



WORLD HEALTH ORGANIZATION

SIXTY-FIRST WORLD HEALTH ASSEMBLY

GENEVA, 19–24 MAY 2008

**RESOLUTIONS AND DECISIONS
ANNEXES**

GENEVA
2008



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ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

<p>ACHR – Advisory Committee on Health Research</p> <p>ASEAN – Association of Southeast Asian Nations</p> <p>CEB – United Nations System Chief Executives Board for Coordination (formerly ACC)</p> <p>CIOMS – Council for International Organizations of Medical Sciences</p> <p>FAO – Food and Agriculture Organization of the United Nations</p> <p>IAEA – International Atomic Energy Agency</p> <p>IARC – International Agency for Research on Cancer</p> <p>ICAO – International Civil Aviation Organization</p> <p>IFAD – International Fund for Agricultural Development</p> <p>ILO – International Labour Organization (Office)</p> <p>IMF – International Monetary Fund</p> <p>IMO – International Maritime Organization</p> <p>INCB – International Narcotics Control Board</p> <p>ITU – International Telecommunication Union</p> <p>OECD – Organisation for Economic Co-operation and Development</p>	<p>OIE – <i>Office International des Epizooties</i></p> <p>PAHO – Pan American Health Organization</p> <p>UNAIDS – Joint United Nations Programme on HIV/AIDS</p> <p>UNCTAD – United Nations Conference on Trade and Development</p> <p>UNDCP – United Nations International Drug Control Programme</p> <p>UNDP – United Nations Development Programme</p> <p>UNEP – United Nations Environment Programme</p> <p>UNESCO – United Nations Educational, Scientific and Cultural Organization</p> <p>UNFPA – United Nations Population Fund</p> <p>UNHCR – Office of the United Nations High Commissioner for Refugees</p> <p>UNICEF – United Nations Children’s Fund</p> <p>UNIDO – United Nations Industrial Development Organization</p> <p>UNRWA – United Nations Relief and Works Agency for Palestine Refugees in the Near East</p> <p>WFP – World Food Programme</p> <p>WIPO – World Intellectual Property Organization</p> <p>WMO – World Meteorological Organization</p> <p>WTO – World Trade Organization</p>
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The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The Sixty-first World Health Assembly was held at the Palais des Nations, Geneva, from 19 to 24 May 2008, in accordance with the decision of the Executive Board at its 121st session. Its proceedings are issued in three volumes, containing, in addition to other relevant material:

Resolutions and decisions, Annexes – document WHA61/2008/REC/1

Verbatim records of plenary meetings, list of participants – document WHA61/2008/REC/2

Summary records of committees, reports of committees – document WHA61/2008/REC/3

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¹ Adopted at the second plenary meeting.

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17. Management matters
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¹ Including election of Vice-Chairmen and Rapporteur.

18. Collaboration within the United Nations system and with other intergovernmental organizations
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A61/9	Report of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property
A61/10	Global immunization strategy
A61/11	Female genital mutilation
A61/12	Health of migrants
A61/13	Strategies to reduce the harmful use of alcohol ³
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¹ See page ix.

² See Annex 3.

³ See Annex 4.

A61/16	Counterfeit medical products
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A61/19	Programme budget 2006–2007: performance assessment
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A61/22	Financial report and audited financial statements for the period 1 January 2006 – 31 December 2007. Second report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-first World Health Assembly
A61/23	Report of the External Auditor to the Health Assembly
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A61/44	Second report of Committee A (Draft)
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A61/46	Third report of Committee A (Draft)
A61/47	Third report of Committee B (Draft)
A61/48	Fourth report of Committee B (Draft)

¹ See Annex 2.

A61/49 Fourth report of Committee A (Draft)

A61/50 Fifth report of Committee A (Draft)

Information documents

A61/INF.DOC./1 Status of collection of assessed contributions

A61/INF.DOC./2 Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan (report of the Director of Health, UNRWA, for 2007)

A61/INF.DOC./3 Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan (report by the Ministry of Health of Israel)

A61/INF.DOC./4 Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan (report of the Permanent Observer of Palestine to the United Nations and Other International Organizations at Geneva)

Diverse

A61/DIV/1 Rev.1 List of delegates and other participants

A61/DIV/2 Guide for delegates to the World Health Assembly

A61/DIV/3 Decisions and list of resolutions

A61/DIV/4 List of documents

A61/DIV/5 Address by Her Royal Highness Princess Muna Al-Hussein at the Sixty-first World Health Assembly

A61/DIV/6 Address by the Most Reverend Desmond Mpilo Tutu, Archbishop Emeritus Cape Town and Nobel Prize Laureate at the Sixty-first World Health Assembly

OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

President

Dr L. RAMSAMMY (Guyana)

Chairman: Ms J. HALTON (Australia)

Secretary: Dr M. CHAN, Director-General

Vice-Presidents

Dr PONMEK DALALOY (Lao People's
Democratic Republic)

Ms M. MARIPUU (Estonia)

Dr A.A. YOOSUF (Maldives)

Mrs E. RAOUL (Congo)

Dr K. ABDELGADIR (Sudan)

General Committee

The General Committee was composed of the President and Vice-Presidents of the Health Assembly and the Chairmen of the main committees, together with delegates of the following Member States: Argentina, Cameroon, China, Costa Rica, Cuba, France, Mozambique, Nepal, Niger, Nigeria, Papua New Guinea, Qatar, Russian Federation, Slovenia, United Kingdom of Great Britain and Northern Ireland, United States of America and Yemen.

Secretary

Dr M. CHAN, Director-General

Chairman: Dr L. RAMSAMMY (Guyana)

Secretary: Dr M. CHAN Director-General

Committee on Credentials

The Committee on Credentials was composed of delegates of the following Member States: Equatorial Guinea; Indonesia; Israel; Kenya; Libyan Arab Jamahiriya; Montenegro; Panama; Philippines; Saint Kitts and Nevis; Senegal; Solomon Islands and Ukraine.

MAIN COMMITTEES

Under Rule 35 of the Rules of Procedure of the World Health Assembly, each delegation was entitled to be represented on each main committee by one of its members.

Chairman: Dr M.A.V. GUZMAN-ALA
(Philippines)

Vice-Chairman: Mr R. HERBERT (Saint Kitts
and Nevis)

Secretary: Ms F. MOURAIN-SCHUT, Senior
Legal Officer

Committee A

Chairman: Dr F. CICOGNA (Italy)

Vice-Chairmen: Mr J.O. DA SILVA (Timor-
Leste) and Dr M.J. MUÑOZ (Uruguay)

Rapporteur: Dr P.D. PARIRENYATWA
(Zimbabwe)

Secretary: Dr Q.M. ISLAM, Director, Making
Pregnancy Safer

Committee on Nominations

The Committee on Nominations was composed of delegates of the following Member States: Antigua and Barbuda, Bahrain, Belarus, Bolivia, Burundi, Chad, China, Democratic People's Republic of Korea, Ethiopia, France, Guinea-Bissau, India, Iran (Islamic Republic of), Liberia, Malaysia, Mexico, Nicaragua, Oman, Romania, Russian Federation, South Africa, Sweden, United Kingdom of Great Britain and Northern Ireland, Venezuela (Bolivarian Republic of), and Ms Jane Halton, Australia (President, Sixtieth World Health Assembly, ex officio).

Committee B

Chairman: Dr A.R. SICATO (Angola)

Vice-Chairmen: Dr N. EL-SAYED (Egypt)
and Dr R. DANIEL (Cook Islands)

Rapporteur: Dr W. JAYANTHA (Sri Lanka)

Secretary: Dr M. DAYRIT, Director, Human
Resources for Health.

RESOLUTIONS

WHA61.1 Poliomyelitis: mechanism for management of potential risks to eradication

The Sixty-first World Health Assembly,

Having considered the report on poliomyelitis: mechanism for management of potential risks to eradication;¹

Recalling resolution WHA60.14, which urged Member States in which wild poliovirus is still present, especially the four countries in which poliomyelitis is endemic, to intensify poliomyelitis eradication activities in order rapidly to interrupt all remaining transmission of wild poliovirus;

Recognizing the need to make rapidly available the necessary financial resources to eradicate poliomyelitis;

Recognizing the need to minimize the long-term risks of inadvertent reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission;

Recognizing the need for international coordination of the strategies to minimize and manage the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission globally;

Noting that planning for such international consensus must begin now in order to be ready for implementation of coordinated strategies without delay after transmission of wild poliovirus is interrupted globally,

1. **URGES** all remaining poliomyelitis-affected Member States to engage all levels of political and civil society in order to ensure that every child is consistently reached and vaccinated during every supplementary immunization activity against poliomyelitis, so that all remaining transmission of wild poliovirus is interrupted rapidly;
2. **URGES** Nigeria to reduce the risk of international spread of poliovirus by quickly stopping the outbreak in northern Nigeria through intensified eradication activities that ensure all children are vaccinated with oral poliomyelitis vaccine;
3. **URGES** Afghanistan, India and Pakistan to implement the large-scale mop-up activities now needed to interrupt their final chains of poliovirus transmission, given the very low levels of type 1 poliovirus now present in these countries;

¹ Document A61/5.

4. URGES all Member States:

- (1) to achieve and maintain routine immunization coverage against poliomyelitis at a level greater than 80% of the childhood population and set country-specific target dates;
- (2) to strengthen active surveillance of acute flaccid paralysis in order to detect and identify promptly any circulating poliovirus and prepare for certification of poliomyelitis eradication;
- (3) to complete the activities outlined in phase I of the WHO global action plan for laboratory containment of wild polioviruses¹ and prepare to implement appropriate long-term safeguards and biocontainment conditions for remaining wild polioviruses within 6 to 12 months after detection of the last case of poliomyelitis caused by a circulating wild virus;
- (4) to make available rapidly the necessary financial resources to eradicate poliomyelitis and minimize the risks of reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission;

5. REQUESTS the Director-General:

- (1) to continue to provide technical support to the remaining countries affected by poliomyelitis in their efforts to interrupt the final chains of transmission of wild poliovirus;
- (2) to assist in mobilizing the financial resources necessary for full implementation of the intensified eradication effort and for ensuring that the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis are minimized;
- (3) to undertake the necessary research to characterize fully the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis, to develop appropriate strategies and products for managing these risks, including safer processes for production of inactivated poliovirus vaccine and affordable strategies for its use, and to set, if and when appropriate, a date for the eventual cessation of use of oral poliomyelitis vaccine use in routine immunization programmes;
- (4) to develop a new strategy to reinvigorate the fight to eradicate poliomyelitis from the remaining affected countries, drawing on experience from regions where poliomyelitis is eradicated and on operations research in order to determine the most efficient and cost-effective interventions;
- (5) to report to the Health Assembly when she determines that transmission of wild poliovirus type 1 is likely to have been interrupted globally, and to submit with that report a proposal or proposals for review by the Executive Board for a mechanism to mitigate the risk of the reintroduction of poliovirus that does not involve amending the International Health Regulations (2005) or developing another binding instrument.

(Seventh plenary meeting, 23 May 2008 –
Committee A, first report)

¹ Second edition, document WHO/V&B/03.11.

WHA61.2 Implementation of the International Health Regulations (2005)

The Sixty-first World Health Assembly,

Having considered the report on implementation of the International Health Regulations (2005);¹

Recalling resolution WHA58.3 on revision of the International Health Regulations, which decided that the Sixty-first World Health Assembly would consider the schedule for the submission of further reports by States Parties and the Director-General on the implementation of the International Health Regulations (2005) and the first review of their functioning, pursuant to paragraphs 1 and 2 of Article 54 of the Regulations;

Underscoring the importance of establishing a schedule to review and evaluate the functioning of Annex 2, pursuant to paragraph 3 of Article 54 of the International Health Regulations (2005);

Mindful of the request to the Director-General in resolution WHA59.2 on application of the International Health Regulations (2005) to report to the Sixtieth World Health Assembly and annually thereafter on progress achieved in providing support to Member States on compliance with, and implementation of, the International Health Regulations (2005);

Recognizing the need to rationalize reporting on all aspects of implementation of the International Health Regulations (2005) in order to facilitate the work of the Health Assembly,

1. REAFFIRMS its commitment to implement fully the International Health Regulations (2005) in accordance with the purpose and scope set out in Article 2 and the principles embodied in Article 3 of the Regulations;

2. DECIDES:

(1) in accordance with paragraph 1 of Article 54 of the International Health Regulations (2005), that States Parties and the Director-General shall report to the Health Assembly on the implementation of the Regulations annually, with the next report to be submitted to the Sixty-second World Health Assembly;

(2) in accordance with paragraph 2 of Article 54 of the International Health Regulations (2005), that the first review of the functioning of the Regulations shall be made by the Sixty-third World Health Assembly;

(3) in accordance with paragraph 3 of Article 54 of the International Health Regulations (2005), that the first review and evaluation of the functioning of Annex 2 shall be submitted to the Sixty-second World Health Assembly for its consideration;

3. URGES Member States:

(1) to ensure that the contact details of the centre that has been designated as the National IHR Focal Point are complete and up to date and to encourage relevant staff within the centre to access and use the Event Information Site on the WHO web site;

¹ Documents A61/7 and A61/7 Corr.1.

(2) to take steps to ensure that the national core capacity requirements specified in Annex 1 to the Regulations are developed, strengthened and maintained, in accordance with Articles 5 and 13 of the International Health Regulations (2005);

(3) to designate an expert, if they have not already done so, for the IHR Roster of Experts, in accordance with Article 47 of the International Health Regulations (2005);

(4) to continue to support each other and collaborate with WHO in the implementation of the International Health Regulations (2005), in accordance with resolution WHA58.3 and relevant provisions of those Regulations;

4. REQUESTS the Director-General:

(1) to submit every year a single report, including information provided by States Parties and about the Secretariat's activities, to the Health Assembly for its consideration, pursuant to paragraph 1 of Article 54 of the International Health Regulations (2005);

(2) to provide support to Member States with the most vulnerable health systems in strengthening core capacity requirements for surveillance and response at airports, ports and ground crossings, paying special attention to the sub-Saharan Africa laboratory network;

(3) to encourage efforts to ensure effective communication between National IHR focal points concomitant with the communications with WHO IHR contact points and encourage the sharing of information on the state of actual outbreaks in order to facilitate alert and appropriate response activities for the prevention and control of infectious diseases across borders.

(Seventh plenary meeting, 23 May 2008 –
Committee A, first report)

WHA61.3 Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

The Sixty-first World Health Assembly,

Mindful of the basic principle established in the Constitution of WHO, which affirms that the health of all peoples is fundamental to the attainment of peace and security;

Recalling all its previous resolutions on health conditions in the occupied Arab territories;

Taking note of the report of the Director-General on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan;¹

Stressing the essential role of UNRWA in providing crucial health and education services in the occupied Palestinian territory particularly in addressing the emergency needs in the Gaza Strip;

¹ Document A61/18 Rev.1.

Expressing its concern at the deterioration of economic and health conditions as well as the humanitarian crisis resulting from the continued occupation and the severe restrictions imposed by Israel, the occupying power;

Expressing its concern also at the health crisis and rising levels of food insecurity in the occupied Palestinian territory, particularly in the Gaza Strip;

Affirming the need for guaranteeing universal coverage of health services and for preserving the functions of the public health services in the occupied Palestinian territory;

Recognizing that the acute shortage of financial and medical resources in the Palestinian Ministry of Health, which is responsible for running and financing public health services, jeopardizes the access of the Palestinian population to curative and preventive services;

Affirming the right of Palestinian patients and medical staff to have access to the Palestinian health institutions in occupied east Jerusalem;

Deploring the incidents involving lack of respect and protection for Palestinian ambulances and medical personnel by the Israeli army, which led to casualties among Palestinian medical personnel, as well as the restrictions on movement imposed on them by Israel, the occupying power, in violation of international humanitarian law;

Expressing deep concern at the grave implication of the wall on the accessibility and quality of medical services received by the Palestinian population in the occupied Palestinian territory, including east Jerusalem;

Expressing deep concern also at the serious implications for pregnant women and patients of Israeli restriction of movement imposed on Palestinian ambulances and medical personnel,

1. DEMANDS that Israel, the occupying power:

- (1) lift immediately the closure in the occupied Palestinian territory, particularly the closure of the crossing points of the occupied Gaza Strip that are causing the serious shortage of medicines and medical supplies therein, and comply in this regard with the provisions of the Israeli-Palestinian Agreement on Movement and Access of November 2005;
- (2) reverse its policies and measures that have led to the prevailing dire health conditions and severe food and fuel shortages in the Gaza Strip;
- (3) comply with the advisory opinion rendered on 9 July 2004 by the International Court of Justice on the wall which, inter alia, has grave implications on the accessibility and quality of medical services received by the Palestinian population in the occupied Palestinian territory, including east Jerusalem;
- (4) facilitate the access of Palestinian patients and medical staff to the Palestinian health institutions in occupied east Jerusalem and abroad;
- (5) pay the Palestinian Authority all its remaining customs and health insurance revenues, regularly and without delay, in order to enable it to fulfil its responsibilities with respect to basic human needs, including health services;

(6) ensure unhindered and safe passage for Palestinian ambulances as well as respect and protection of medical personnel, in compliance with international humanitarian law;

(7) improve the living and medical conditions of Palestinian detainees, particularly children, women and patients;

(8) facilitate the transit and entry of medicine and medical equipment to the occupied Palestinian territory;

(9) shoulder its responsibility towards the humanitarian needs of the Palestinian people and their daily access to humanitarian aid, including food and medicine, in compliance with international humanitarian law;

(10) halt immediately all its practices, policies and plans, including its policy of closure, that seriously affect the health conditions of civilians under occupation;

(11) facilitate the work of UNRWA and other international organizations and ensure the free movement of their staff and aid provisions;

2. URGES Member States and intergovernmental and nongovernmental organizations:

(1) to help overcome the health crisis in the occupied Palestinian territory by providing assistance to the Palestinian people;

(2) to help lift the restrictions and obstacles imposed on the Palestinian people in the occupied Palestinian territory;

(3) to remind Israel, the occupying power, to abide by the Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War of 1949;

(4) to support and assist the Palestinian Ministry of Health in carrying out its duties including running and financing public health services;

(5) to provide financial and technical support to the Palestinian public health and veterinary services;

3. EXPRESSES its deep appreciation to the Director-General for the efforts to provide necessary assistance to the Palestinian people in the occupied Palestinian territory, including east Jerusalem, and to the Syrian population in the occupied Syrian Golan;

4. REQUESTS the Director-General:

(1) to provide support to the Palestinian health and veterinary services including capacity building;

(2) to submit a fact-finding report on the health and economic situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan;

(3) to support the establishment of medical facilities and provide health-related technical assistance for the Syrian population in the occupied Syrian Golan;

- (4) to continue providing necessary technical assistance in order to meet the health needs of the Palestinian people, including the handicapped and injured;
- (5) to support the development of the health system in Palestine, including development of human resources;
- (6) to report on implementation of this resolution to the Sixty-second World Health Assembly.

