined and research coordinated in line with public health priorities.

Output 2.2.2. Proven prevention strategies for priority pandemic- prone and epidemic-prone diseases implemented at scale.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Two and a half years (constituting the period between the 152nd session of the Executive Board and the submission of the report on progress in implementing resolution WHA73.9 to the Seventy-eighth World Health Assembly).

B.	Resource implications for the Secretariat for implementation of the decision
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** Zero. The work requested to implement the decision was already costed in respect of implementation of resolution WHA73.9 (2020). The costing is available at https://apps.who.int/gb/ebwha/pdf_files/WHA73-REC1/A73_REC1-en.pdf#page=1 (Annex 3).
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** Not applicable.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** Not applicable.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** Not applicable. – **Remaining financing gap in the current biennium:** Not applicable. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Decision EB152(9): Substandard and falsified medical products	
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:** 1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services.
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.

4.	**Estimated time frame (in years or months) to implement the decision:** 16 months, from June 2023 to October 2024. The outcome of an independent evaluation of the Member State mechanism would be submitted to the Seventy-eighth World Health Assembly through the Executive Board at its 156th session in January 2025.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 0.41 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 0.25 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 0.16 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** US$ 0.25 million. – **Remaining financing gap in the current biennium:** Not applicable. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	–	–	–	–	–	–	0.07	0.07
	Activities	–	–	–	–	–	–	0.18	0.18
	Total	–	–	–	–	–	–	0.25	0.25
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	–	–	–	–	–	–	0.11	0.11
	Activities	–	–	–	–	–	–	0.05	0.05
	Total	–	–	–	–	–	–	0.16	0.16
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision EB152(10): Strengthening rehabilitation in health systems

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages.

1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results.

1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course.

2.1.2. Capacities for emergency preparedness strengthened in all countries.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Eight years: from 2023 to 2030.

B. Resource implications for the Secretariat for implementation of the decision

1. Total budgeted resource levels required to implement the decision, in US$ millions:

US$ 78.98 million.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 2.68 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

US$ 21.96 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

US$ 54.34 million.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

US$ 2.68 million.

– **Remaining financing gap in the current biennium:**

Not applicable.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.26	0.12	0.05	0.24	0.05	0.11	0.53	1.36
	Activities	0.14	0.04	0.02	0.06	0.00	0.06	1.00	1.32
	Total	0.40	0.16	0.07	0.30	0.05	0.17	1.53	2.68
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.53	0.49	0.45	0.50	0.42	0.46	1.11	3.96
	Activities	3.68	2.72	0.80	4.16	1.76	2.88	2.00	18.00
	Total	4.21	3.21	1.25	4.66	2.18	3.34	3.11	21.96
B.4. Future bienniums resources to be planned	Staff	1.39	1.26	1.17	1.31	1.08	1.19	4.34	11.74
	Activities	9.20	6.80	2.00	10.40	2.00	7.20	5.00	42.60
	Total	10.59	8.06	3.17	11.71	3.08	8.39	9.34	54.34

Decision EB152(11): Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages.

1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results.

1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course.

2.1.2. Capacities for emergency preparedness strengthened in all countries.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Four years: from 2023 to 2027. When next updated, the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases (Appendix 3 of the WHO global action plan to prevent and control noncommunicable diseases 2013–2030) would be submitted for consideration by the Eightieth World Health Assembly through the Executive Board at its 160th session.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 1.175 million. Substantive work to be performed to comply with this mandate falls under the umbrella of decisions WHA72(11) (2019) and WHA75(11) (2022), which were costed before adoption. The relevant costings are contained respectively in document WHA72/2019/REC/1, Annex 9, pages 137 and 138 (https://apps.who.int/gb/ebwha/pdf_files/WHA72-REC1/A72_2019_REC1-en.pdf) and document WHA75/2022/REC/1, Annex 18 and appendices to Annex 18, pages 243–245 and 258–273 (https://apps.who.int/gb/ebwha/pdf_files/WHA75-REC1/A75_REC1_Interactive_en.pdf). The work costed for the present decision refers specifically to additional work required for the development of the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases (Appendix 3 of the WHO global action plan to prevent and control noncommunicable diseases 2013–2030) that is requested in the current mandate for 2027.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 0.150 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 0.175 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 0.850 million.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

US$ 0.050 million.

– **Remaining financing gap in the current biennium:**

US$ 0.100 million.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	–	–	–	–	–	–	0.000	0.000
	Activities	–	–	–	–	–	–	0.150	0.150
	Total	–	–	–	–	–	–	0.150	0.150
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	–	–	–	–	–	–	0.000	0.000
	Activities	–	–	–	–	–	–	0.175	0.175
	Total	–	–	–	–	–	–	0.175	0.175
B.4. Future bienniums resources to be planned	Staff	0.027	0.023	0.021	0.024	0.020	0.021	0.539	0.675
	Activities	0.000	0.000	0.000	0.000	0.000	0.000	0.175	0.175
	Total	0.027	0.023	0.021	0.024	0.020	0.021	0.714	0.850

Decision EB152(12): Accelerating action on global drowning prevention

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

3.1.1. Countries enabled to address social determinants of health across the life course.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

The decision would be implemented over a period of six years. Final reporting on progress made in the implementation of this decision to the Health Assembly would be in 2029.

B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 14.490 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 2.375 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Zero.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 4.443 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 7.672 million.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** US$ 2.375 million. – **Remaining financing gap in the current biennium:** Zero. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.060	–	–	–	–	0.065	1.067	1.192
	Activities	0.078	0.013	–	0.007	0.011	0.120	0.954	1.183
	Total	0.138	0.013	–	0.007	0.011	0.185	2.021	2.375
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.150	0.130	0.142	0.100	0.100	0.140	1.203	1.965
	Activities	0.236	0.230	0.233	0.233	0.233	0.233	1.080	2.478
	Total	0.386	0.360	0.375	0.333	0.333	0.373	2.283	4.443
B.4. Future bienniums resources to be planned	Staff	0.530	0.500	0.520	0.455	0.480	0.515	2.272	5.272
	Activities	0.250	0.250	0.250	0.250	0.250	0.250	0.900	2.400
	Total	0.780	0.750	0.770	0.705	0.730	0.765	3.172	7.672

Decision EB152(13): Accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

3.1.2. Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Seven years.

B. Resource implications for the Secretariat for implementation of the decision

1. Total budgeted resource levels required to implement the decision, in US$ millions:

US$ 13.74 million.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 1.42 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Zero.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

US$ 4.10 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

US$ 8.22 million.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

US$ 0.82 million.

– **Remaining financing gap in the current biennium:**

US$ 0.60 million.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Zero.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.08	0.07	0.06	0.07	0.06	0.07	0.21	0.62
	Activities	0.10	0.10	0.10	0.10	0.10	0.10	0.20	0.80
	Total	0.18	0.17	0.16	0.17	0.16	0.17	0.41	1.42
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.32	0.28	0.26	0.28	0.24	0.27	0.85	2.50
	Activities	0.20	0.20	0.20	0.20	0.20	0.20	0.40	1.60
	Total	0.52	0.48	0.46	0.48	0.44	0.47	1.25	4.10
B.4. Future bienniums resources to be planned	Staff	0.64	0.56	0.54	0.56	0.48	0.54	1.70	5.02
	Activities	0.40	0.40	0.40	0.40	0.40	0.40	0.80	3.20
	Total	1.04	0.96	0.94	0.96	0.88	0.94	2.50	8.22

Decision EB152(15): Recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform.

4.2.2. The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation.

4.2.3. Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships.

4.2.4. Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13.

4.2.5. Cultural change fostered and organizational performance enhanced through coordination of the WHO-wide transformation agenda.

4.2.6. "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored.

4.3.1. Sound financial practices and oversight managed through an efficient and effective internal control framework.

4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery.

4.3.3. Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** One year. The present costing only relates to the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance contained in document EB152/33, Appendix. The decision requests the Director-General to take forward actions in support of the Task Group's recommendations prior to the 153rd and 154th sessions of the Executive Board, and to provide a report on the implementation of these actions in the decision to the 154th session of the Executive Board through the thirty-ninth meeting of the Programme, Budget and Administration Committee, in January 2024. Hence the time frame estimated here is one year, recognizing that the Executive Board and World Health Assembly may specify additional requests to the Director-General. (Note that the costing for the decision on the Secretariat implementation plan on reform is for three years, as outlined in document EB152/34 Add.1).
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 2.97 million. This includes only Secretariat support as requested. Direct interventions by Member States, as in all costings, are not costed here.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 2.97 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** Not applicable.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** US$ 2.97 million. – **Remaining financing gap in the current biennium:** Zero. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.10	0.02	0.04	0.03	0.05	0.03	1.16	1.43
	Activities	0.09	0.02	0.03	0.02	0.04	0.03	1.31	1.54
	Total	0.19	0.04	0.07	0.05	0.09	0.06	2.47	2.97
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision EB152(16): Secretariat implementation plan on reform

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform.

4.2.2. The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation.

4.2.3. Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships.

4.2.4. Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13.

4.2.5. Cultural change fostered and organizational performance enhanced through coordination of the WHO-wide transformation agenda.

4.2.6 "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored.

4.3.1. Sound financial practices and oversight managed through an efficient and effective internal control framework.

4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery.

4.3.3. Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Three years.