(Seventh plenary meeting, 23 May 2008 –
Committee B, first report)

WHA61.4 Strategies to reduce the harmful use of alcohol¹

The Sixty-first World Health Assembly,

Having considered the report on strategies to reduce the harmful use of alcohol² and the further guidance on strategies and policy element options therein;

Reaffirming resolutions WHA32.40 on development of the WHO programme on alcohol-related problems, WHA36.12 on alcohol consumption and alcohol-related problems, development of national policies and programmes, WHA42.20 on prevention and control of drug and alcohol abuse and WHA57.16 on health promotion and healthy lifestyles;

Recalling resolution WHA58.26 on public-health problems caused by harmful use of alcohol and decision WHA60(10);

Noting the report by the Secretariat presented to the Sixtieth World Health Assembly on evidence-based strategies and interventions to reduce alcohol-related harm, including the addendum on a global assessment of public health problems caused by harmful use of alcohol;³

Noting the second report of the WHO Expert Committee on Problems Related to Alcohol Consumption⁴ and acknowledging that effective strategies and interventions that target the general population, vulnerable groups, individuals and specific problems are available and should be optimally combined in order to reduce alcohol-related harm;

Mindful that such strategies and interventions must be implemented in a way that takes into account different national, religious and cultural contexts, including national public health problems, needs and priorities, and differences in Member States' resources, capacities and capabilities;

Deeply concerned by the extent of public health problems associated with harmful use of alcohol, including injuries and violence, and possible links to certain communicable diseases, thereby adding to the disease burden, in both developing and developed countries;

¹ See Annex 4 for the financial and administrative implications for the Secretariat of the resolution.

² Document A61/13.

³ Documents A60/14 and A60/14 Add.1.

⁴ WHO Technical Report Series, No. 944, 2007.

Mindful that international cooperation in reducing public health problems caused by the harmful use of alcohol is intensifying, and of the need to mobilize the necessary support at global and regional levels,

1. URGES Member States:

- (1) to collaborate with the Secretariat in developing a draft global strategy on harmful use of alcohol based on all evidence and best practices, in order to support and complement public health policies in Member States, with special emphasis on an integrated approach to protect at-risk populations, young people and those affected by harmful drinking of others;
- (2) to develop, in interaction with relevant stakeholders, national systems for monitoring alcohol consumption, its health and social consequences and the policy responses, and to report regularly to WHO's regional and global information systems;
- (3) to consider strengthening national responses, as appropriate and where necessary, to public health problems caused by harmful use of alcohol, on the basis of evidence on effectiveness and cost-effectiveness of strategies and interventions to reduce alcohol-related harm generated in different contexts;

2. REQUESTS the Director-General:

- (1) to prepare a draft global strategy to reduce harmful use of alcohol that is based on all available evidence and existing best practices and that addresses relevant policy options, taking into account different national, religious and cultural contexts, including national public health problems, needs and priorities, and differences in Member States' resources, capacities and capabilities;
- (2) to ensure that the draft global strategy will include a set of proposed measures recommended for States to implement at the national level, taking into account the national circumstances of each country;
- (3) to include full details of ongoing and emerging regional, subregional and national processes as vital contributions to a global strategy;
- (4) to collaborate and consult with Member States, as well as consult with intergovernmental organizations, health professionals, nongovernmental organizations and economic operators on ways they could contribute to reducing harmful use of alcohol;
- (5) to submit to the Sixty-third World Health Assembly, through the Executive Board, a draft global strategy to reduce harmful use of alcohol.

(Eighth plenary meeting, 24 May 2008 –
Committee A, second report)

WHA61.5 Financial report and audited financial statements for the period 1 January 2006 – 31 December 2007

The Sixty-first World Health Assembly,

Having examined the Financial report and audited financial statements for the period 1 January 2006 – 31 December 2007;¹

Having noted the second report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-first World Health Assembly,²

ACCEPTS the Director-General's Financial report and audited financial statements for the period 1 January 2006 – 31 December 2007.

(Eighth plenary meeting, 24 May 2008 –
Committee B, second report)

WHA61.6 Miscellaneous Income 2006–2007 and financing gap for strategic objectives 12 and 13

The Sixty-first World Health Assembly,

Recalling the appropriation resolution for the financial period 2008–2009 (resolution WHA60.12);

Aware of the forecast financing gap in respect of meeting the approved total effective budget for appropriation sections 12 and 13 of, respectively, US\$ 214 million and US\$ 543 million;³

Considering the exceptional surplus in Miscellaneous Income realized in 2006–2007,

1. RESOLVES to appropriate an additional amount of US\$ 15 million from Miscellaneous Income in order to finance appropriation sections 12 and 13 of the Programme budget 2008–2009;
2. REQUESTS the Director-General to report to the Sixty-second World Health Assembly on the status of the Miscellaneous Income account.

(Eighth plenary meeting, 24 May 2008 –
Committee B, second report)

¹ Documents A61/20 and A61/20 Add.1.

² Document A61/22.

³ Document A61/41.

WHA61.7 Members in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution

The Sixty-first World Health Assembly,

Having considered the third report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-first World Health Assembly on status of collection of assessed contributions, including Members in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution;¹

Noting that, at the time of opening of the Sixty-first World Health Assembly, the voting rights of Argentina, Central African Republic, Cape Verde, Comoros, Dominica, Guinea-Bissau and Somalia were suspended, such suspension to continue until the arrears of the Member concerned have been reduced, at the present or future Health Assemblies, to a level below the amount that would justify invoking Article 7 of the Constitution;

Noting that Democratic Republic of Congo, Gambia, Solomon Islands and Togo were in arrears at the time of the opening of the Sixty-first World Health Assembly to such an extent that it was necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of those countries should be suspended at the opening of the Sixty-second World Health Assembly,

DECIDES:

- (1) that in accordance with the statement of principles set out in resolution WHA41.7 if, by the time of the opening of the Sixty-second World Health Assembly, Democratic Republic of Congo, Gambia, Solomon Islands and Togo are still in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution, their voting privileges shall be suspended as from the said opening;
- (2) that any suspension that takes effect as aforesaid shall continue at the Sixty-second and subsequent World Health Assemblies, until the arrears of Democratic Republic of Congo, Gambia, Solomon Islands and Togo have been reduced to a level below the amount that would justify invoking Article 7 of the Constitution;
- (3) that this decision shall be without prejudice to the right of any Member to request restoration of its voting privileges in accordance with Article 7 of the Constitution.

(Eighth plenary meeting, 24 May 2008 –
Committee B, second report)

¹ Document A61/35.

WHA61.8 Special arrangements for settlement of arrears: Kyrgyzstan

The Sixty-first World Health Assembly,

Having considered the third report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-first World Health Assembly on the status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution, with respect to the request of Kyrgyzstan for the settlement of its outstanding contributions,¹

1. DECIDES to restore the voting privileges of Kyrgyzstan at the Sixty-first World Health Assembly on condition that Kyrgyzstan shall pay its outstanding contributions, totalling US\$ 1 213 895, in 20 annual instalments payable in each of the years 2008 to 2027 as set out below, in addition to its current-year assessment due in the current year:

	US \$
2008	7 350
2009	10 000
2010	15 000
2011	20 000
2012	30 000
2013	30 000
2014	30 000
2015	30 000
2016	30 000
2017	30 000
2018	100 000
2019	100 000
2020	100 000
2021	100 000
2022	100 000
2023	100 000
2024	100 000
2025	100 000
2026	100 000
2027	81 545
Total	1 213 895

2. DECIDES that, in accordance with Article 7 of the Constitution, voting privileges shall be automatically suspended again if Kyrgyzstan does not meet the conditions stipulated at 1 above;

¹ Document A61/35.

3. REQUESTS the Director-General to communicate this resolution to the Government of Kyrgyzstan.

(Eighth plenary meeting, 24 May 2008 –
Committee B, second report)

WHA61.9 Report of the External Auditor to the Health Assembly

The Sixty-first World Health Assembly,

Having considered the report of the External Auditor to the Health Assembly;¹

Having noted the fourth report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-first World Health Assembly,²

ACCEPTS the report of the External Auditor to the Health Assembly.

(Eighth plenary meeting, 24 May 2008 –
Committee B, second report)

WHA61.10 Amendments to the Staff Regulations and Staff Rules

The Sixty-first World Health Assembly,

Noting the recommendations of the Executive Board with regard to remuneration of staff in ungraded posts and of the Director-General,³

1. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors at US\$ 172 546 per annum before staff assessment, resulting in a modified net salary of US\$ 125 155 (dependency rate) or US\$ 113 332 (single rate);

2. ESTABLISHES the salary of the Deputy Director-General at US\$ 189 929 per annum before staff assessment, resulting in a modified net salary of US\$ 136 454 (dependency rate) or US\$ 122 802 (single rate);

3. ESTABLISHES the salary of the Director-General at US\$ 233 720 per annum before staff assessment, resulting in a modified net salary of US\$ 164 918 (dependency rate) or US\$ 146 662 (single rate);

¹ Document A61/23.

² Document A61/24.

³ Document A61/28.

4. DECIDES that those adjustments in remuneration shall take effect from 1 January 2008.

(Eighth plenary meeting, 24 May 2008 –
Committee B, second report)

WHA61.11 Method of work of the Health Assembly¹

The Sixty-first World Health Assembly,

Having considered the report on method of work of the Health Assembly,²

1. DECIDES to add to the Rules of Procedure of the World Health Assembly a new Rule 12bis, as follows:

Rule 12bis

At each session the provisional agenda and, subject to Rule 12, any proposed supplementary item, together with the report of the General Committee thereon, shall be submitted to the Health Assembly for its adoption as soon as possible after the opening of the session.

2. DECIDES to delete Rules 24 and 25 of the Rules of Procedure of the World Health Assembly;
3. DECIDES to amend Rules 26, 31, 34, 36, 68, and 92 of the Rules of Procedure of the World Health Assembly as follows, on the understanding that the Rules of Procedure shall be renumbered as a consequence of the deletion of Rules 24 and 25:

Rule 26

At each regular session, the Health Assembly shall elect a President and five Vice-Presidents, who shall hold office until their successors are elected.

Rule 31

The General Committee of the Health Assembly shall consist of the President and Vice-Presidents of the Health Assembly, the Chairmen of the main committees of the Health Assembly established under Rule 34 and that number of delegates to be elected by the Health Assembly as shall provide a total of twenty-five members of the General Committee, provided that no delegation may have more than one representative on the Committee. The President of the Health Assembly shall convene, and preside over, meetings of the General Committee.

[...]

Rule 34

[...]

The Chairmen of these main committees shall be elected by the Health Assembly.

¹ See Annex 1.

² Document A61/30.

Rule 36

Each main committee shall elect two Vice-Chairmen and a Rapporteur.

Rule 68

If two or more proposals are moved, the Health Assembly shall, unless it decides otherwise, vote on the proposals in the order in which they have been circulated to all delegations, unless the result of a vote on a proposal makes unnecessary any other voting on the proposal or proposals still outstanding.

Rule 92

Verbatim records of all plenary meetings and summary records of the meetings of the General Committee and of committees and subcommittees shall be made by the Secretariat. Unless otherwise expressly decided by the committee concerned, no record shall be made of the proceedings of the Committee on Credentials other than the report presented by the Committee to the Health Assembly.

4. DECIDES that the Health Assembly shall continue to follow its current practice concerning equitable geographical representation in the nomination of candidates for elected positions in the Health Assembly and its subsidiary bodies, with a view to such nominations being received by the Director-General no later than the opening of each session of the Health Assembly.

5. FURTHER DECIDES that the foregoing changes to its Rules of Procedure shall take effect from the closure of its Sixty-first session.

(Eighth plenary meeting, 24 May 2008 –
Committee B, second report)

WHA61.12 Multilingualism: implementation of action plan

The Sixty-first World Health Assembly,

Convinced of the relevance of the recommendations made in the report of the Joint Inspection Unit¹ entitled Multilingualism and access to information: case study on the World Health Organization, which was submitted to the Programme, Budget and Administration Committee of the Executive Board at its first meeting;

Recalling the provisions relating to multilingualism contained in the Medium-term strategic plan 2008–2013 (resolution WHA60.11);

Also recalling the resolutions and rules relating to language use in WHO, and in particular resolution WHA50.32 on respect for equality among the official languages, resolution WHA51.30 concerning the availability of governing body documents on the Internet and resolution EB105.R6 on the use of languages in WHO;

¹ Document JIU/REP/2003/4.

Considering that the universality of the organizations of the United Nations system is based on, among other things, language diversity and equality among the official and working languages chosen by the Member States;

Welcoming in this regard the resolution on multilingualism (61/266) adopted by the United Nations General Assembly in May 2007;

Commending the report by the Secretariat entitled “Multilingualism: plan of action”¹ submitted to the Executive Board at its 121st session in May 2007,

1. REQUESTS the Director-General to implement, as rapidly as possible, the plan of action contained in the Secretariat’s report,¹ and in particular the following points:

(1) preparation, before the 124th session of the Executive Board, of a timetable for implementation of the plan of action and a table showing the financial implications globally fitting within the framework of the Medium-term strategic plan 2008–2013;

(2) preparation of a strategy to set translation priorities, associating Member States by means of a mechanism of informal consultations to be defined;

2. ALSO REQUESTS the Director-General to ensure:

(1) equal respect for linguistic diversity at WHO headquarters, regional offices and country offices;

(2) establishment of a database to make it possible to determine in which official languages of the Organization members of WHO staff belonging to the professional category are fluent;

(3) that health-care background is taken into account when recruiting WHO language-services staff;

(4) encouragement of and promotion of access to, high-quality language training for all the Organization’s staff;

3. FURTHER REQUESTS the Director-General to report to the Sixty-second World Health Assembly on the implementation of this resolution, and to report biennially thereon.

(Eighth plenary meeting, 24 May 2008 –
Committee B, second report)

WHA61.13 International Agency for Research on Cancer: amendments to Statute²

The Sixty-first World Health Assembly,

Considering the amendments to Article VI of the Statute of the International Agency for Research on Cancer adopted by the Governing Council at its Fiftieth Session;³

¹ Documents EB121/6 and EB121/6 Corr.1.

² See Annex 2.

³ Document A61/33.

Considering the provisions of Article X of the Statute of the Agency,

ACCEPTS the following amendment to the Statute of the Agency, which shall enter into force forthwith:

Article VI – The Scientific Council

- (1) The Scientific Council shall be composed of highly qualified scientists, selected on the basis of their technical competence in cancer research and allied fields. Members of the Scientific Council are appointed as experts and not as representatives of Participating States.
- (2) Each Participating State may nominate up to two experts for membership in the Scientific Council and, if a Participating State makes such a nomination, the Governing Council shall appoint one of them.
- (3) In identifying experts to be considered for appointment to the Scientific Council, Participating States shall take into account advice to be provided by the Chairperson of the Scientific Council and Director of the Agency concerning the expertise required on the Scientific Council at the time of those appointments.
- (4) Members of the Scientific Council shall serve for a term of four years. Should a member not complete a term, a new appointment shall be made for the remainder of the term to which the member would have been entitled, in accordance with paragraph 5.
- (5) When a vacancy arises on the Scientific Council, the Participating State that nominated the departing member may nominate up to two experts to replace that member in accordance with paragraphs 2 and 3. Any member leaving the Scientific Council, other than a member appointed for a reduced term, may be reappointed only after at least one year has elapsed.
- (6) The Scientific Council shall be responsible for:
 - (a) adopting its own rules of procedure;
 - (b) the periodical evaluation of the activities of the Agency;
 - (c) recommending programmes of permanent activities and preparing special projects for submission to the Governing Council;
 - (d) the periodical evaluation of special projects sponsored by the Agency;
 - (e) reporting to the Governing Council, for consideration at the time that body considers the programme and budget, upon the matters dealt with in subparagraphs (b), (c) and (d) above.

(Eighth plenary meeting, 24 May 2008 –
Committee B, second report)

WHA61.14 Prevention and control of noncommunicable diseases: implementation of the global strategy

The Sixty-first World Health Assembly,

Having considered the report on the prevention and control of noncommunicable diseases: implementation of the global strategy;¹

Recalling resolutions WHA53.17 on the prevention and control of noncommunicable diseases and WHA60.23 on the prevention and control of noncommunicable diseases: implementation of the global strategy;

Reaffirming its commitment to the aim of the global strategy for the prevention and control of noncommunicable diseases² to reduce premature mortality and improve quality of life;

Reaffirming also its commitment to addressing key risk factors for noncommunicable diseases through the implementation of the WHO Framework Convention on Tobacco Control, adopted by the Health Assembly in 2003 (resolution WHA56.1), the global strategy on diet, physical activity and health, endorsed by the Health Assembly in 2004 (resolution WHA57.17), and the evidence-based strategies and interventions to reduce the public health problems caused by the harmful use of alcohol (resolution WHA58.26);

Deeply concerned that the global burden of noncommunicable diseases continues to grow, in particular in low-income and middle-income countries, and convinced that global action is necessary, including by effectively addressing the key risk factors for noncommunicable diseases;

Reaffirming the leadership role of WHO in promoting global action against noncommunicable diseases, and the need for WHO to continue to cooperate with regional and international organizations in order to reduce effectively the impact of noncommunicable diseases,

1. ENDORSES the action plan for the global strategy for the prevention and control of noncommunicable diseases;³
2. URGES Member States:
 - (1) to strengthen national efforts to address the burden of noncommunicable diseases;
 - (2) to consider the proposed actions in the action plan for the prevention and control of noncommunicable diseases and implement relevant actions, in accordance with national priorities;
 - (3) to continue to implement the actions agreed by the Health Assembly in resolution WHA60.23 on the prevention and control of noncommunicable diseases: implementation of the global strategy;

¹ Document A61/8.

² Document A53/14.

³ See Annex 3.

(4) to increase provision of support to the work of the Secretariat to prevent and control noncommunicable diseases, including the implementation of the action plan;

(5) to give high priority to the implementation of the elements of the WHO Framework Convention on Tobacco Control;

3. REQUESTS the Director-General:

(1) to continue to give suitably high priority to the prevention and control of noncommunicable diseases and to consider allocating, within the framework of the Medium-term strategic plan 2008–2013 a higher proportion of budget to their prevention and control, with a focus on the development of core capacity of the Member States and increased technical capacity of the WHO Secretariat;

(2) to report to the Sixty-third World Health Assembly, and subsequently every two years to the Health Assembly, through the Executive Board, on progress in implementing the global strategy on prevention and control of noncommunicable diseases and the action plan.

(Eighth plenary meeting, 24 May 2008 –
Committee A, third report)

WHA61.15 Global immunization strategy

The Sixty-first World Health Assembly,

Having considered the report on the global immunization strategy;¹

Applauding the remarkable investments in human and financial resources made by Member States and partner agencies in support of vaccines and immunization as well as the launch of innovative financing mechanisms, such as the International Finance Facility for Immunization, and the advance market commitment for a pneumococcal conjugate vaccine through the GAVI Alliance;

Recognizing the immense contribution that immunization has made to the control of the common communicable diseases in the countries where it has been effectively applied;

Recognizing that continued efforts are also required to strengthen surveillance of communicable diseases and ensure the quality of the production, management and administration of vaccines;

Recalling resolution WHA56.20 on reducing global measles mortality, and commending Member States' and their partners' success in exceeding the goal of reducing deaths worldwide due to measles by 50% by the end of 2005 compared with the 1999 level;

Commending also Member States' and their partners' progress in increasing the availability, affordability and uptake of hepatitis B vaccine worldwide;

¹ Document A61/10.

Recognizing the availability of new and underutilized vaccines that could have significant impact on the health of the peoples of the world, including the achievement of the health-related Millennium Development Goals;

Encouraged by the progress in molecular biology and genetics that is accelerating the discovery and development of new vaccines and by the increasing number of developing-country manufacturers producing vaccines that meet WHO requirements for vaccines of assured quality;

Concerned that many developing countries are not on track to meet the internationally agreed targets in the health-related Millennium Development Goals, particularly the target of reducing the under-five mortality rate;

Concerned that there are insufficient resources available for introduction of new and underutilized vaccines, especially in low- and middle-income countries, and given the costs related to procurement and introduction of these vaccines, and taking into account the need to expand the number of manufacturers, particularly in developing countries, that can produce to the standards required for attaining, and maintaining, WHO-prequalification and create a competitive market place for these vaccines;

Stressing the vital role that vaccine and immunization programmes can play in reducing under-five mortality and in facilitating the delivery of a package of life-saving interventions,

1. URGES Member States:

- (1) to review national strategy and programme performance, to identify areas for improvement and to implement fully the strategy for reducing measles mortality in order to achieve the goal set in the Global Immunization Vision and Strategy 2006–2015 of a 90% reduction in the global measles mortality rate between 2000 and 2010;
- (2) to enhance efforts to improve delivery of high-quality immunization services in order to achieve the target of equitable coverage of at least 80% in all districts by 2010 set in the Global Immunization Vision and Strategy 2006–2015;
- (3) to stimulate rapid introduction and uptake of life-saving vaccines into national immunization schedules in accordance with national priorities and to expand coverage of these vaccines in order to accelerate the achievement of the health-related Millennium Development Goals;
- (4) to expand further access to, and coverage of, available, affordable and cost-effective new life-saving vaccines of assured quality and desired efficacy, while maintaining efforts to strengthen regular vaccination programmes in accordance with the burden of disease and national priorities, for all target populations in order to accelerate the achievement of the health-related Millennium Development Goals, and to promote and strengthen long-term financial and programmatic sustainability;
- (5) to develop, strengthen and/or maintain surveillance systems for vaccine-related adverse events, linked with systems for monitoring compliance with safe injection practices;
- (6) to strengthen efforts to protect, promote and support early and effective breastfeeding, in order to boost the development of infants' overall immune systems;
- (7) to strengthen surveillance systems for vaccine-preventable diseases and monitoring of vaccination programmes;

2. REQUESTS the Director-General:

- (1) to work and increase collaboration with Member States in order to sustain political commitment at all levels for achieving high immunization coverage rates with all available cost-effective vaccines;
- (2) to collaborate with international partners and intergovernmental partners in order to provide technical support to expand the number of manufacturers, particularly in developing countries, that can meet the standards required to attain and maintain WHO-prequalification standards;
- (3) to collaborate with international partners, intergovernmental partners and donors as well as vaccine producers in mobilizing necessary resources to support low- and middle-income countries with the aim of increasing the supply of affordable vaccines of assured quality;
- (4) to work with UNICEF and the GAVI Alliance on building existing international efforts and partnerships and facilitating the development of a consensus among developing and developed countries for meeting the financial gaps and other requirements for the attainment of the health-related Millennium Development Goals through immunization;
- (5) to take measures, as appropriate, to assist developing countries to establish and strengthen their capacity for vaccine research, development and regulation, for the purpose of improving the output of vaccine production with the aim of increasing the supply of affordable vaccines of assured quality;
- (6) to provide guidelines and technical support to Member States in order to establish integrated surveillance of adverse events following immunization and to minimize unnecessary vaccine-related adverse events;
- (7) to facilitate scientific, technical and financial investments in the research and development of safe and effective vaccines against poverty-related and neglected diseases;
- (8) to monitor progress towards achievement of global immunization goals and report on such progress to the Sixty-fourth World Health Assembly;
- (9) to accelerate the implementation of the global framework for vaccine-preventable disease surveillance and immunization programme monitoring, through the gathering of the comprehensive epidemiological data required to guide immunization programmes, and to strengthen national capacity for making evidence-based policy decisions to adopt new vaccines.

(Eighth plenary meeting, 24 May 2008 –
Committee A, third report)

WHA61.16 Female genital mutilation

The Sixty-first World Health Assembly,

Having considered the report on female genital mutilation;¹

Recalling resolution WHA47.10 on maternal and child health and family planning: traditional practices harmful to the health of women and children;

Recalling the Beijing Declaration and Platform for Action of the Fourth World Conference on Women (Beijing, 1995), the Programme of Action of the International Conference on Population and Development (Cairo, 1994) and their five- and ten-year reviews as well as the United Nations Millennium Declaration 2000 and the commitments relevant to the girl child made at the United Nations General Assembly special session on children (2002), and in United Nations General Assembly resolution 60/1 on the 2005 World Summit Outcome, and affirming that all these outcomes constitute an essential framework for advancing the rights of women and girls and eliminating female genital mutilation;

Affirming that the International Covenant on Civil and Political Rights (1976), the Convention on the Elimination of All Forms of Discrimination against Women (1979) and the Convention on the Rights of the Child (1989) constitute an important contribution to the legal framework for the protection and promotion of the human rights of girls and women, and recognizing the importance African States attach to the African Charter on the Rights and Welfare of the Child (1990) and the Solemn Declaration on Gender Equality in Africa (2004) in this regard;

Recognizing the entry into force of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, adopted in Maputo on 11 July 2003, whose provisions on female genital mutilation mark a significant milestone towards the abandonment of this practice;

Recalling also the resolution of the United Nations Commission on the Status of Women² on ending female genital mutilation (March 2008);

Recognizing that female genital mutilation violates the human rights of girls and women including their right to the enjoyment of the highest attainable standard of physical and mental health;

Noting that, whereas there is evidence that the practice is in decline, it is still widespread in some parts of the world, with an estimated 100 million to 140 million girls and women having undergone the practice and at least another three million being at risk of undergoing the practice every year;

Deeply concerned about the serious health consequences of female genital mutilation; the risk of immediate complications, which include severe pain, shock, haemorrhage, tetanus, sepsis, urine retention, ulceration of the genital region and injury to adjacent genital tissue; the long-term consequences, which include increased risk of maternal morbidity, recurrent bladder and urinary tract infection, cysts, infertility and adverse psychological and sexual consequences; and increased risk of neonatal death for babies born to mothers having undergone female genital mutilation;

¹ Document A61/11.

² Document E/CN.6/2008/L.2/Rev.1.

Also concerned about emerging evidence of an increase in carrying out female genital mutilation by medical personnel in all regions where it is practised;

Emphasizing that concerted action is needed in sectors such as education, finance, justice and women's affairs as well as in the health sector, and that many different kinds of actor must be engaged, from governments and international agencies to nongovernmental organizations,

1. URGES all Member States:

- (1) to accelerate actions towards the elimination of female genital mutilation, including education and information necessary for full understanding of the gender, health and human rights dimensions of female genital mutilation;
- (2) to enact and enforce legislation to protect girls and women from all forms of violence, particularly female genital mutilation, and ensure implementation of laws prohibiting female genital mutilation by any person, including medical professionals;
- (3) to support and enhance community-based efforts to eliminate the practice of female genital mutilation, particularly ensuring men's and local leaders' participation in the process to eliminate the practice;
- (4) to work with all sectors of government, international agencies and nongovernmental organizations in support of the abandonment of the practice as a major contribution to attainment of the Millennium Development Goals on promoting gender equality and empowerment of women, reducing child mortality, and improving maternal health;
- (5) to formulate and promote guidelines for the care, particularly during childbirth, of girls and women who have undergone female genital mutilation;
- (6) to develop or reinforce social and psychological support services and care and to take measures to improve health, including sexual and reproductive health, in order to assist women and girls who are subjected to this violence;

2. REQUESTS the Director-General:

- (1) to provide increased support to Member States for implementing actions to advocate the elimination of female genital mutilation and other forms of violence against girls and women;
- (2) to work with partners both within and outside the United Nations system on promoting actions to protect the human rights of girls and women;
- (3) to increase support for research on different aspects of female genital mutilation in order, inter alia, to achieve its elimination;
- (4) to provide support to Member States in strengthening their health information systems for monitoring progress made towards elimination of female genital mutilation;
- (5) to report every three years to the Health Assembly, through the Executive Board, on actions taken by the WHO Secretariat, Member States and other partners.

WHA61.17 Health of migrants

The Sixty-first World Health Assembly,

Having considered the report on health of migrants;¹

Recalling the United Nations General Assembly resolution 58/208 underlining the need for a high-level dialogue on the multidimensional aspects of international migration and development (New York, 23 December 2003);

Recalling the first plenary session of the United Nations General Assembly on migration issues and the conclusions of the High-level Dialogue on Migration and Development (New York, 14–15 September 2006) with their focus on ways to maximize the development benefits of migration and to minimize its negative impacts;

Recognizing that the International Health Regulations (2005) include provisions relating to international passenger transport;

Recalling resolutions WHA57.19 and WHA58.17 on international migration of health personnel: a challenge for health systems in developing countries, calling for support to the strengthening of health systems, in particular human resources for health;

Recognizing the need for WHO to consider the health needs of migrants in the framework of the broader agenda on migration and development;

Recognizing that health outcomes can be influenced by the multiple dimensions of migration;

Noting that some groups of migrants experience increased health risks;

Recognizing the need for additional data on migrants' health and their access to health care in order to substantiate evidence-based policies;

Taking into account the determinants of migrants' health in developing intersectoral policies to protect their health;

Mindful of the role of health in promoting social inclusion;

Acknowledging that the health of migrants is an important public health matter for both Member States and the work of the Secretariat;

Noting that Member States have a need to formulate and implement strategies for improving the health of migrants;

Noting that policies on migrants' health should be sensitive to the specific health needs of women, men and children;

Recognizing that health policies can contribute to development and to achievement of the Millennium Development Goals,

¹ Document A61/12.

1. CALLS UPON Member States:

- (1) to promote migrant-sensitive health policies;
- (2) to promote equitable access to health promotion, disease prevention and care for migrants, subject to national laws and practice, without discrimination on the basis of gender, age, religion, nationality or race;
- (3) to establish health information systems in order to assess and analyse trends in migrants' health, disaggregating health information by relevant categories;
- (4) to devise mechanisms for improving the health of all populations, including migrants, in particular through identifying and filling gaps in health service delivery;
- (5) to gather, document and share information and best practices for meeting migrants' health needs in countries of origin or return, transit and destination;
- (6) to raise health service providers' and professionals' cultural and gender sensitivity to migrants' health issues;
- (7) to train health professionals to deal with the health issues associated with population movements;
- (8) to promote bilateral and multilateral cooperation on migrants' health among countries involved in the whole migratory process;
- (9) to contribute to the reduction of the global deficit of health professionals and its consequences on the sustainability of health systems and the attainment of the Millennium Development Goals;

2. REQUESTS the Director-General:

- (1) to promote migrants' health on the international health agenda in collaboration with other relevant international organizations;
- (2) to explore policy options and approaches for improving the health of migrants;
- (3) to analyse the major challenges to health associated with migration;
- (4) to support the development of regional and national assessments of migrants' health status and access to health care;
- (5) to promote the inclusion of migrants' health in the development of regional and national health strategies where appropriate;
- (6) to help to collect and disseminate data and information on migrants' health;
- (7) to promote dialogue and cooperation on migrants' health among all Member States involved in the migratory process, within the framework of the implementation of their health strategies, with particular attention to strengthening of health systems in developing countries;

- (8) to promote interagency, interregional and international cooperation on migrants' health with an emphasis on developing partnerships with other organizations and considering the impact of other policies;
- (9) to encourage the exchange of information through a technical network of collaborating centres, academic institutions, civil society and other key partners in order to further research into migrants' health and to enhance capacity for technical cooperation;
- (10) to promote exchange of information on migrants' health, nationally, regionally and internationally, making use of modern information technology;
- (11) to submit to the Sixty-third World Health Assembly, through the Executive Board, a report on the implementation of this resolution.

(Eighth plenary meeting, 24 May 2008 –
Committee A, third report)

WHA61.18 Monitoring of the achievement of the health-related Millennium Development Goals

The Sixty-first World Health Assembly,

Recalling the 2005 World Summit Outcome and the commitments taken by the international community to implement fully the Millennium Development Goals;

Concerned by the relatively slow progress made, especially in the sub-Saharan African countries, in achieving the Millennium Development Goals, and in particular the health-related Goals;

Concerned by the fact that achievement of Millennium Development Goals varies from country to country and from Goal to Goal;

Concerned that high rates of morbidity and mortality are underpinned by social determinants of health and high levels of malnutrition and noting that these social determinants of health may further undermine achievement of the health-related Millennium Development Goals;

Recalling the General Assembly resolution 60/265 dated 12 July 2006 on follow-up to the development outcome of the 2005 World Summit, including the Millennium Development Goals and the other internationally agreed development goals, and the WHO Medium-term strategic plan 2008–2013;

Welcoming the report on monitoring achievement of the health-related Millennium Development Goals;¹

Underlining in particular the need to build sustainable national health systems; strengthen national capacities; fully honour financing commitments made by national governments and their development partners in order to better fill many of the resource gaps in the health sector; to take

¹ Document A61/15.

concrete, effective and timely action in implementing all agreed commitments on aid effectiveness and to increase predictability of aid;

Reaffirming the commitments by many developed countries to achieve the target of 0.7% of gross national income for official development assistance by 2015 and to reach at least 0.5% of gross national income for official development assistance by 2010, as well as the target of 0.15% to 0.20% for least developed countries, and urging those developed countries that have not yet done so to make concrete efforts in this regard in accordance with their commitments,

1. DECIDES:

(1) to include the monitoring of the achievement of the health-related Millennium Development Goals as a regular item on the agenda of the Health Assembly;

(2) to support the United Nations Secretary-General's call to action, including the United Nations High-Level Event on the Millennium Development Goals (New York, 25 September 2008);

2. URGES Member States to continue sustaining high-level political commitments and work with development partners towards strengthening national health systems, including health information systems for monitoring progress towards achievement of the Millennium Development Goals;

3. REQUESTS the Director-General:

(1) to submit annually a report on the status of progress made, including on main obstacles and ways to overcome them, according to the new monitoring framework, in achievement of the health-related Millennium Development Goals, through the Executive Board to the Health Assembly;

(2) to that effect, to continue to cooperate closely with all other United Nations and international organizations involved in the process of achieving the health-related Millennium Development Goals in the framework of WHO's Medium-term strategic plan 2008–2013;

(3) to work with all relevant partners to help to ensure that action on the health-related Millennium Development Goals is one of the main themes of the United Nations High-Level Event on the Millennium Development Goals (New York, 25 September 2008).

(Eighth plenary meeting, 24 May 2008 –
Committee B, third report)

WHA61.19 Climate change and health

The Sixty-first World Health Assembly,

Having considered the report on climate change and health;¹

Recalling resolution WHA51.29 on the protection of human health from risks related to climate change and stratospheric ozone depletion and acknowledging and welcoming the work carried out so far by WHO in pursuit of it;

¹ Document A61/14.

Recognizing that, in the interim, the scientific evidence of the effect of the increase in atmospheric greenhouse gases, and of the potential consequences for human health, has considerably improved;

Noting with concern the recent findings of the Intergovernmental Panel on Climate Change that the effects of temperature increases on some aspects of human health are already being observed; that the net global effect of projected climate change on human health is expected to be negative, especially in developing countries, small island developing States and vulnerable local communities which have the least capacity to prepare for and adapt to such change, and that exposure to projected climate change could affect the health status of millions of people, through increases in malnutrition, in death, disease and injury due to extreme weather events, in the burden of diarrhoeal disease, in the frequency of cardiorespiratory diseases, and through altered distribution of some infectious disease vectors;

Noting further that climate change could jeopardize achievement of the Millennium Development Goals, including the health-related Goals, and undermine the efforts of the Secretariat and Member States to improve public health and reduce health inequalities globally;

Recognizing the importance of addressing in a timely fashion the health impacts resulting from climate change due to the cumulative effects of emissions of greenhouse gases, and further recognizing that solutions to the health impacts of climate change should be seen as a joint responsibility of all States and that developed countries should assist developing countries in this regard;

Recognizing the need to assist Member States in assessing the implications of climate change for health and health systems in their country, in identifying appropriate and comprehensive strategies and measures for addressing these implications, in building capacity in the health sector to do so and in working with government and nongovernmental partners to raise awareness of the health impacts of climate change in their country and take action to address them;

Further recognizing that strengthening health systems to enable them to deal with both gradual changes and sudden shocks is a fundamental priority in terms of addressing the direct and indirect effects of climate change for health,

1. URGES Member States:

- (1) to develop health measures and integrate them into plans for adaptation to climate change as appropriate;
- (2) to enhance the capability of public health leaders to be proactive in providing technical guidance on health issues, be competent in developing and implementing strategies for addressing the effects of, and adapting to, climate change, and show leadership in supporting the necessary rapid and comprehensive action;
- (3) to strengthen the capacity of health systems for monitoring and minimizing the public health impacts of climate change through adequate preventive measures, preparedness, timely response and effective management of natural disasters;
- (4) to promote effective engagement of the health sector and its collaboration with all related sectors, agencies and key partners at national and global levels in order to reduce the current and projected health risks from climate change;

(5) to express commitment to meeting the challenges posed to human health by climate change, and to provide clear directions for planning actions and investments at the national level in order to address the health effects of climate change;

2. REQUESTS the Director-General:

(1) to continue to draw to the attention of the public and policy-makers the serious risk of climate change to global health and to the achievement of the health-related Millennium Development Goals, and to work with FAO, WMO, UNDP, UNEP, the United Nations Framework Convention on Climate Change secretariat, and other appropriate organizations of the United Nations, in the context of United Nations reform initiatives, and with national and international agencies, to ensure that these health impacts and their resource implications are understood and can be taken into account in further developing national and international responses to climate change;

(2) to engage actively in the UNFCCC Nairobi Work Programme on Impacts, Vulnerability and Adaptation to Climate Change, in order to ensure its relevance to the health sector, and to keep Member States informed about the work programme in order to facilitate their participation in it as appropriate and access to the benefits of its outputs;

(3) to work on promoting consideration of the health impacts of climate change by the relevant United Nations bodies in order to help developing countries to address the health impacts of climate change;

(4) to continue close cooperation with Member States and appropriate United Nations organizations, other agencies and funding bodies in order to develop capacity to assess the risks from climate change for human health and to implement effective response measures, by promoting further research and pilot projects in this area, including work on:

- (a) health vulnerability to climate change and the scale and nature thereof;
- (b) health protection strategies and measures relating to climate change and their effectiveness, including cost-effectiveness;
- (c) the health impacts of potential adaptation and mitigation measures in other sectors such as marine life, water resources, land use, and transport, in particular where these could have positive benefits for health protection;
- (d) decision-support and other tools, such as surveillance and monitoring, for assessing vulnerability and health impacts and targeting measures appropriately;
- (e) assessment of the likely financial costs and other resources necessary for health protection from climate change;

(5) to consult Member States on the preparation of a workplan for scaling up WHO's technical support to Member States for assessing and addressing the implications of climate change for health and health systems, including practical tools and methodologies and mechanisms for facilitating exchange of information and best practice and coordination between Member States, and to present a draft workplan to the Executive Board at its 124th session.