The Secretariat implementation plan on reform indicates that its work may extend beyond 2025. At this point, the precise deliverables, costs and timelines of the reform may need to be refined over the course of the delivery of the implementation plan. Reports to the Executive Board will highlight any such adjustments as may be required in this regard, including to timelines planned and associated costing levels.

B. Resource implications for the Secretariat for implementation of the decision

1. Total budgeted resource levels required to implement the decision, in US$ millions:

US$ 51.56 million.

US$ 45 million of this amount (US$ 15 million per annum) comes from the costs for the prevention of sexual exploitation, abuse and harassment (PRSEAH), which are also contained in the approved revised Programme budget 2022–2023 and the draft Proposed programme budget 2024–2025. Member States requested that this resource envelope for PRSEAH should be included in the implementation plan.

The other elements costed are work to be done that is solely in support of the implementation plan. This includes elements labelled as both “budgeted” and “not yet budgeted”, since these refer to the status of operational planning. At the time of submission, US$ 2.07 million of non-PRSEAH elements have already been budgeted, while US$ 1.7 million remain to be budgeted, for the biennium 2022–2023. Both amounts can, however, be accommodated with the approved revised Programme budget 2022–2023 envelope.

It is also important to note that these other elements do not include additional work carried out by the same units that may be of indirect support to the implementation plan. Their inclusion would otherwise result in a situation where most of WHO’s leadership, governance and other functions might be costed as related to the delivery of the implementation plan.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 18.77 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

US$ 32.79 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

Not applicable.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

US$ 18.77 million.

– **Remaining financing gap in the current biennium:**

Zero.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	2.12	0.55	0.30	0.31	1.67	0.31	2.45	7.71
	Activities	2.24	0.62	1.54	1.03	1.06	1.44	3.13	11.06
	Total	4.36	1.17	1.84	1.34	2.73	1.75	5.58	18.77
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	4.13	1.06	0.54	0.58	3.29	0.58	3.61	13.79
	Activities	4.33	1.26	3.04	2.03	2.05	2.83	3.46	19.00
	Total	8.46	2.32	3.58	2.61	5.34	3.41	7.07	32.79
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision EB152(17): Extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages.

1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course.

1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage.

2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported.

3.1.1. Countries enabled to address social determinants of health across the life course.

4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts.

4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4.	**Estimated time frame (in years or months) to implement the decision:** Seven years. The WHO Global Action Plan on Promoting the Health of Refugees and Migrants covers the period 2019–2023. The decision would extend the time frame until 2030.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 71.89 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 4.55 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 18.26 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 49.08 million.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** US$ 4.55 million. – **Remaining financing gap in the current biennium:** Not applicable. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.22	0.18	0.17	0.19	0.16	0.17	1.01	2.10
	Activities	0.05	0.10	0.05	0.10	0.10	0.05	2.00	2.45
	Total	0.27	0.28	0.22	0.29	0.26	0.22	3.01	4.55
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	1.14	1.11	0.83	1.09	0.83	0.88	3.96	9.84
	Activities	0.78	0.78	0.78	0.78	0.78	0.78	3.74	8.42
	Total	1.92	1.89	1.61	1.87	1.61	1.66	7.70	18.26
B.4. Future bienniums resources to be planned	Staff	3.07	3.00	2.24	2.94	2.24	2.37	10.64	26.50
	Activities	2.09	2.09	2.09	2.09	2.09	2.09	10.04	22.58
	Total	5.16	5.09	4.33	5.03	4.33	4.46	20.68	49.08

Decision EB152(18): Extension of the WHO traditional medicine strategy: 2014–2023 to 2025

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages.

1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage.

1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Two years (2023–2025).

B. Resource implications for the Secretariat for implementation of the decision

1. Total budgeted resource levels required to implement the decision, in US$ millions:

US$ 2.00 million.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 0.50 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

US$ 1.50 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

Not applicable.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

US$ 0.50 million.

– **Remaining financing gap in the current biennium:**

Zero.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.01	0.01	0.01	0.01	0.01	0.01	0.15	0.21
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.29	0.29
	Total	0.01	0.01	0.01	0.01	0.01	0.01	0.44	0.50
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.01	0.01	0.01	0.01	0.01	0.01	0.44	0.50
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
	Total	0.01	0.01	0.01	0.01	0.01	0.01	1.44	1.50
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

<table>
<tr><td colspan="2">Decision EB152(19): Engagement with non-State actors</td></tr>
<tr><td>A.</td><td>Link to the approved revised Programme budget 2022–2023</td></tr>
<tr><td>1.</td><td>Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:
4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform.
4.2.2. The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation.</td></tr>
<tr><td>2.</td><td>Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:
Not applicable.</td></tr>
<tr><td>3.</td><td>Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:
Not applicable.</td></tr>
<tr><td>4.</td><td>Estimated time frame (in years or months) to implement the decision:
Official relations with non-State actors is a standing agenda item of the January session of the Executive Board. Each year one third of non-State actors are reviewed and, where applicable, renewed for a three-year period based on an agreed workplan and new entities are admitted for official relations with WHO.</td></tr>
<tr><td>B.</td><td>Resource implications for the Secretariat for implementation of the decision</td></tr>
<tr><td>1.</td><td>Total budgeted resource levels required to implement the decision, in US$ millions:
Resources (both income and expenses) associated with interactions with non-State actors in official relations are part of the regular planning cycle and are not calculated separately.</td></tr>
<tr><td>2.a.