WHA61.20 Infant and young child nutrition: biennial progress report

The Sixty-first World Health Assembly,

Having considered the report on infant and young child nutrition: biennial progress report;¹

Reaffirming the significance of the adoption by the Health Assembly of the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22), and resolutions WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA47.5, WHA49.15, WHA54.2, WHA55.25, WHA58.32 and WHA59.21 on infant and young child nutrition;

Reaffirming, in particular, resolutions WHA54.2, WHA55.25 and WHA58.32, which recognize the importance of exclusive breastfeeding for the first six months of life, the Global Strategy for Infant and Young Child Feeding, and the evidence-based public health risks of intrinsic contamination of powdered infant formula, the potential for introduced contamination and the need for safe preparation, handling and storage of prepared infant formula;

Recalling resolution WHA49.15 on infant and young child nutrition, which recognizes the need to ensure that the commitment and support for breastfeeding and optimal infant and young child nutrition are not undermined by conflicts of interest;

Affirming that early initiation and exclusive breastfeeding is the natural and optimal means to achieve food security and optimal health for infants and young children, and concerned that the rates have remained low;

Welcoming the biennial progress report and noting the salient points that need further consideration, specifically persistent malnutrition – one of the most severe public health problems, as indicated by the alarmingly high rates of under-five mortality;

Noting further the need to improve implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes;

Aware that powdered infant formula is not a sterile product and that it can contain pathogenic bacteria, and welcoming the WHO/FAO guidelines on safe preparation, storage and handling of powdered infant formula;²

Encouraged by the work of FAO and WHO through the Codex Alimentarius Commission on the revised proposed draft Code of Hygienic Practice for Powdered Formulae for Infants and Young Children,

1. URGES Member States:

- (1) to strengthen implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions by scaling up efforts to monitor and enforce national measures in order to protect breastfeeding while keeping in mind the Health Assembly resolutions to avoid conflicts of interest;

¹ Document A61/17 Add.1.

² World Health Organization in collaboration with the Food and Agriculture Organization of the United Nations. *Safe preparation, storage and handling of powdered infant formula*. Geneva, World Health Organization, 2007.

(2) to continue action on the Global Strategy for Infant and Young Child Feeding and the Innocenti Declaration of 2005 on infant and young child feeding and to increase support for early initiation and exclusive breastfeeding for the first six months of life, in order to reduce the scourge of malnutrition and its associated high rates of under-five morbidity and mortality;

(3) to implement, through application and wide dissemination, the WHO/FAO guidelines on safe preparation, storage and handling of powdered infant formula in order to minimize the risk of bacterial infection and, in particular, ensure that the labelling of powdered formula conforms with the standards, guidelines and recommendations of the Codex Alimentarius Commission and taking into account resolution WHA58.32;

(4) to investigate, as a risk-reduction strategy, the possible use and, in accordance with national regulations, the safe use of donor milk through human milk banks for vulnerable infants, in particular premature, low-birth-weight and immunocompromised infants, and to promote appropriate hygienic measures for storage, conservation, and use of human milk;

(5) to take action through food-safety measures, including appropriate regulatory measures, to reduce the risk of intrinsic contamination of powdered infant formula by *Enterobacter sakazakii* and other pathogenic microorganisms during the manufacturing process as well as the risk of contamination during storage, preparation and handling, and to monitor the effectiveness of these measures;

2. REQUESTS the Director-General:

(1) to continue monitoring progress through reports to the Health Assembly each even year, along with the report on the status of implementation of the International Code of Marketing of Breast-milk Substitutes and the relevant resolutions of the Health Assembly, on progress in the consideration of matters referred to the Codex Alimentarius for its action;

(2) to continue to promote breastfeeding and infant and young child nutrition as essential for achieving the Millennium Development Goals, in particular those relating to the eradication of extreme poverty and hunger and to the reduction of child mortality;

(3) to intensify support for the implementation of the International Code of Marketing of Breast-milk Substitutes;

(4) to provide support urgently for research on the safe use of expressed and donated breast milk, owing to the current challenges facing countries in the implementation of safe infant feeding practices, mindful of the national rules and regulations and cultural and religious beliefs;

(5) to provide support for strengthening of national information systems in order to improve the evidence base for policies in this area;

(6) to review the global current situation of infant and child nutrition including nutrition and HIV, and submit a report to the Sixty-third World Health Assembly.

WHA61.21 Global strategy and plan of action on public health, innovation and intellectual property

The Sixty-first World Health Assembly,

Having considered the report of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property;¹

Recalling the establishment pursuant to resolution WHA59.24 of an intergovernmental working group to draw up a global strategy and plan of action in order to provide a medium-term framework based on the recommendations of the Commission on Intellectual Property, Innovation and Public Health, and to secure, inter alia, an enhanced and sustainable basis for needs-driven, essential health research and development relevant to diseases that disproportionately affect developing countries, proposing clear objectives and priorities for research and development, and estimating funding needs in this area;

Recalling resolutions WHA49.14 and WHA52.19 on revised drug strategy, WHA53.14, WHA54.10 and WHA57.14 on HIV/AIDS, WHA56.27 on intellectual property rights, innovation and public health, WHA58.34 on the Ministerial Summit on Health Research, WHA59.26 on international trade and health; and WHA60.30 on public health, innovation and intellectual property;

Welcoming the progress made by the Intergovernmental Working Group in elaborating the global strategy and the identification of the stakeholders in the plan of action,

1. ADOPTS the global strategy and the agreed parts of the plan of action² on public health, innovation and intellectual property, attached to this resolution;
2. URGES Member States:³
 - (1) to implement the specific actions recommended in the global strategy and plan of action on public health, innovation and intellectual property;
 - (2) to support actively the wide implementation of the global strategy and plan of action on public health, innovation and intellectual property, and to consider providing adequate resources for its implementation;
3. CALLS UPON relevant international organizations and other relevant stakeholders to give priority within their respective mandates and programmes to implementing the global strategy and plan of action on public health, innovation and intellectual property;
4. REQUESTS the Director-General in implementing the global strategy and agreed parts of the plan of action without prejudice to the existing mandates:

¹ Document A61/9.

² On the specific actions and stakeholder components.

³ Where applicable, also regional economic integration organizations.

- (1) to provide support for Member States, upon request, in implementing the global strategy and plan of action on public health, innovation and intellectual property and in monitoring and evaluating its implementation;
- (2) to support effective promotion and implementation of the global strategy and plan of action on public health, innovation and intellectual property;
- (3) to continue to implement the mandates contained in resolutions WHA49.14 and WHA52.19 on revised drug strategy, WHA53.14, WHA54.10, WHA56.30 and WHA57.14 on HIV/AIDS, WHA56.27 on intellectual property rights, innovation and public health, WHA59.26 on international trade and health, and WHA60.30 on public health, innovation and intellectual property, as well as WHA55.11 on health and sustainable development, WHA55.14 on ensuring accessibility of essential medicines, and WHA60.18 on malaria, including proposal for establishment of World Malaria Day;
- (4) to finalize urgently the outstanding components of the plan of action concerning timeframes, progress indicators and estimated funding needs, and to submit the final plan of action including the open paragraphs on stakeholders for consideration by the Sixty-second World Health Assembly through the Executive Board;
- (5) to coordinate with other relevant international intergovernmental organizations, including WIPO, WTO and UNCTAD, to effectively implement the global strategy and plan of action;
- (6) notwithstanding the request in subparagraph (4) above, to prepare a quick start programme with adequate budget provision and begin immediately to implement the elements of the global strategy and plan of action on public health, innovation and intellectual property that fall under the responsibility of WHO;
- (7) to establish urgently a results-oriented and time-limited expert working group to examine current financing and coordination of research and development, as well as proposals for new and innovative sources of funding to stimulate research and development related to Type II and Type III diseases and the specific research and development needs of developing countries in relation to Type I diseases, and open to consideration of proposals from Member States, and to submit a progress report to the Sixty-second World Health Assembly and the final report to the Sixty-third World Health Assembly through the Executive Board;
- (8) to reflect, as appropriate, the global strategy and plan of action on public health, innovation and intellectual property in the further development of WHO's research strategy;
- (9) to include adequate resources in the forthcoming proposed programme budgets for effective implementation of the global strategy and plan of action on public health, innovation and intellectual property;
- (10) to monitor performance and progress in implementing the global strategy and plan of action on public health, innovation and intellectual property, and to report progress to the Sixty-third World Health Assembly through the Executive Board, and subsequently every two years, until the fulfilment of the time frame, to the Health Assembly, through the Executive Board.

ANNEX

**GLOBAL STRATEGY ON PUBLIC HEALTH, INNOVATION
AND INTELLECTUAL PROPERTY***The context*

1. In resolution WHA59.24 the Health Assembly recognized the growing burden of diseases and conditions that disproportionately affect developing countries, and particularly women and children. Reducing the very high incidence of communicable diseases in those countries is an overriding priority. At the same time, it is important for WHO Member States and the WHO Secretariat to recognize and better address the increasing prevalence of noncommunicable diseases in those countries.
2. Currently, 4800 million people live in developing countries, representing 80% of the world population. Of this number, 2700 million, representing 43% of the world population, live on less than US\$ 2 a day. Communicable diseases account for 50% of the developing countries' burden of disease. Furthermore, poverty, among other factors, directly affects the acquisition of health products¹ and medical devices, especially in developing countries.
3. Member States,² the pharmaceutical industry, charitable foundations and nongovernmental organizations have taken initiatives in recent years to develop new products against diseases affecting developing countries and to increase access to existing health products and medical devices. However, these initiatives are not sufficient to surmount the challenges of meeting the goal of ensuring access and innovation for needed health products and medical devices. More efforts should be made to avoid suffering and reduce preventable mortality and to meet the health-related Millennium Development Goals and to implement States' obligations and commitments arising under applicable international human rights instruments with provisions relevant to health.
4. Proposals should be developed for health-needs driven research and development that include exploring a range of incentive mechanisms, including where appropriate, addressing the de-linkage of the costs of research and development and the price of health products and methods for tailoring the optimal mix of incentives to a particular condition or product with the objective of addressing diseases that disproportionately affect developing countries.
5. Advances in biomedical science have provided opportunities to develop new, affordable, safe and effective health products and medical devices, particularly those that meet public health needs. Urgent efforts should be made to make these advances more affordable, accessible and widely available in developing countries.
6. The Report of the Commission on Intellectual Property Rights, Innovation and Public Health provides an analysis of the problems and makes recommendations that form a basis of future actions.

¹ The term "health products" hereafter should be understood to include vaccines, diagnostics and medicines in accordance with resolution WHA59.24.

² Where applicable, also regional economic integration organizations.

7. Intellectual property rights are an important incentive for the development of new health-care products. This incentive alone does not meet the need for the development of new products to fight diseases where the potential paying market is small or uncertain.

8. The Doha Declaration on the TRIPS Agreement and Public Health confirms that the agreement does not and should not prevent Members from taking measures to protect public health. The Declaration, while reiterating commitment to the Agreement on Trade-Related Aspects of Intellectual Property Rights, affirms that the Agreement can and should be interpreted and implemented in a manner supportive of the rights of WTO Members to protect public health and, in particular, to promote access to medicines for all.

9. Article 7 of the Agreement on Trade-Related Aspects of Intellectual Property Rights states that “the protection and enforcement of intellectual property rights should contribute to the promotion of technological innovation into the transfer and dissemination of technology, to the mutual advantage of producers and users of technological knowledge and in a manner conducive to social and economic welfare, and to a balance of rights and obligations”.

10. The Universal Declaration of Human Rights provides that “everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits” and that “everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author”.

11. The price of medicines is one of the factors that can impede access to treatment.

12. International intellectual property agreements contain flexibilities that could facilitate increased access to pharmaceutical products by developing countries. However, developing countries may face obstacles in the use of these flexibilities. These countries may benefit, inter alia, from technical assistance.

The aim

13. The global strategy on public health, innovation and intellectual property aims to promote new thinking on innovation and access to medicines, as well as, based on the recommendations of the Report of the Commission on Intellectual Property Rights, Innovation and Public Health, provide a medium-term framework for securing an enhanced and sustainable basis for needs driven essential health research and development relevant to diseases which disproportionately affect developing countries, proposing clear objectives and priorities for research and development, and estimating funding needs in this area.

14. The elements of the global strategy, which are designed to promote innovation, build capacity, improve access and mobilize resources, will:

- (a) provide an assessment of the public health needs of developing countries with respect to diseases that disproportionately affect developing countries and identify their research and development priorities at the national, regional and international levels

- (b) promote research and development focusing on Type II and Type III diseases and the specific research and development needs of developing countries in relation to Type I diseases¹
- (c) build and improve innovative capacity for research and development, particularly in developing countries
- (d) improve, promote and accelerate transfer of technology between developed and developing countries as well as among developing countries
- (e) encourage and support the application and management of intellectual property in a manner that maximizes health-related innovation, especially to meet the research and development needs of developing countries, protects public health and promotes access to medicines for all, as well as explore and implement, where appropriate, possible incentive schemes for research and development
- (f) improve delivery of and access to all health products and medical devices by effectively overcoming barriers to access
- (g) secure and enhance sustainable financing mechanisms for research and development and to develop and deliver health products and medical devices to address the health needs of developing countries
- (h) develop mechanisms to monitor and evaluate the implementation of the strategy and plan of action, including reporting systems.

The principles

15. WHO's Constitution states that "the objective of WHO shall be the attainment by all peoples of the highest possible level of health". Accordingly, WHO shall play a strategic and central role in the relationship between public health and innovation and intellectual property within its mandates (including those contained in relevant Health Assembly resolutions), capacities and constitutional objectives, bearing in mind those of other relevant intergovernmental organizations. In this context, WHO, including its regional and, when appropriate, country offices, needs to strengthen its institutional competencies and relevant programmes in order to play its role in implementing this global strategy with its plan of action.
16. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
17. The promotion of technological innovation and the transfer of technology should be pursued by all States and supported by intellectual property rights.
18. Intellectual property rights do not and should not prevent Member States from taking measures to protect public health.

¹ For the purposes of this strategy, the definitions of Type I, II and III diseases are as referred to by the Commission on Macroeconomics and Health and as further elaborated in the Report of the Commission on Intellectual Property Rights, Innovation and Public Health: *Type I diseases* are incident in both rich and poor countries, with large numbers of vulnerable populations in each. *Type II diseases* are incident in both rich and poor countries, but with a substantial proportion of the cases in poor countries. *Type III diseases* are those that are overwhelmingly or exclusively incident in developing countries. The prevalence of diseases and thereby their categorization in the typology can evolve over time.

19. International negotiations on issues related to intellectual property rights and health should be coherent in their approaches to the promotion of public health.
20. The strengthening of the innovative capacity of developing countries is essential to respond to the needs of public health.
21. Research and development of developed countries should better reflect the health needs of developing countries.
22. The global strategy and the plan of action should promote the development of health products and medical devices needed by Member States, especially developing countries, that are:
- (i) developed in an ethical manner
 - (ii) available in sufficient quantities
 - (iii) effective, safe and of good quality
 - (iv) affordable and accessible
 - (v) used in a rational way.
23. Intellectual property rights are an important incentive in the development of new health care products. However, this incentive alone does not meet the need for the development of new products to fight diseases where the potential paying market is small or uncertain.
24. Several factors contribute to the price of health products and medical devices, and public policies should address these factors to increase their affordability and accessibility. Among others, competition and reduction or elimination of import tariffs on these products and devices can contribute to the reduction of prices. Countries should monitor carefully supply and distribution chains and procurement practices to minimize costs that could adversely influence the price of these products and devices.

The elements

Element 1. Prioritizing research and development needs

25. Health research and development policies of developed countries need to reflect adequately the health needs of developing countries. Gaps in research on Type II and Type III diseases and on the specific research and development needs of developing countries in relation to Type I diseases need to be identified urgently. A better understanding of the developing countries' health needs and their determinants is essential to drive sustainable research and development on new and existing products.
26. The actions to be taken to prioritize research and development needs are as follows:
- (1.1) mapping global research and development with a view to identifying gaps in research and development on diseases that disproportionately affect developing countries
 - (a) *develop methodologies and mechanisms to identify gaps in research on Type II and Type III diseases and on developing countries' specific research and development needs in relation to Type I diseases*

(b) *disseminate information on identified gaps, and evaluate their consequences on public health*

(c) *provide an assessment of identified gaps at different levels – national, regional and international – to guide research aimed at developing affordable and therapeutically sound products to meet public health needs.*

(1.2) formulating explicit prioritized strategies for research and development at country and regional and interregional levels

(a) *set research priorities so as to address public health needs and implement public health policy based on appropriate and regular needs assessments*

(b) *conduct research appropriate for resource-poor settings and research on technologically appropriate products for addressing public health needs to combat diseases in developing countries*

(c) *include research and development needs on health systems in a prioritized strategy*

(d) *urge the leadership and commitment of governments, regional and international organizations and the private sector in determining priorities for research and development to address public health needs*

(e) *increase overall research and development efforts on diseases that disproportionately affect developing countries, leading to the development of quality products to address public health needs, and that are user friendly (in terms of use, prescription and management) and accessible (in terms of availability and affordability).*

(1.3) encouraging research and development in traditional medicine in accordance with national priorities and legislation, and taking into account the relevant international instruments, including, as appropriate, those concerning traditional knowledge and the rights of indigenous peoples

(a) *set research priorities in traditional medicine*

(b) *support developing countries to build their capacity in research and development in traditional medicine*

(c) *promote international cooperation and the ethical conduct of research*

(d) *support South–South cooperation in information exchange and research activities*

(e) *support early-stage drug research and development in traditional medicine systems in developing countries.*

Element 2. Promoting research and development

27. There are many determinants of innovation capacity. Political, economic and social institutions in each country should participate in the development of health research policy, taking into

consideration their own realities and needs. The range of measures to promote, coordinate and finance public and private research in both developed and developing countries into Type II and Type III diseases and into the needs of developing countries in relation to Type I diseases needs to be substantially enhanced. Greater investment, in both developed and developing countries, is essential.

28. The actions to be taken to promote research and development are as follows:

(2.1) supporting governments to develop or improve national health research programmes and establish, where appropriate, strategic research networks to facilitate better coordination of stakeholders in this area

(a) promote cooperation between private and public sectors on research and development

(b) provide support for national health research programmes in developing countries through political action and, where feasible and appropriate, long-term funding

(c) support governments in establishing health-related innovation in developing countries.

(2.2) promoting upstream research and product development in developing countries

(a) support discovery science, including where feasible and appropriate, voluntary open-source methods, in order to develop a sustainable portfolio of new products

(b) promote and improve access to compound libraries through voluntary means, provide technical support to developing countries and promote access to drug leads identified through the screening of compound libraries

(c) identify incentives and barriers, including intellectual property-related provisions, at different levels – national, regional and international – that might affect increased research on public health, and suggest ways to facilitate access to research results and research tools

(d) support basic and applied scientific research on Type II and Type III diseases and on the specific research and development needs of developing countries in relation to Type I diseases

(e) support early-stage drug research and development in developing countries

(f) build capacity to conduct clinical trials and promote public and other sources of funding for clinical trials and other mechanisms for stimulating local innovation, taking into account international ethical standards and the needs of developing countries

(g) promote the generation, transfer, acquisition upon agreed terms and voluntary sharing, of new knowledge and technologies, consistent with national law and international agreements, to facilitate the development of new health products and medical devices to tackle the health problems of developing countries.

(2.3) improving cooperation, participation and coordination of health and biomedical research and development

(a) stimulate and improve global cooperation and coordination in research and development, in order to optimize resources

(b) enhance existing fora and examine the need for new mechanisms, in order to improve the coordination and sharing of information on research and development activities

(c) encourage further exploratory discussions on the utility of possible instruments or mechanisms for essential health and biomedical research and development, including inter alia, an essential health and biomedical research and development treaty

(d) support active participation of developing countries in building technological capacity

(e) promote the active participation of developing countries in the innovation process.

(2.4) promoting greater access to knowledge and technology relevant to meet public health needs of developing countries

(a) promote the creation and development of accessible public health libraries in order to enhance availability and use of relevant publications by universities, institutes and technical centres, especially in developing countries

(b) promote public access to the results of government-funded research, by strongly encouraging all investigators funded by governments to submit to an open access database an electronic version of their final, peer-reviewed manuscripts

(c) support the creation of voluntary open databases and compound libraries including voluntary provision of access to drug leads identified through the screening of such compound libraries

(d) encourage the further development and dissemination of publicly or donor-funded medical inventions and know-how through appropriate licensing policies, including but not limited to open licensing, that enhance access to innovations for development of products of relevance to the public health needs of developing countries on reasonable, affordable and non-discriminatory terms

(e) consider, where appropriate, use of a “research exception” to address public health needs in developing countries consistent with the Agreement on Trade-Related Aspects of Intellectual Property Rights.

(2.5) establishing and strengthening national and regional coordinating bodies on research and development

(a) develop and coordinate a research and development agenda

(b) facilitate the dissemination and use of research and development outcomes.

Element 3. Building and improving innovative capacity

29. There is a need to frame, develop and support effective policies that promote the development of capacities in developing countries related to health innovation. Key areas for investment are capacities relating to science and technology, local production of pharmaceuticals, clinical trials, regulation, intellectual property and traditional medicine.

30. The actions to be taken to build and improve innovative capacity are as follows:

(3.1) building capacity of developing countries to meet research and development needs for health products

(a) support investment by developing countries in human resources and knowledge bases, especially in education and training including in public health

(b) support existing and new research and development groups and institutions, including regional centres of excellence, in developing countries

(c) strengthen health surveillance and information systems.

(3.2) framing, developing and supporting effective policies that promote the development of capacities for health innovation

(a) establish and strengthen regulatory capacity in developing countries

(b) strengthen human resources in research and development in developing countries through long-term national capacity-building plans

(c) encourage international cooperation to develop effective policies for retention of health professionals including researchers in developing countries

(d) urge Member States to establish mechanisms to mitigate the adverse impact of the loss of health personnel in developing countries, particularly researchers, through migration, including by ways for both receiving and originating countries to support the strengthening of national health and research systems, in particular human resource development in the countries of origin, taking into account the work of WHO and other relevant organizations.

(3.3) providing support for improving innovative capacity in accordance with the needs of developing countries

(a) develop successful health innovation models in developing innovative capacity

(b) intensify North–South and South–South partnerships and networks to support capacity building

(c) establish and strengthen mechanisms for ethical review in the research and development process, including clinical trials, especially in developing countries.

(3.4) supporting policies that will promote innovation based on traditional medicine within an evidence-based framework in accordance with national priorities and taking into account the relevant provisions of relevant international instruments

(a) establish and strengthen national and regional policies to develop, support and, promote traditional medicine

(b) encourage and promote policies on innovation in the field of traditional medicine

(c) promote standard setting to ensure the quality, safety and efficacy of traditional medicine, including by funding the research necessary to establish such standards

(d) encourage research on mechanisms for action and pharmacokinetics of traditional medicine

(e) promote South–South collaboration in traditional medicine

(f) formulate and disseminate guidelines on good manufacturing practices for traditional medicines and laying down evidence-based standards for quality and safety evaluation.

(3.5) developing and implementing, where appropriate, possible incentive schemes for health-related innovation

(a) encourage the establishment of award schemes for health-related innovation

(b) encourage recognition of innovation for purposes of career advancement for health researchers.

Element 4. Transfer of technology

31. North–South and South–South development cooperation, partnerships and networks need to be supported in order to build and improve transfer of technology related to health innovation. Article 7 of the Agreement on Trade-Related Aspects of Intellectual Property Rights states that the protection and the enforcement of intellectual property rights should contribute to the promotion of technological innovation and the transfer and dissemination of technology, to the mutual advantage of producers and users of technological knowledge and in a manner conducive to social and economic welfare, and to the balance of rights and obligations.

32. The actions to be taken in relation to this element are as follows:

(4.1) promoting transfer of technology and the production of health products in developing countries

(a) explore possible new mechanisms and make better use of existing mechanisms to facilitate transfer of technology and technical support to build and improve innovative capacity for health-related research and development, particularly in developing countries

(b) *promote transfer of technology and production of health products in developing countries through investment and capacity building*

(c) *promote transfer of technology and production of health products in developing countries through identification of best practices, and investment and capacity building provided by developed and developing countries where appropriate.*

(4.2) supporting improved collaboration and coordination of technology transfer for health products, bearing in mind different levels of development

(a) *encourage North–South and South–South cooperation for technology transfers, and collaboration between institutions in developing countries and the pharmaceutical industry*

(b) *facilitate local and regional networks for collaboration on research and development and transfer of technology*

(c) *continue to promote and encourage technology transfer to least-developed country members of the WTO consistent with Article 66.2 of the Agreement on Trade-Related Aspects of Intellectual Property Rights*

(d) *promote the necessary training to increase absorptive capacity for technology transfer.*

(4.3) developing possible new mechanisms to promote transfer of and access to key health-related technologies

(a) *examine the feasibility of voluntary patent pools of upstream and downstream technologies to promote innovation of and access to health products and medical devices*

(b) *explore and, if feasible, develop possible new mechanisms to promote transfer of and access to key health-related technologies of relevance to public health needs of developing countries especially on Type II and III diseases and the specific research and development needs of developing countries in respect of Type I diseases, which are consistent with the provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights and instruments related to that agreement, which provide flexibilities to take measures to protect public health.*

Element 5. Application and management of intellectual property to contribute to innovation and promote public health

33. The international regimes on intellectual property aim, inter alia, to provide incentives for the development of new health products. However, incentive schemes for research and development, especially on Type II and Type III diseases and the specific research and development needs of developing countries in respect of Type I diseases, need to be explored and implemented, where appropriate. There is a crucial need to strengthen innovation capacity as well as capacity to manage and apply intellectual property in developing countries, including, in particular, the use to the full of the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights and instruments related to that agreement, which provide flexibilities to take measures to protect public health.

34. The actions to be taken in relation to this element are as follows:

(5.1) supporting information sharing and capacity building in the application and management of intellectual property with respect to health-related innovation and the promotion of public health in developing countries

(a) encourage and support the application and management of intellectual property in a manner that maximizes health-related innovation and promotes access to health products and that is consistent with the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights and other WTO instruments related to that agreement and meets the specific research and development needs of developing countries

(b) promote and support, including through international cooperation, national and regional institutions in their efforts to build and strengthen capacity to manage and apply intellectual property in a manner oriented to public health needs and priorities of developing countries

(c) facilitate widespread access to, and promote further development of, including, if necessary, compiling, maintaining and updating, user-friendly global databases which contain public information on the administrative status of health-related patents, including supporting the existing efforts for determining the patent status of health products, in order to strengthen national capacities for analysis of the information contained in those databases, and improve the quality of patents

(d) stimulate collaboration among pertinent national institutions and relevant government departments, as well as between national, regional and international institutions, in order to promote information sharing relevant to public health needs

(e) strengthen education and training in the application and management of intellectual property, from a public health perspective taking into account the provisions contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights, including the flexibilities recognized by the Doha Declaration on the TRIPS Agreement and Public Health and other WTO instruments related to the TRIPS agreement

(f) facilitate, where feasible and appropriate, possible access to traditional medicinal knowledge information for use as prior art in examination of patents, including, where appropriate, the inclusion of traditional medicinal knowledge information in digital libraries

(g) promote active and effective participation of health representatives in intellectual property-related negotiations, where appropriate, in order that such negotiations also reflect public health needs

(h) strengthen efforts to coordinate effectively work relating to intellectual property and public health among the secretariats and governing bodies of relevant regional and international organizations in order to facilitate dialogue and dissemination of information to countries.

(5.2) providing as appropriate, upon request, in collaboration with other competent international organizations technical support, including, where appropriate, to policy processes, to countries that intend to make use of the provisions contained in the Agreement on Trade-Related Aspects

of Intellectual Property Rights, including the flexibilities recognized by the Doha Declaration on the TRIPS Agreement and Public Health and other WTO instruments related to the Agreement on Trade-Related Aspects of Intellectual Property Rights, in order to promote access to pharmaceutical products

(a) consider, whenever necessary, adapting national legislation in order to use to the full the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights, including those recognized by the Doha Declaration on the TRIPS Agreement and Public Health and the WTO decision of 30 August 2003

(b) take into account, where appropriate, the impact on public health when considering adopting or implementing more extensive intellectual property protection than is required by the Agreement on Trade-Related Aspects of Intellectual Property Rights, without prejudice to the sovereign rights of Member States

(c) take into account in trade agreements the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights and including those recognized by the Doha Declaration on the TRIPS Agreement and Public Health and the WTO decision of 30 August 2003

(d) consider, where appropriate, taking necessary measures in countries with manufacturing capacity to, facilitate through export, access to pharmaceutical products in countries with insufficient or no manufacturing capacity in the pharmaceutical sector in a manner consistent with the Agreement on Trade-Related Aspects of Intellectual Property Rights, the Doha Declaration on the TRIPS Agreement and Public Health and the WTO decision of 30 August 2003

(e) encourage finding ways, in ongoing discussions, to prevent misappropriation of health-related traditional knowledge, and consider where appropriate legislative and other measures to help to prevent misappropriation of such traditional knowledge.

(5.3) exploring and, where appropriate, promoting possible incentive schemes for research and development on Type II and Type III diseases and on developing countries' specific research and development needs in relation to Type I diseases

(a) explore and, where appropriate, promote a range of incentive schemes for research and development including addressing, where appropriate, the de-linkage of the costs of research and development and the price of health products, for example through the award of prizes, with the objective of addressing diseases which disproportionately affect developing countries.

Element 6. Improving delivery and access

35. Support for and strengthening of health systems is vital for the success of the strategy, as are the stimulation of competition and the adoption of appropriate pricing and taxation policies for health products. Mechanisms to regulate the safety, quality and efficacy of medicines and other health products, coupled with adherence to good manufacturing practices and effective supply chain management, are critical components of a well-functioning health system.

36. International agreements that may have an impact on access to health products in developing countries need to be regularly monitored with respect to their development and application. Any flexibilities in such agreements, including those contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights and recognized by the Doha Declaration on the TRIPS Agreement and Public Health that would permit improved access need to be considered for action by national authorities in the light of the circumstances in their countries. The impact of such actions on innovation needs to be monitored.

37. The actions to be taken to improve delivery and access are as follows:

(6.1) encouraging increased investment in the health-delivery infrastructure and financing of health products in order to strengthen the health system

(a) invest in developing health-delivery infrastructure and encourage financing of health products

(b) develop effective and sustainable mechanisms in least-developed countries in order to improve access to existing medicines, acknowledging the transitional period until 2016¹

(c) prioritize health care in national agendas

(d) encourage health authorities to improve domestic management capacities in order to improve delivery and access to medicines and other health products with quality, efficacy, safety and affordability and, where appropriate, to develop strategies to promote rational use of medicines

(e) increase investment in human resource development in the health sector

(f) develop effective country poverty-reduction strategies that contain clear health objectives

(g) encourage pooled procurement mechanisms for health products and medical devices, where appropriate.

(6.2) establishing and strengthening mechanisms to improve ethical review and regulate the quality, safety and efficacy of health products and medical devices

(a) develop and/or strengthen the capacity of national regulatory authorities to monitor the quality, safety and efficacy of health products while sustaining ethical review standards

(b) promote operational research to maximize the appropriate use of new and existing products, including cost-effective and affordable products in high disease-burden settings

(c) comply with good manufacturing practices for safety standards, efficacy and quality of health products

¹ In line with the extension, provided to least-developed countries, by Article 7 of the Doha Declaration on the TRIPS Agreement and Public Health.

(d) *strengthen the WHO pre-qualification programme*

(e) *where appropriate, initiate programmed actions on regional and subregional levels with the ultimate goal of harmonization of processes employed by the regulatory authorities for drug marketing approvals*

(f) *promote ethical principles for clinical trials involving human beings as a requirement of registration of medicines and health-related technologies, with reference to the Declaration of Helsinki, and other appropriate texts, on ethical principles for medical research involving human subjects, including good clinical practice guidelines*

(g) *support regional networks and collaborative efforts to strengthen the regulation and implementation of clinical trials using appropriate standards for medicines evaluation and approval.*

(6.3) **promoting competition to improve availability and affordability of health products consistent with public health policies and needs**

(a) *support the production and introduction of generic versions, in particular of essential medicines, in developing countries, through the development of national legislation and/or policies that encourage generic production and entry, including a “regulatory exception” or “Bolar”-type provision, and which are consistent with the Agreement on Trade-Related Aspects of Intellectual Property Rights and instruments related to that agreement*

(b) *frame and implement policies to improve access to safe and effective health products, especially essential medicines, at affordable prices, consistent with international agreements*

(c) *consider where appropriate, inter alia, the reduction or elimination of import tariffs on health products and medical devices and the monitoring of supply and distribution chains and procurement practices to minimize cost and increase access*

(d) *encourage pharmaceutical companies and other health-related industries to consider policies, including differential pricing policies, that are conducive to promoting access to quality, safe, efficacious and affordable health products in developing countries, consistent with national law*

(e) *consider, where appropriate, the development of policies to monitor pricing and to improve affordability of health products; further support WHO’s ongoing work on pharmaceutical pricing*

(f) *consider, where necessary, and provided that they are consistent with the provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights, taking appropriate measures to prevent the abuse of intellectual property rights by right holders or the resort to practices which unreasonably restrain trade or adversely affect the international transfer of technology, in the field of health products*

(g) *increase information among policy makers, users, doctors and pharmacists regarding generic products.*

Element 7. Promoting sustainable financing mechanisms

38. In recent years donors have provided substantial additional financing to make health products available in developing countries through new mechanisms. Additional financing has also been secured for research and development activities relevant for the control and treatment of the diseases covered by this strategy. Nonetheless, further funding on a sustainable basis is essential to support a long-term research and development effort for products to meet the health needs of developing countries. The most serious gaps in financing for health products and research and development covered by this strategy need to be identified and analysed.

39. It is important to make maximum use of, and complement as appropriate, feasible current initiatives, thereby contributing to a flow of resources into innovation and implementation.

40. The actions to be taken to promote sustainable financing mechanisms are as follows:

(7.1) endeavouring to secure adequate and sustainable financing for research and development, and improve coordination of its use, where feasible and appropriate, in order to address the health needs of developing countries

(a) establish a results-oriented and time-limited expert working group under the auspices of WHO and linking up with other relevant groups to examine current financing and coordination of research and development, as well as proposals for new and innovative sources of financing to stimulate research and development related to Type II and Type III diseases and the specific research and development needs of developing countries in relation to Type I diseases

(b) consider channelling additional funds to health-oriented research organizations as appropriate in both the private and public sector of developing countries and promote good financial management to maximize its effectiveness as recommended by resolution WHA58.34

(c) create a database of possible sources of financing for research and development.

(7.2) facilitating the maximum use of, and complementing as appropriate, existing financing, including that through public-private and product development partnerships, in order to develop and deliver safe, effective and affordable health products and medical devices

(a) document and disseminate best practices in public-private and product development partnerships

(b) develop tools for periodic assessment of performance of public-private and product development partnerships

(c) support public-private and product development partnerships and other appropriate research and development initiatives in developing countries.

Element 8. Establishing monitoring and reporting systems

41. Systems should be established to monitor performance and progress of this strategy. A progress report will be submitted to the Health Assembly through the Executive Board every two years. A comprehensive evaluation of the strategy will be undertaken after four years.

42. Steps to be taken will include:

(8.1) measuring performance and progress towards objectives contained in the strategy and plan of action

(a) establish systems to monitor performance and progress of the implementation of each element of the global strategy and plan of action

(b) monitor and report periodically to WHO's governing bodies on the gaps and needs related to health products and medical devices in developed and developing countries

(c) continue to monitor, from a public health perspective, in consultation as appropriate with other international organizations, the impact of intellectual property rights and other issues addressed in the Report of the Commission on Intellectual Property Rights, Innovation and Public Health, on the development of, and access to, health care products, and to report thereon to the Health Assembly

(d) monitor and report on the impact of incentive mechanisms on innovation of and access to health products and medical devices

(e) monitor and report on investment in research and development to address the health needs of developing countries.

PLAN OF ACTION

Explanatory Notes

* **Stakeholder(s)**

Lead stakeholders are indicated by bold typeface. Bracketed text indicates that consensus has not been reached.

Reference to **Governments** means that WHO Member States¹ are urged to take action.

WHO means that the Director-General is requested to take action.

Other international intergovernmental organizations, both global and regional, means that WHO Member States, or WHO Secretariat as mandated by Member States through this plan of action, invite these organizations to take action. Member States are urged to raise appropriate issues in the governing bodies of the organizations. The Director-General is requested to bring this global strategy and plan of action to the attention of all relevant international organizations and invite them to consider the relevant provisions of this global strategy and plan of action.

Other relevant stakeholders means that WHO Member States, or WHO Secretariat as mandated by its Member States through this plan of action, invite these relevant actors to take action. These include, inter alia, as appropriate, international and national research institutions; academia; national and regional regulatory agencies; relevant health-related industries, including both public and private; public-private partnerships; public-private and product development partnerships; nongovernmental organizations; concerned communities; development partners; charitable foundations; publishers; research and development groups; and regional bodies; and regional organizations.

¹ Where applicable, also regional economic integration organizations.