2.b.</td><td>Estimated resource levels that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:
Not applicable.
Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:
Not applicable.</td></tr>
<tr><td>3.</td><td>Estimated resource levels required to be budgeted for in the proposed programme budget 2024–2025, in US$ millions:
Not applicable.</td></tr>
<tr><td>4.</td><td>Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:
Not applicable.</td></tr>
<tr><td>5.</td><td>Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions:
– Resources available to fund the decision in the current biennium:
Not applicable.
– Remaining financing gap in the current biennium:
Not applicable.
– Estimated resources, which are currently being mobilized, if any, that would help to close the financing. gap in the current biennium:
Not applicable.</td></tr>
</table>

GPW 13: Thirteenth General Programme of Work, 2019–2025.

Decision EB152(22):	Proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:** 2.2.3. Mitigate the risk of the emergence and re-emergence of high-threat pathogens and improve pandemic preparedness.
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** The decision would be implemented on a continuing basis through the PIP Partnership Contribution High-Level Implementation Plans from 2023 to 31 December 2030 by allocating 70% of contributions received under the PIP Framework, Section 6.14.3, for pandemic influenza preparedness measures and 30% for pandemic influenza response activities.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** The work would be fully integrated into the continuing implementation of the PIP Framework by the Organization, so no additional resources are foreseen for the implementation of the decision.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** Not applicable.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** Not applicable.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

Not applicable.

– **Remaining financing gap in the current biennium:**

Not applicable.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

Decision EB152(23): Behavioural sciences for better health

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform.

4.2.5. Cultural change fostered and organizational performance enhanced through coordination of the WHO-wide transformation agenda.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Seven years.

B. Resource implications for the Secretariat for implementation of the decision

1. Total budgeted resource levels required to implement the decision, in US$ millions:

US$ 35.46 million.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 4.63 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Zero.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

US$ 12.50 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

US$ 18.33 million.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

US$ 2.00 million.

– **Remaining financing gap in the current biennium:**

US$ 2.63 million.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

US$ 1.00 million.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.41	0.40	0.28	0.70	0.27	0.30	0.67	3.03
	Activities	0.20	0.20	0.20	0.20	0.20	0.20	0.40	1.60
	Total	0.61	0.60	0.48	0.90	0.47	0.50	1.07	4.63
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	1.00	0.90	0.70	1.40	0.70	0.80	1.50	7.00
	Activities	0.70	0.70	0.70	0.70	0.70	0.70	1.30	5.50
	Total	1.70	1.60	1.40	2.10	1.40	1.50	2.80	12.50
B.4. Future bienniums resources to be planned	Staff	1.45	1.39	1.00	2.00	1.00	1.10	2.20	10.14
	Activities	1.04	1.04	1.04	1.04	1.04	1.04	1.95	8.19
	Total	2.49	2.43	2.04	3.04	2.04	2.14	4.15	18.33

Decision EB152(29): Involvement of non-State actors in WHO's governing bodies

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Constituency statements by non-State actors in official relations with WHO would be made on selected agenda items during sessions of WHO's governing bodies.

B. Resource implications for the Secretariat for implementation of the decision

1. Total budgeted resource levels required to implement the decision, in US$ millions:

US$ 0.124 million.

No additional resources would be required: the activity can be managed within the normal preparations for sessions of the governing bodies. The only preparations that would be needed before the sessions of the governing bodies would be setting up the webpage for statements by non-State actors in official relations with WHO, selecting the agenda items for constituency statements and informing non-State actors in official relations with WHO on the modalities for making statements, a few weeks before the sessions of the governing bodies.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 0.040 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

US$ 0.040 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

US$ 0.044 million.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

The existing staff resources for sessions of the governing bodies would allow the decision to be implemented in 2023.

– **Remaining financing gap in the current biennium:**

Not applicable.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	–	–	–	–	–	–	0.040	0.040
	Activities	–	–	–	–	–	–	0.000	0.000
	Total	–	–	–	–	–	–	0.040	0.040
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	–	–	–	–	–	–	0.040	0.040
	Activities	–	–	–	–	–	–	0.000	0.000
	Total	–	–	–	–	–	–	0.040	0.040
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	0.044	0.044
	Activities	–	–	–	–	–	–	0.000	0.000
	Total	–	–	–	–	–	–	0.044	0.044