Elements and sub-elements	Specific actions	Stakeholder(s)*	Time frame
Element 1. Prioritizing research and development needs			
(1.1) mapping global research and development with a view to identifying gaps in research and development on diseases that disproportionately affect developing countries	(a) develop methodologies and mechanisms to identify gaps in research on Type II and Type III diseases and on developing countries' specific research and development needs in relation to Type I diseases	WHO; Governments; other relevant stakeholders	2008–2015
	(b) disseminate information on identified gaps, and evaluate their consequences on public health	WHO; Governments; other relevant stakeholders	2008–2015
	(c) provide an assessment of identified gaps at different levels – national, regional and international – to guide research aimed at developing affordable and therapeutically sound products to meet public health needs	WHO; Governments; other relevant stakeholders	2008–2015
(1.2) formulating explicit prioritized strategies for research and development at country and regional and interregional levels	(a) set research priorities so as to address public health needs and implement public health policy based on appropriate and regular needs assessments	Governments; regional organizations	2008–2015
	(b) conduct research appropriate for resource-poor settings and research on technologically appropriate products for addressing public health needs to combat diseases in developing countries	Governments; WHO; other relevant stakeholders (including academia, relevant health-related industries, national research institutions and public–private partnerships)	2008–2015
	(c) include research and development needs on health systems in a prioritized strategy	Governments; WHO; other relevant stakeholders (including academia, national research institutions, and public–private partnerships)	2008–2015

	(d) urge the leadership and commitment of governments, regional and international organizations and the private sector in determining priorities for research and development to address public health needs	WHO ; Governments; other international intergovernmental organizations; other relevant stakeholders (including private sector)	2008–2015
	(e) increase overall research and development efforts on diseases that disproportionately affect developing countries, leading to the development of quality products to address public health needs, that are user friendly (in terms of use, prescription and management) and accessible (in terms of availability and affordability)	Governments ; WHO ; other relevant stakeholders (including academia, relevant health-related industries, national research institutions, and public–private partnerships)	2008–2015
(1.3) encouraging research and development in traditional medicine in accordance with national priorities and legislation, and taking into account the relevant international instruments, including, as appropriate, those concerning traditional knowledge and the rights of indigenous peoples	(a) set research priorities in traditional medicine	Governments ; WHO ; other international intergovernmental organizations; other relevant stakeholders (including academia; national research institutions; public–private partnerships; and concerned communities)	2008–2015
	(b) support developing countries to build their capacity in research and development in traditional medicine	Governments ; WHO ; other international intergovernmental organizations; other relevant stakeholders (including academia, relevant health-related industries, national research institutions, public–private partnerships)	2008–2015
	(c) promote international cooperation and the ethical conduct of research	Governments ; WHO ; other international intergovernmental organizations; other relevant stakeholders	2008–2015

	(d) support South–South cooperation in information exchange and research activities	Governments; WHO; other international intergovernmental organizations; regional organizations; other relevant stakeholders	2008–2015
	(e) support early-stage drug research and development in traditional medicine systems in developing countries	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders	2008–2015
Elements and sub-elements	Specific actions	Stakeholder(s)*	Time frame
Element 2. Promoting research and development			
(2.1) supporting governments to develop or improve national health research programmes and establish, where appropriate, strategic research networks to facilitate better coordination of stakeholders in this area	(a) promote cooperation between private and public sectors on research and development	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders	2008–2015
	(b) provide support for national health research programmes in developing countries through political action and, where feasible and appropriate, long-term funding	Governments; regional organizations; WHO (technical assistance); other relevant stakeholders	2008–2015
	(c) support governments in establishing health-related innovation in developing countries	Governments; regional organizations; WHO (technical assistance); other relevant stakeholders	2008–2015
(2.2) promoting upstream research and product development in developing countries	(a) support discovery science, including where feasible and appropriate, voluntary open-source methods, in order to develop a sustainable portfolio of new products	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders	2008–2015
	(b) promote and improve accessibility to compound libraries through voluntary means, provide technical support to developing countries and promote access to drug leads identified through the screening of compound libraries	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders	2008–2015

	(c) identify incentives and barriers, including intellectual property-related provisions, at different levels – national, regional and international – that might affect increased research on public health, and suggest ways to facilitate access to research results and research tools	Governments; WHO; other international intergovernmental organizations (including WIPO and WTO); other relevant stakeholders	2008–2015
	(d) support basic and applied scientific research on Type II and Type III diseases and on the specific research and development needs of developing countries in relation to Type I diseases	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders	2008–2015
	(e) support early-stage drug research and development in developing countries	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including relevant health-related industries, academia, international and national research institutions; donor agencies; development partners; nongovernmental organizations)	2008–2015
	(f) build capacity to conduct clinical trials and promote public and other sources of funding for clinical trials and other mechanisms for stimulating local innovation, taking into account international ethical standards and the needs of developing countries	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including relevant health-related industries; academia; development partners; charitable foundations; public–private partnerships; nongovernmental organizations)	2008–2015

	(g) promote the generation, transfer, acquisition upon agreed terms and voluntary sharing, of new knowledge and technologies, consistent with national law and international agreements, to facilitate the development of new health products and medical devices to tackle the health problems of developing countries	Governments; WHO; other international intergovernmental organizations, other relevant stakeholders (including academia, international and national research institution; relevant health-related industries and development partners)	
(2.3) improving cooperation, participation and coordination of health and biomedical research and development	(a) stimulate and improve global cooperation and coordination in research and development, in order to optimize resources	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders	2008–2015
	(b) enhance existing fora and examine the need for new mechanisms, in order to improve the coordination and sharing of information on research and development activities	Governments; WHO; other relevant stakeholders	2008–2015
	(c) encourage further exploratory discussions on the utility of possible instruments or mechanisms for essential health and biomedical research and development, including, inter alia, an essential health and biomedical research and development treaty	Interested Governments; [WHO]; other relevant stakeholders (including nongovernmental organizations)	[2008–2010]
	(d) support active participation of developing countries in building technological capacity	Governments; WHO; other relevant stakeholders	2008–2015
	(e) promote the active participation of developing countries in the innovation process	Governments; WHO; other relevant stakeholders	2008–2015
(2.4) promoting greater access to knowledge and technology relevant to meet public health needs of developing countries	(a) promote the creation and development of accessible public health libraries in order to enhance availability and use of relevant publications by universities, institutes and technical centres, especially in developing countries	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including academia, research institutions, relevant health-related industries; nongovernmental organizations; publishers)	2008–2015

	(b) promote public access to the results of government-funded research, by strongly encouraging all investigators funded by governments to submit to an open access database an electronic version of their final, peer-reviewed manuscripts	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including academia and research institutions)	2008–2015
	(c) support the creation of voluntary open databases and compound libraries including voluntary provision of access to drug leads identified through the screening of such compound libraries	Governments; WHO; other international intergovernmental organizations (including WIPO); other relevant stakeholders (including relevant health-related industries)	2008–2015
	(d) encourage the further development and dissemination of publicly or donor-funded medical inventions and know-how through appropriate licensing policies, including but not limited to, open licensing, that enhance access to innovations for development of products of relevance to the public health needs of developing countries on reasonable, affordable and non-discriminatory terms	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including academia and national research institutions)	2008–2015
	(e) consider, where appropriate, use of a “research exception” to address public health needs in developing countries consistent with the Agreement on Trade-Related Aspects of Intellectual Property Rights	Governments	
(2.5) establishing and strengthening national and regional coordinating bodies on research and development	(a) develop and coordinate a research and development agenda	Governments; regional organizations; WHO; other relevant stakeholders	2008–2015
	(b) facilitate the dissemination and use of research and development outcomes	Governments; regional organizations; WHO; other relevant stakeholders	2008–2015

Elements and sub-elements	Specific actions	Stakeholder(s)*	Time frame
Element 3. Building and improving innovative capacity			
(3.1) building capacity of developing countries to meet research and development needs for health products	(a) support investment by developing countries in human resources and knowledge bases, especially in education and training including in public health	Governments; other international intergovernmental organizations; other relevant stakeholders (including development partners)	2008–2015
	(b) support existing and new research and development groups and institutions, including regional centres of excellence, in developing countries	Governments; other international intergovernmental organizations; other relevant stakeholders (including research and development groups, relevant health-related industries and development partners)	2008–2015
	(c) strengthen health surveillance and information systems	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including nongovernmental organizations, research institutions, academia)	2008–2015
(3.2) framing, developing and supporting effective policies that promote the development of capacities for health innovation	(a) establish and strengthen regulatory capacity in developing countries	Governments; WHO; other relevant stakeholders (including national and regional regulatory agencies)	2008–2015
	(b) strengthen human resources in research and development in developing countries through long-term national capacity-building plans	Governments; other international intergovernmental organizations; other relevant stakeholders (including development partners; international and national research institutions)	2008–2015

	(c) encourage international cooperation to develop effective policies for retention of health professionals including researchers in developing countries	Governments; WHO; other international intergovernmental organizations (including IOM and ILO); other relevant stakeholders	2008–2015
	(d) urge Member States to establish mechanisms to mitigate the adverse impact of the loss of health personnel in developing countries, particularly researchers, through migration, including by ways for both receiving and originating countries to support the strengthening of national health and research systems, in particular human resource development in the countries of origin, taking into account the work of WHO and other relevant organizations	Governments	2008–2015
(3.3) providing support for improving innovative capacity in accordance with the needs of developing countries	(a) develop successful health innovation models in developing innovative capacity	Governments; WHO; other international intergovernmental organizations (including WIPO, OECD and UNCTAD); other relevant stakeholders (including academia; research institutions; health-related industries and developmental partners)	2008–2015
	(b) intensify North–South and South–South partnerships and networks to support capacity building	Governments; WHO; other International intergovernmental organizations; other relevant stakeholders (including academia, research institutions, relevant health-related industries)	2008–2015
	(c) establish and strengthen mechanisms for ethical review in the research and development process, including clinical trials, especially in developing countries	Governments; WHO; other relevant stakeholders (including academia and research institutions)	2008–2015

(3.4) supporting policies that will promote innovation based on traditional medicine within an evidence-based framework in accordance with national priorities and taking into account the relevant provisions of relevant international instruments	(a) establish and strengthen national and regional policies to develop, support and promote traditional medicine	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including concerned communities)	2008–2015
	(b) encourage and promote policies on innovation in the field of traditional medicine	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including international and national research institutions, concerned communities)	
	(c) promote standard setting to ensure the quality, safety and efficacy of traditional medicine, including by funding the research necessary to establish such standards	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including national and regional regulatory agencies; international and national research institutions; development partners; concerned communities)	
	(d) encourage research on mechanisms for action and pharmacokinetics of traditional medicine	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including academia; international and national research institutions; relevant health-related industries; concerned communities)	
	(e) promote South–South collaboration in traditional medicine	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including research institutions, regional bodies, academia)	2008–2015

	(f) formulate and disseminate guidelines on good manufacturing practices for traditional medicines and laying down evidence-based standards for quality and safety evaluation	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including national and regional regulatory agencies, relevant health-related industries)	2008–2015
(3.5) developing and implementing, where appropriate, possible incentive schemes for health-related innovation	(a) encourage the establishment of award schemes for health-related innovation	Governments; WHO; other international intergovernmental organizations [(including WIPO)]; other relevant stakeholders (including academia; international and national research institutions; development partners; charitable foundations)	
	(b) encourage recognition of innovation for purposes of career advancement for health researchers	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including academia; international and national research institutions; development partners; charitable foundations)	
Elements and sub-elements	Specific actions	Stakeholder(s)*	Time frame
Element 4. Transfer of technology			
(4.1) promoting transfer of technology and the production of health products in developing countries	(a) explore possible new mechanisms and make better use of existing mechanisms to facilitate transfer of technology and technical support to build and improve innovative capacity for health-related research and development, particularly in developing countries	Governments; WHO; other international intergovernmental organizations (including WTO, UNCTAD, UNIDO, WIPO); other relevant stakeholders (including international and national research institutions; relevant health-related industries)	

	(b) promote transfer of technology and production of health products in developing countries through investment and capacity building	Governments; WHO; other intergovernmental organizations; other relevant stakeholders (including health-related industries)	
	(c) promote transfer of technology and production of health products in developing countries through identification of best practices, and investment and capacity building provided by developed and developing countries where appropriate	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including relevant health-related industries; academia; nongovernmental organizations; development partners; charitable foundations)	2008–2015
(4.2) supporting improved collaboration and coordination of technology transfer for health products, bearing in mind different levels of development	(a) encourage North–South and South–South cooperation for technology transfers, and collaboration between institutions in developing countries and the pharmaceutical industry	Governments; WHO; other international intergovernmental organizations (including WIPO); other relevant stakeholders (including relevant health-related industries; international and national research institutions; academia; nongovernmental organizations; development partners)	2008–2015
	(b) facilitate local and regional networks for collaboration on research and development and transfer of technology	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including relevant health-related industries, national research institutions, academia; nongovernmental organizations)	2008–2015

	(c) continue to promote and encourage technology transfer to least-developed country members of the WTO consistent with Article 66.2 of the Agreement on Trade-Related Aspects of Intellectual Property Rights	Governments	2008–2015
	(d) promote the necessary training to increase absorptive capacity for technology transfer	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including research institutions)	2008–2015
(4.3) developing possible new mechanisms to promote transfer of and access to key health-related technologies	(a) examine the feasibility of voluntary patent pools of upstream and downstream technologies to promote innovation of and access to health products and medical devices	Governments; WHO; other international intergovernmental organizations (including WIPO); other relevant stakeholders (including international and national research institutions; relevant health-related industries, nongovernmental organizations; academia)	
	(b) explore and, if feasible, develop possible new mechanisms to promote transfer of and access to key health-related technologies of relevance to public health needs of developing countries especially on Type II and III diseases and the specific research and development needs of developing countries in respect of Type I diseases, which are consistent with the provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights and instruments related to that Agreement, which provide flexibilities to take measures to protect public health	Governments; WHO; other international intergovernmental organizations (including WIPO, WTO); other relevant stakeholders (including health-related industries)	

Elements and sub-elements	Specific actions	Stakeholder(s)*	Time frame
Element 5. Application and Management of intellectual property to contribute to innovation and promote public health			
(5.1) support information sharing and capacity building in the application and management of intellectual property with respect to health related innovation and the promotion of public health in developing countries	(a) encourage and support the application and management of intellectual property in a manner that maximizes health-related innovation and promotes access to health products and that is consistent with the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights and other WTO instruments related to that Agreement and meets the specific research and development needs of developing countries	<p>[Governments; WHO; other international intergovernmental organizations (including WIPO, WTO, UNCTAD); other relevant stakeholders (including international and national research institutions and development partners)]</p> <p>[Governments; WHO; other international intergovernmental organizations (including WIPO, WTO, UNCTAD); other relevant stakeholders (including international and national research institutions and development partners)]</p>	
	(b) promote and support, including through international cooperation, national and regional institutions in their efforts to build and strengthen capacity to manage and apply intellectual property in a manner oriented to public health needs and priorities of developing countries	Governments; WHO/[WHO] ; other international intergovernmental organizations (including [WIPO]/[WIPO], [WTO]/[WTO], UNCTAD ; other relevant stakeholders (including international and national research institutions and development partners)	

	<p>(c) Facilitate widespread access to, and promote further development of, including, if necessary, compiling, maintaining and updating, user-friendly global databases which contain public information on the administrative status of health-related patents, including supporting the existing efforts for determining the patent status of health products, in order to strengthen national capacities for analysis of the information contained in those databases, and improve the quality of patents</p>	<p>[Governments]/[Governments]; [WHO]/[WHO]; other international intergovernmental organizations (including [WIPO]/[WIPO], [WTO]/[WTO], [UNCTAD]); other relevant stakeholders (including international and national research institutions and development partners)]</p>	
	<p>(d) stimulate collaboration among pertinent national institutions and relevant government departments, as well as between national, regional and international institutions, in order to promote information sharing relevant to public health needs</p>	<p>Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including academia; international and national research institutions; development agencies; nongovernmental organizations; relevant health-related industries)</p>	
	<p>(e) strengthen education and training in the application and management of intellectual property, from a public health perspective taking into account the provisions contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights, including the flexibilities recognized by the Doha Declaration on the TRIPS Agreement and Public Health and other WTO instruments related to the TRIPS agreement</p>	<p>Governments; [WHO]/[WHO]; other international intergovernmental organizations (including [WIPO]/[WIPO], [WTO]/[WTO], [UNCTAD]/[UNCTAD]); other relevant stakeholders (including international and national research institutions and development partners)</p>	

	(f) facilitate, where feasible and appropriate, possible access to traditional medicinal knowledge information for use as prior art in examination of patents, including, where appropriate, the inclusion of traditional medicinal knowledge information in digital libraries	Governments; [WHO; other international intergovernmental organizations; other relevant stakeholders (including concerned communities)]	
	(g) promote active and effective participation of health representatives in intellectual property-related negotiations, where appropriate, in order that such negotiations also reflect public health needs	Governments	
	(h) strengthen efforts to effectively coordinate work relating to intellectual property and public health among the secretariats and governing bodies of relevant regional and international organizations in order to facilitate dialogue and dissemination of information to countries	Governments; WHO; other international intergovernmental organizations (including WIPO, WTO, and UNCTAD)	
(5.2) providing as appropriate, upon request, in collaboration with other competent international organizations technical support, including, where appropriate, to policy processes, to countries that intend to make use of the provisions contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights, including the flexibilities recognized by the Doha Declaration on the TRIPS Agreement and Public Health and other WTO instruments related to the TRIPS agreement, in order to promote access to pharmaceutical products	(a) consider, whenever necessary, adapting national legislation in order to use to the full the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights, including those recognized by the Doha Declaration on the TRIPS Agreement and Public Health and the WTO decision of 30 August 2003	Governments; WHO; other international intergovernmental organizations (including WIPO, WTO and UNCTAD)	

	(b) Take into account, where appropriate, the impact on public health when considering adopting or implementing more extensive intellectual property protection than is required by the Agreement on Trade-Related Aspects of Intellectual Property Rights, without prejudice to the sovereign rights of Member States	Governments; [WHO; other international intergovernmental organizations (including WIPO, WTO and UNCTAD)]	
	(c) take into account in trade agreements the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights and including those recognized by the Doha Declaration on the TRIPS Agreement and Public Health and the WTO decision of 30 August 2003	Governments	
	(d) consider, where appropriate, taking necessary measures in countries with manufacturing capacity to, facilitate through export, access to pharmaceutical products in countries with insufficient or no manufacturing capacity in the pharmaceutical sector in a manner consistent with the Agreement on Trade-Related Aspects of Intellectual Property Rights, the Doha Declaration on the TRIPS Agreement and Public Health and the WTO decision of 30 August 2003	Governments	
	(e) encourage finding ways, in ongoing discussions, to prevent misappropriation of health-related traditional knowledge, and consider, where appropriate, legislative and other measures to help to prevent misappropriation of such traditional knowledge	Governments; WHO; other international intergovernmental organizations (including WIPO, WTO, UNEP/Secretariat of the Convention on Biological Diversity); other relevant stakeholders (including concerned communities)	

(5.3) exploring and, where appropriate, promoting possible incentive schemes for research and development on Type II and Type III diseases and on developing countries' specific research and development needs in relation to Type I diseases	(a) explore and, where appropriate, promote a range of incentive schemes for research and development including addressing, where appropriate, the de-linkage of the costs of research and development and the price of health products, for example through the award of prizes, with the objective of addressing diseases which disproportionately affect developing countries	[Governments; [WHO]/[WHO]; other international inter-governmental organizations; other relevant stakeholders (including international and national research institutions; development partners; charitable foundations; relevant health related industries; nongovernmental organizations)]	
Elements and sub-elements	Specific actions	Stakeholder(s)*	Time frame
Element 6. Improving delivery and access			
(6.1) encouraging increased investment in the health-delivery infrastructure and financing of health products in order to strengthen the health system	(a) invest in developing health-delivery infrastructure and encourage financing of health products	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including development partners, charitable foundations, private sector and relevant health-related industries)	
	(b) develop effective and sustainable mechanisms in least-developed countries in order to improve access to existing medicines, acknowledging the transitional period until 2016 ¹	Governments; WHO; other international intergovernmental organizations (including WTO); other relevant stakeholders	
	(c) prioritize health care in national agendas	Governments	2008–2015
	(d) encourage health authorities to improve domestic management capacities in order to improve delivery and access to medicines and other health products with quality, efficacy, safety and affordability and, where appropriate, to develop strategies to promote rational use of medicines	Governments; WHO	

¹ In line with the extension, provided to least-developed countries, by Article 7 of the Doha Declaration on the TRIPS Agreement and Public Health.

	(e) increase investment in human resource development in the health sector	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including development partners; nongovernmental organizations; charitable foundations)	2008–2015
	(f) develop effective country poverty-reduction strategies that contain clear health objectives	Governments; other relevant stakeholders (including development partners)	2008–2015
	(g) encourage pooled procurement mechanisms for health products and medical devices, where appropriate	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders	
(6.2) establishing and strengthening mechanisms to improve ethical review and regulate the quality, safety and efficacy of health products and medical devices	(a) develop and/or strengthen the capacity of national regulatory authorities to monitor the quality, safety and efficacy of health products while sustaining ethical review standards	Governments; WHO; other relevant stakeholders (including national and regional regulatory agencies and development partners)	
	(b) promote operational research to maximize the appropriate use of new and existing products, including cost-effective and affordable products in high disease-burden settings	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including international and national research institutions; nongovernmental organizations, development partners and charitable foundations)	
	(c) comply with good manufacturing practices for safety standards, efficacy and quality of health products	Governments; WHO; other relevant stakeholders (including national regulatory bodies; relevant health-related industries; development partners)	2008–2015

	(d) strengthen the WHO pre-qualification programme	Governments; WHO ; other international intergovernmental organizations; other relevant stakeholders (including development partners)	
	(e) where appropriate, initiate programmed actions on regional and subregional levels with the ultimate goal of harmonization of processes employed by the regulatory authorities for drug marketing approvals	Governments ; [WHO]/[WHO]; other relevant stakeholders (including national and regional regulatory agencies, regional bodies and development partners)	
	(f) promote ethical principles for clinical trials involving human beings as a requirement of registration of medicines and health-related technologies, with reference to the Declaration of Helsinki, and other appropriate texts, on ethical principles for medical research involving human subjects, including good clinical practice guidelines	Governments ; WHO ; other international intergovernmental organizations; other relevant stakeholders (including national and regional regulatory agencies)	
	(g) support regional networks and collaborative efforts to strengthen the regulation and implementation of clinical trials using appropriate standards for medicines evaluation and approval	Governments ; WHO ; other relevant stakeholders (including national and regional regulatory agencies, international and national research institutions, regional bodies and development partners)	
(6.3) promoting competition to improve availability and affordability of health products consistent with public health policies and needs	(a) support the production and introduction of generic versions, in particular of essential medicines, in developing countries, through the development of national legislation and/or policies that encourage generic production and entry, including a “regulatory exception” or “Bolar”-type provision, and which are consistent with the Agreement on Trade-Related Aspects of Intellectual Property Rights and instruments related to that agreement	Governments	

	(b) frame and implement policies to improve access to safe and effective health products, especially essential medicines, at affordable prices, consistent with international agreements.	Governments; WHO; other international intergovernmental organizations (including WTO and WIPO); other relevant stakeholders	
	(c) consider where appropriate, inter alia, the reduction or elimination of import tariffs on health products and medical devices and the monitoring of supply and distribution chains and procurement practices to minimize cost and increase access	Governments	
	(d) encourage pharmaceutical companies and other health-related industries to consider policies, including differential pricing policies, that are conducive to promoting access to quality, safe, efficacious and affordable health products in developing countries, consistent with national law	Governments; WHO; other international intergovernmental organizations; other relevant stakeholders (including relevant health-related industries)	
	(e) consider, where appropriate, the development of policies to monitor pricing and to improve affordability of health products; further support WHO's ongoing work on pharmaceutical pricing	Governments	
	(f) consider, where necessary, and provided that they are consistent with the provisions of the Agreement on TRIPS, taking appropriate measures to prevent the abuse of intellectual property rights by right holders or the resort to practices which unreasonably restrain trade or adversely affect the international transfer of technology, in the field of health products	Governments	

	(g) increase information among policy makers, users, doctors and pharmacists regarding generic products	Governments; WHO other relevant stakeholders (including nongovernmental organizations and relevant health related industry)	
Elements and sub-elements	Specific actions	Stakeholder(s)*	Time frame
Element 7. Promoting sustainable financing mechanisms			
(7.1) endeavouring to secure adequate and sustainable financing for research and development, and improve coordination of its use, where feasible and appropriate, in order to address the health needs of developing countries	(a) establish a results-oriented and time-limited expert working group under the auspices of WHO and linking up with other relevant groups to examine current financing and coordination of research and development, as well as proposals for new and innovative sources of financing to stimulate research and development related to Type II and Type III diseases and the specific research and development needs of developing countries in relation to Type I diseases	Governments; WHO ; other international intergovernmental organizations; other relevant stakeholders	
	(b) consider channelling additional funds to health-oriented research organizations as appropriate in both the private and public sector of developing countries and promote good financial management to maximize its effectiveness as recommended by the resolution WHA58.34	Governments; WHO ; other international intergovernmental organizations; other relevant stakeholders (including development partners, charitable foundations, international and national research institutions, academia, private sector and relevant health-related industries)	
	(c) create a database of possible sources of financing for research and development	Governments; WHO ; other relevant stakeholders	
(7.2) facilitating the maximum use of, and complementing as appropriate, existing financing, including that through public-private and product development partnerships, in order to develop and deliver safe, effective and affordable health products and medical devices	(a) document and disseminate best practices in public-private and product development partnerships	Governments; WHO ; other relevant stakeholders (including research institutions, public-private and product development partnerships)	2008–2015

	(b) develop tools for periodic assessment of performance of public–private and product development partnerships	Governments; WHO ; other relevant stakeholders (including research institutions; public–private and product development partnerships; charitable foundations)	2008–2009
	(c) support public–private and product development partnerships and other appropriate research and development initiatives in developing countries	Governments; WHO ; other international intergovernmental organizations; other relevant stakeholders (including relevant health-related industries, charitable foundations, development partners, nongovernmental organizations; academia; research institutions)	2008–2015
Elements and sub-elements	Specific actions	Stakeholder(s)*	Time frame
Element 8. Establishing monitoring and reporting systems			
(8.1) measuring performance and progress towards objectives contained in the strategy and plan of action	(a) establish systems to monitor performance and progress of the implementation of each element of the global strategy and plan of action	Governments; WHO	From 2009
	(b) monitor and report periodically to WHO’s governing bodies on the gaps and needs related to health products and medical devices in developed and developing countries	Governments; WHO	[From 2009]
	c) to continue to monitor, from a public health perspective, in consultation as appropriate with other international organizations, the impact of intellectual property rights and other issues addressed in the Report of the Commission on Intellectual Property Rights, Innovation and Public Health, on the development of, and access to, health care products, and to report thereon to the Health Assembly	Governments; WHO ; other international intergovernmental organizations (including WIPO and WTO); other relevant stakeholders	

	(d) monitor and report on the impact of incentive mechanisms on innovation of and access to health products and medical devices	Governments; WHO; other international intergovernmental organizations (including WIPO and WTO); other relevant stakeholders	
	(e) monitor and report on investment in research and development to address the health needs of developing countries	Governments; WHO; other relevant stakeholders	

(Eighth plenary meeting, 24 May 2008 –
Committee A, fifth report)

DECISIONS

WHA61(1) Composition of the Committee on Credentials

The Sixty-first World Health Assembly appointed a Committee on Credentials consisting of delegates of the following Member States: Equatorial Guinea, Indonesia, Israel, Kenya, Libyan Arab Jamahiriya, Montenegro, Panama, Philippines, Saint Kitts and Nevis, Senegal, Solomon Islands and Ukraine.

(First plenary meeting, 19 May 2008)

WHA61(2) Composition of the Committee on Nominations

The Sixty-first World Health Assembly elected a Committee on Nominations consisting of delegates of the following Member States: Antigua and Barbuda, Bahrain, Belarus, Bolivia, Burundi, Chad, China, Democratic People's Republic of Korea, Ethiopia, France, Guinea-Bissau, India, Iran (Islamic Republic of), Liberia, Malaysia, Mexico, Nicaragua, Oman, Romania, Russian Federation, South Africa, Sweden, United Kingdom of Great Britain and Northern Ireland, Venezuela (Bolivarian Republic of), and Ms Jane Halton, Australia (President, Sixtieth World Health Assembly, ex officio).

(First plenary meeting, 19 May 2008)

WHA61(3) Election of officers of the Sixty-first World Health Assembly

The Sixty-first World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers:

President:	Dr L. Ramsammy (Guyana)
Vice-Presidents:	Dr Ponnem Dalaloy (Lao People's Democratic Republic) Ms M. Maripuu (Estonia) Dr A.A. Yoosuf (Maldives) Mrs E. Raoul (Congo) Dr K. Abdelgadir (Sudan)

(First plenary meeting, 19 May 2008)

WHA61(4) Election of officers of the main committees

The Sixty-first World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers of the main committees:

Committee A:	Chairman:	Dr F. Cicogna (Italy)
Committee B:	Chairman:	Dr A.R. Sicato (Angola)

(First plenary meeting, 19 May 2008)

The main committees subsequently elected the following officers:

Committee A:	Vice-Chairmen:	Mr J.O. Da Silva (Timor-Leste) Dr M.J. Muñoz (Uruguay)
	Rapporteur:	Dr P.D. Parirenyatwa (Zimbabwe)
Committee B:	Vice-Chairmen:	Dr N. El-Sayed (Egypt) Dr R. Daniel (Cook Islands)
	Rapporteur:	Dr W. Jayantha (Sri Lanka)

(First meeting of Committee A, 19 May 2008;
first meeting of Committee B, 21 May 2008)

WHA61(5) Establishment of the General Committee

The Sixty-first World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the delegates of the following 17 countries as members of the General Committee: Argentina, Cameroon, China, Costa Rica, Cuba, France, Mozambique, Nepal, Niger, Nigeria, Papua New Guinea, Qatar, Russian Federation, Slovenia, United Kingdom of Great Britain and Northern Ireland, United States of America and Yemen.

(First plenary meeting, 19 May 2008)

WHA61(6) Adoption of the agenda

The Sixty-first World Health Assembly adopted the provisional agenda prepared by the Executive Board at its 122nd session with the deletion of one item and two subitems and the addition of one supplementary agenda subitem.

(Second plenary meeting, 19 May 2008)

WHA61(7) Verification of credentials

The Sixty-first World Health Assembly recognized the validity of the formal credentials of the following delegations: Afghanistan; Albania; Algeria; Andorra; Angola; Antigua and Barbuda; Argentina; Armenia; Australia; Austria; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belarus; Belgium; Belize; Benin; Bhutan; Bolivia; Bosnia and Herzegovina; Botswana; Brazil; Brunei Darussalam; Bulgaria; Burkina Faso; Burundi; Cambodia; Cameroon; Canada; Cape Verde; Chad; Chile; China; Colombia; Comoros; Congo; Cook Islands; Costa Rica; Côte d'Ivoire; Croatia; Cuba; Cyprus; Czech Republic; Democratic People's Republic of Korea; Democratic Republic of the Congo; Denmark; Djibouti; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Ethiopia; Fiji; Finland; France; Gabon; Gambia; Georgia; Germany; Ghana; Greece; Grenada; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran (Islamic Republic of); Iraq; Ireland; Israel; Italy; Jamaica; Japan; Jordan; Kazakhstan; Kenya; Kiribati; Kuwait; Kyrgyzstan; Lao People's Democratic Republic; Latvia; Lebanon; Lesotho; Liberia; Libyan Arab Jamahiriya; Lithuania; Luxembourg; Madagascar; Malawi; Malaysia; Maldives;

Mali; Malta; Marshall Islands; Mauritania; Mauritius; Mexico; Micronesia (Federated States of); Moldova; Monaco; Mongolia; Montenegro; Morocco; Mozambique; Myanmar; Namibia; Nauru; Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; Norway; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Romania; Russian Federation; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Samoa; San Marino; Sao Tome and Principe; Saudi Arabia; Senegal; Serbia; Seychelles; Sierra Leone; Singapore; Slovakia; Slovenia; Solomon Islands; Somalia; South Africa; Spain; Sri Lanka; Sudan; Suriname; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Tajikistan; Thailand; The former Yugoslav Republic of Macedonia; Timor-Leste; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Tuvalu; Uganda; Ukraine; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Tanzania; United States of America; Uruguay; Uzbekistan; Vanuatu; Venezuela (Bolivarian Republic of); Viet Nam; Yemen; Zambia; Zimbabwe.

(Fifth plenary meeting, 21 May 2008;
seventh plenary meeting, 23 May 2008)

WHA61(8) Election of Members entitled to designate a person to serve on the Executive Board

The Sixty-first World Health Assembly, after considering the recommendations of the General Committee, elected the following as Members entitled to designate a person to serve on the Executive Board: Bangladesh, Brazil, Hungary, Mauritania, Mauritius, Niger, Oman, Russian Federation, Samoa and Uganda.

(Seventh plenary meeting, 23 May 2008)

WHA61(9) United Nations Joint Staff Pension Fund: appointment of representatives to the WHO Staff Pension Committee

The Sixty-first World Health Assembly nominated Dr Ebenezer Appiah-Denkyira of the delegation of Ghana as a member, and Dr Palanitina Tupuimatagi Toelupe of the delegation of Samoa as an alternate member, of the WHO Staff Pension Committee for a three-year term until May 2011.

(Eighth plenary meeting, 24 May 2008)

WHA61(10) Selection of the country in which the Sixty-second World Health Assembly would be held

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

(Eighth plenary meeting, 24 May 2008)

WHA61(11) Report of the Executive Board on its 121st and 122nd sessions

The Sixty-first World Health Assembly, after reviewing the Executive Board's report on its 121st and 122nd sessions,¹ took note of the report, commended the work that the Board had performed; and expressed its appreciation of the dedication with which the Board had carried out the tasks entrusted to it.

(Second plenary meeting, 19 May 2008)

¹ Document A61/2.

ANNEXES

ANNEX 1

Text of amended Rules of Procedure of the World Health Assembly¹

[A61/30 – 3 April 2008]

Regular and special sessions

Rule 12bis

At each session the provisional agenda and, subject to Rule 12, any proposed supplementary item, together with the report of the General Committee thereon, shall be submitted to the Health Assembly for its adoption as soon as possible after the opening of the session.

[Rule 24 deleted]

[Rule 25 deleted]

OFFICERS OF THE HEALTH ASSEMBLY

Rule 26²

At each regular session, the Health Assembly shall elect a President and five Vice-Presidents, who shall hold office until their successors are elected.

GENERAL COMMITTEE

Rule 31²

The General Committee of the Health Assembly shall consist of the President and Vice-Presidents of the Health Assembly, the chairmen of the main committees of the Health Assembly established under Rule 34 and that number of delegates to be elected by the Health Assembly as shall provide a total of twenty-five members of the General Committee, provided that no delegation may have more than one representative on the Committee. The President of the Health Assembly shall convene, and preside over, meetings of the General Committee.

[...]

¹ See resolution WHA61.11.

² To be renumbered following deletion of Rules 24 and 25.

MAIN COMMITTEES OF THE HEALTH ASSEMBLY

Rule 34¹

[...]

The chairmen of these main committees shall be elected by the Health Assembly.

.....

Rule 36¹

Each main committee shall elect two Vice-Chairmen and a Rapporteur.

.....

CONDUCT OF BUSINESS AT PLENARY MEETINGS

Rule 68¹

If two or more proposals are moved, the Health Assembly shall, unless it decides otherwise, vote on the proposals in the order in which they have been circulated to all delegations, unless the result of a vote on a proposal makes unnecessary any other voting on the proposal or proposals still outstanding.

.....

RECORDS OF THE HEALTH ASSEMBLY

Rule 92¹

Verbatim records of all plenary meetings and summary records of the meetings of the General Committee and of committees and sub-committees shall be made by the Secretariat. Unless otherwise expressly decided by the committee concerned, no record shall be made of the proceedings of the Committee on Credentials other than the report presented by the Committee to the Health Assembly.

¹ To be renumbered following deletion of Rules 24 and 25.

ANNEX 2

Text of amended Statute of the International Agency for Research on Cancer¹

[A61/33 – 22 May 2008]

Article VI – The Scientific Council

1. The Scientific Council shall be composed of highly qualified scientists, selected on the basis of their technical competence in cancer research and allied fields. Members of the Scientific Council are appointed as experts and not as representatives of Participating States.
2. Each Participating State may nominate up to two experts for membership in the Scientific Council and, if a Participating State makes such a nomination, the Governing Council shall appoint one of them.
3. In identifying experts to be considered for appointment to the Scientific Council, Participating States shall take into account advice to be provided by the Chairperson of the Scientific Council and Director of the Agency concerning the expertise required on the Scientific Council at the time of those appointments.
4. Members of the Scientific Council shall serve for a term of four years. Should a member not complete a term, a new appointment shall be made for the remainder of the term to which the member would have been entitled, in accordance with paragraph 5.
5. When a vacancy arises on the Scientific Council, the Participating State that nominated the departing member may nominate up to two experts to replace that member in accordance with paragraphs 2 and 3. Any member leaving the Scientific Council, other than a member appointed for a reduced term, may be reappointed only after at least one year has elapsed.
6. The Scientific Council shall be responsible for:
 - (a) adopting its own rules of procedure;
 - (b) the periodical evaluation of the activities of the Agency;
 - (c) recommending programmes of permanent activities and preparing special projects for submission to the Governing Council;
 - (d) the periodical evaluation of special projects sponsored by the Agency;
 - (e) reporting to the Governing Council, for consideration at the time that body considers the programme and budget, upon the matters dealt with in subparagraphs (b), (c) and (d) above.

¹ Resolution WHA61.13.

ANNEX 3¹

Action plan for the global strategy for the prevention and control of noncommunicable diseases

[A61/8, Annex – 18 April 2008]

INTRODUCTION

1. The global burden of noncommunicable diseases continues to grow; tackling it constitutes one of the major challenges for development in the twenty-first century. Noncommunicable diseases, principally cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases, caused an estimated 35 million deaths in 2005. This figure represents 60% of all deaths globally, with 80% of deaths due to noncommunicable diseases occurring in low- and middle-income countries, and approximately 16 million deaths involving people under 70 years of age. Total deaths from noncommunicable diseases are projected to increase by a further 17% over the next 10 years. The rapidly increasing burden of these diseases is affecting poor and disadvantaged populations disproportionately, contributing to widening health gaps between and within countries. As noncommunicable diseases are largely preventable, the number of premature deaths can be greatly reduced. As requested by the Health Assembly in resolution WHA60.23, the Secretariat drew up a draft action plan in order to guide Member States, the Secretariat and international partners in working towards the prevention and control of noncommunicable diseases. The draft plan was discussed by the Executive Board at its 122nd session in January 2008, and during an informal consultation with Member States, held in Geneva on 29 February 2008. In addition, the views of nongovernmental organizations and representatives of the food and non-alcoholic beverages industry were gathered at two other meetings organized for that purpose. The following plan incorporates the contributions provided by Member States and other stakeholders and will support achievement of the goals of the global strategy for the prevention and control of noncommunicable diseases.

PURPOSE

2. In leading and catalysing an intersectoral, multilevel response, with a particular focus on low- and middle-income countries and vulnerable populations, the plan has the overall purpose of:

- mapping the emerging epidemics of noncommunicable diseases and analysing their social, economic, behavioural and political determinants as the basis for providing guidance on the policy, programmatic, legislative and financial measures that are needed to support and monitor the prevention and control of noncommunicable diseases;
- reducing the level of exposure of individuals and populations to the common modifiable risk factors for noncommunicable diseases – namely, tobacco use, unhealthy diet and physical inactivity, and the harmful use of alcohol – and their determinants, while at the same time strengthening the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health; and

¹ See resolution WHA61.4.

- strengthening health care for people with noncommunicable diseases by developing evidence-based norms, standards and guidelines for cost-effective interventions and by reorienting health systems to respond to the need for effective management of diseases of a chronic nature.

3. The plan is based on current scientific knowledge, available evidence and a review of international experience. It comprises a set of actions which, when performed collectively by Member States and other stakeholders, will tackle the growing public health burden imposed by noncommunicable diseases. In order for the plan to be implemented successfully, high-level political commitment and the concerted involvement of governments, communities and health-care providers are required; in addition, public health policies will need to be reoriented and allocation of resources improved.

SCOPE

4. Current evidence indicates that four types of noncommunicable diseases – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – make the largest contribution to mortality in the majority of low- and middle-income countries and require concerted, coordinated action. These diseases are largely preventable by means of effective interventions that tackle shared risk factors, namely: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. In addition, improved disease management can reduce morbidity, disability, and death and contribute to better health outcomes.

5. The four types of diseases and their risk factors are considered together in this action plan in order to emphasize common causes and highlight potential synergies in prevention and control. This is not to imply, however, that all the risk factors are associated in equal measure with each of the diseases. Details of disease-related causal links and interventions are provided in the relevant strategies and instruments, namely: the WHO Framework Convention on Tobacco Control, and WHO's Global Strategy on Diet, Physical Activity and Health. A similar approach to diseases and health conditions is being followed as part of WHO's work to reduce the harmful use of alcohol.¹

6. Within any country, there will be a range of diseases, disabilities and conditions for which the risk factors and the needs for screening, treatment and care overlap with those for noncommunicable diseases considered in this action plan. Among these are blindness, deafness, oral diseases, certain genetic diseases, and other diseases of a chronic nature, including some communicable diseases like HIV/AIDS and tuberculosis. The demands that noncommunicable diseases place on patients, families and health-care systems are also similar to those imposed by some communicable diseases, and comparable strategies are effective for their management.²

¹ Actions proposed in this plan are in accordance with existing WHO instruments and strategies to reduce alcohol-related harm including, at regional level, resolution SEA/RC59/R8, resolution EUR/RC55/R1, resolution EM/RC53/R5, resolution WPR/RC57.R5. Further work will be guided by the outcome of current global processes for tackling harmful use of alcohol.

² There are many other noncommunicable conditions of public health importance. They include osteoporosis, renal diseases, oral diseases, genetic diseases, neurological diseases, and diseases causing blindness and deafness. Many of these conditions are the subjects of other WHO strategies, action plans and technical guidance and are therefore not considered directly by this plan. Similarly, mental health disorders are not included here despite the heavy burden of disease that they impose, as they do not share the same risk factors (other than the harmful use of alcohol), and because they require different intervention strategies. Public health considerations in the area of mental health are covered in the WHO mental health gap action programme, the implementation of whose strategies, programmes and policies was recognized as a need in resolution WHA55.10.

7. The priorities for action cut across all WHO regions, reflecting similar challenges in many areas: intersectoral collaboration, partnerships and networking, capacity strengthening in countries and in WHO country offices, resource mobilization, and strategic support for collaborative research.

RELATIONSHIP TO EXISTING STRATEGIES AND PLANS

8. The foundation for this action plan is the global strategy for the prevention and control of noncommunicable diseases, whose aim to reduce premature mortality and improve quality of life was reaffirmed by the Health Assembly in 2000 (resolution WHA53.17). The plan also builds on the implementation of the WHO Framework Convention on Tobacco Control, adopted by the Health Assembly in 2003 (resolution WHA56.1), and the Global Strategy on Diet, Physical Activity and Health, endorsed by the Health Assembly in 2004 (resolution WHA57.17). The plan also focuses on the harmful use of alcohol as a risk factor for noncommunicable diseases on the basis of continuing work in WHO and the resolutions of its governing bodies, including the regional committees. The plan is also guided by the Medium-term strategic plan 2008–2013 and the Eleventh General Programme of Work. The actions for the Secretariat set out in the plan are aligned with strategic objective 3 and strategic objective 6 in the Medium-term strategic plan 2008–2013, which provide details of expected results, targets and indicators for the Organization's work on prevention and control of noncommunicable diseases.

9. This plan is intended to support coordinated, comprehensive and integrated implementation of strategies and evidence-based interventions across individual diseases and risk factors, especially at the national level. The aim is to provide an overall direction to support the implementation of national and regional strategies and action plans, where these have been elaborated and the development of sound and feasible action plans where none exist. The action plan will, therefore, support the continued and strengthened implementation of regional resolutions and plans.¹

RESOURCES

10. The Programme budget 2008–2009 describes the financial resources required by the Secretariat for the current biennium in respect of work undertaken to meet strategic objective 3 and strategic objective 6. For the next bienniums, additional resources will be required and allocation and mobilization of resources will be re-examined. In order for the plan to be implemented effectively at the national and global levels, considerable efforts will be required to mobilize resources, and strong, highly coordinated regional and global partnerships will be vital. One aim of the plan is to ensure that concerted action can be conducted on a global scale. This will require all partners – including intergovernmental and nongovernmental organizations, academic and research institutions, and the private sector – to play a stronger role in a global network for noncommunicable disease prevention and control.

¹ The following are included: resolution AFR/RC50/R4, "Noncommunicable diseases: strategy for the African Region"; resolution CD47.R9, "Regional strategy and plan of action on an integrated approach to the prevention and control of chronic diseases, including diet, physical activity"; resolution SEA/RC60/R4, "Scaling up prevention and control of chronic noncommunicable diseases in the South-East Asia Region"; resolution EUR/RC56/R2, "Prevention and Control of Noncommunicable Diseases in the WHO European Region"; resolution EM/RC52/R7, "Noncommunicable diseases: challenges and strategic directions"; and resolution WPR/RC57/R4, "Noncommunicable disease prevention and control".

TIME FRAME

11. This action plan will be implemented over the same period as the Medium-term strategic plan 2008–2013. Actions to be completed or initiated during the first two years are specifically identified in the following pages. The implementation of the plan will be reviewed towards the end of the first biennium, in 2009, and reprogrammed with a detailed time frame for the second and third bienniums.

OBJECTIVES AND ACTIONS

12. This section sets out the **six objectives** of the plan and gives details of the respective actions and performance indicators for the stakeholders at all levels, namely, domestic, national and international.

OBJECTIVE 1: To raise the priority accorded to noncommunicable disease in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments.

13. The international public health advocacy in this area must be driven by one key idea: **noncommunicable diseases are closely linked to global social and economic development.** These diseases and their risk factors are closely related to poverty and contribute to poverty; they should, therefore, no longer be excluded from global discussions on development. If the high mortality and heavy burden of disease experienced by low- and middle-income countries are to be tackled comprehensively, global development initiatives must take into account the prevention and control of noncommunicable diseases. Instruments such as the Millennium Development Goals provide opportunities for synergy, as do mechanisms that harmonize development aid and strategies for poverty alleviation.

14. At the national level, key messages should explain that:

- **National policies in sectors other than health have a major bearing on the risk factors for noncommunicable diseases**, and that health gains can be achieved much more readily by influencing public policies in sectors like trade, taxation, education, agriculture, urban development, food and pharmaceutical production than by making changes in health policy alone. National authorities may wish, therefore, to adopt an approach to the prevention and control of these diseases that involves all government departments.
- **Throughout the life course, inequities in access to protection, exposure to risk, and access to care are the cause of major inequalities in the occurrence and outcome of noncommunicable diseases.** Global and national action must be taken to respond to the social and environmental determinants of noncommunicable diseases, promoting health and equity and building on the findings of the Commission on Social Determinants of Health.

15. **Proposed action for Member States**

It is proposed that, in accordance with their legislation, and as appropriate in view of their specific circumstances, Member States should undertake the actions set out below.

- (a) Assess and monitor the public health burden imposed by noncommunicable diseases and their determinants, with special reference to poor and marginalized populations.

- (b) Incorporate the prevention and control of noncommunicable diseases explicitly in poverty-reduction strategies and in relevant social and economic policies.
- (c) Adopt approaches to policy development that involve all government departments, ensuring that public health issues receive an appropriate cross-sectoral response.
- (d) Implement programmes that tackle the social determinants of noncommunicable diseases with particular reference to the following: health in early childhood, the health of the urban poor, fair financing and equitable access to primary health care services.

16. Action for the Secretariat

- (a) Raise the priority given to the prevention and control of noncommunicable diseases on the agendas of relevant high-level forums and meetings of national and international leaders [2008–2009].¹
- (b) Work with countries in building and disseminating information about the necessary evidence base and surveillance data in order to inform policy-makers, with special emphasis on the relationship between noncommunicable diseases, poverty and development [2008–2009].¹
- (c) Develop and disseminate tools that enable decision-makers to assess the impact of policies on the determinants of, risk factors for, and consequences of noncommunicable diseases; and provide models of effective, evidence-based policy-making [2008–2009].¹
- (d) Draw up a document in support of policy coherence, pointing out connections between the findings of the Commission on Social Determinants of Health and the prevention and control of noncommunicable diseases; and take forward the work on social determinants of health as it relates to noncommunicable diseases.

17. Proposed action for international partners

- (a) Include the prevention and control of noncommunicable diseases as an integral part of work on global development and in related investment decisions.²
- (b) As appropriate, work with WHO to involve all stakeholders in advocacy in order to raise awareness of the increasing magnitude of the public health problems posed by noncommunicable diseases, and of the fact that tackling the determinants of, and risk factors for, such diseases has the potential to be a significant method of prevention.
- (c) Support WHO in creating forums where key stakeholders – including nongovernmental organizations, professional associations, academia, research institutions and the private sector – can contribute and take concerted action against noncommunicable diseases.

¹ See paragraph 11 above.

² Specific examples of this action include the first CARICOM Regional Summit on Chronic, Non-Communicable Diseases (Port-of-Spain, 15 September 2007), following which the heads of government of the Caribbean Community released a joint declaration; and the work of the WHO European Region, which has helped the World Bank and other international agencies to accord greater priority to noncommunicable diseases, and which signed a joint declaration to support countries of the Commonwealth of Independent States.

OBJECTIVE 2: To establish and strengthen national policies and plans for the prevention and control of noncommunicable diseases

18. Countries need to establish new, or strengthen existing, policies and plans for the prevention and control of noncommunicable diseases as an integral part of their national health policy and broader development frameworks. Such policies should encompass the following three components, with special attention given to dealing with gender, ethnic, and socioeconomic inequalities together with the needs of persons with disabilities:

- the development of a national multisectoral framework for the prevention and control of noncommunicable diseases;
- the integration of the prevention and control of noncommunicable diseases into the national health development plan;
- the reorientation and strengthening of health systems, enabling them to respond more effectively and equitably to the health-care needs of people with chronic diseases, in line with the WHO-developed strategy for strengthening health systems.

19. **Proposed action for Member States**

National multisectoral framework for the prevention and control of noncommunicable diseases

- (a) Develop and implement a comprehensive policy and plan for the prevention and control of major noncommunicable diseases, and for the reduction of modifiable risk factors.
- (b) Establish a high-level national multisectoral mechanism for planning, guiding, monitoring and evaluating enactment of the national policy with the effective involvement of sectors outside health.
- (c) Conduct a comprehensive assessment of the characteristics of noncommunicable diseases and the scale of the problems they pose, including an analysis of the impact on such diseases of the policies of the different government sectors.
- (d) Review and strengthen, when necessary, evidence-based legislation, together with fiscal and other relevant policies that are effective in reducing modifiable risk factors and their determinants.

Integration of the prevention and control of noncommunicable diseases into the national health development plan

- (a) Establish an adequately staffed and funded noncommunicable disease and health promotion unit within the Ministry of Health or other comparable government health authority.
- (b) Establish a high-quality surveillance and monitoring system that should provide, as minimum standards, reliable population-based mortality statistics and standardized data on noncommunicable diseases, key risk factors and behavioural patterns, based on the WHO STEPwise approach to risk factor surveillance.
- (c) Incorporate evidence-based, cost-effective primary and secondary prevention interventions into the health system with emphasis on primary health care.

Reorientation and strengthening of health systems¹

- (a) Ensure that provision of health care for chronic diseases is dealt with in the context of overall health system strengthening and that the infrastructure of the system, in both the public and private sectors, has the elements necessary for the effective management of and care for chronic conditions. Such elements include appropriate policies, trained human resources, adequate access to essential medicines and basic technologies, standards for primary health care, and well-functioning referral mechanisms.
- (b) Adopt, implement and monitor the use of evidence-based guidelines and establish standards of health care for common conditions like cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, integrating whenever feasible, their management into primary health care.
- (c) Implement and monitor cost-effective approaches for the early detection of breast and cervical cancers, diabetes, hypertension and other cardiovascular risk factors.
- (d) Strengthen human resources capacity, improve training of physicians, nurses and other health personnel and establish a continuing education programme at all levels of the health-care system, with a special focus on primary health care.
- (e) Take action to help people with noncommunicable diseases to manage their own conditions better, and provide education, incentives and tools for self-management and care.
- (f) Develop mechanisms for sustainable health financing in order to reduce inequities in accessing health care.

20. Action for the Secretariat*National multisectoral framework for the prevention and control of noncommunicable diseases*

- (a) Conduct a review of international experience in the prevention and control of noncommunicable diseases, including community-based programmes, and identify and disseminate lessons learnt [2008–2009].²
- (b) Recommend, based on a review of international experience, successful approaches for intersectoral action against noncommunicable diseases.
- (c) Provide guidance for the development of national policy frameworks, including evidence-based public health policies for the reduction of risk factors, and provide technical support to countries in adapting these policies to their national context [2008–2009].²

¹ These actions are proposed in view of the fact that in many Member States the organizational and financial arrangements with respect to health care are such that the long-term needs of people with noncommunicable diseases are rarely dealt with successfully.

² See paragraph 11 above.

Integration of the prevention and control of noncommunicable diseases into the national health development plan

- (a) Expand, over the time frame of this plan, the technical capacity of WHO's regional and country offices and develop networks of experts and collaborating or reference centres for the prevention and control of noncommunicable diseases in support of national programmes.
- (b) Develop norms for surveillance and guidelines for primary and secondary prevention, based on the best available scientific knowledge, public health principles and existing WHO tools [2008–2009].¹
- (c) Review and update diagnostic criteria, classifications and, where needed, management guidelines for common noncommunicable diseases [2008–2009].¹
- (d) Provide support to countries, in collaboration with international partners, in strengthening opportunities for training and capacity building with regard to the public health aspects of the major noncommunicable diseases [2008–2009].¹

Reorientation and strengthening of health systems

- (a) Ensure that the response to noncommunicable diseases is placed at the forefront of efforts to strengthen health systems.
- (b) Provide technical guidance to countries in integrating cost-effective interventions against major noncommunicable diseases into their health systems [2008–2009].¹
- (c) Provide support to countries in enhancing access to essential medicines and affordable medical technology, building on the continuing WHO programmes promoting both quality generic products, and the improvement of procurement, efficiency and management of medicine supplies [2008–2009].¹
- (d) Assess existing models for self-examination and self-care, and design improved affordable versions where necessary, with a special focus on populations with low health awareness and/or literacy.

21. Proposed action for international partners

- (a) Support the development and strengthening of international, regional, and national alliances, networks and partnerships in order to support countries in mobilizing resources, building effective national programmes and strengthening health systems so that they can meet the growing challenges posed by noncommunicable diseases [2008–2009].¹
- (b) Support implementation of intervention projects, exchange of experience among stakeholders, and regional and international capacity-building programmes.

¹ See paragraph 11 above.

OBJECTIVE 3: To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol

22. Strategies for reducing risk factors for noncommunicable diseases aim at providing and encouraging healthy choices for all. They include multisectoral actions involving the elaboration of high-level policies and plans as well as programmes related to advocacy, community mobilization, environmental interventions, health-system organization and delivery, legislation and regulation. As the underlying determinants of noncommunicable diseases often lie outside the health sector, strategies need the involvement of both public and private actors in multiple sectors such as agriculture, finance, trade, transport, urban planning, education, and sport. Different settings may be considered for action, for example, schools, workplaces, households and local communities. Surveillance of the four major behavioural risk factors and associated biological risk factors (including raised blood pressure, raised cholesterol, raised blood glucose, and overweight/obesity) is an important component of action to assess prevalence and is considered in detail under objective 2 and objective 6.

23. Member States may wish to enact or strengthen, as appropriate according to national contexts, interventions to reduce risk factors for noncommunicable diseases, including ratifying and implementing the WHO Framework Convention on Tobacco Control, implementing the recommendations of the Global Strategy on Diet, Physical Activity and Health, the Global Strategy for Infant and Young Child Feeding, and other relevant strategies through national strategies, policies and action plans.

24. Proposed action for Member States

Tobacco control

Consider implementing the following package of six cost-effective policy interventions (the MPOWER package), which builds on the measures for reducing demand contained in the WHO Framework Convention for Tobacco Control:¹

- (a) monitor tobacco use and tobacco-prevention policies
- (b) protect people from tobacco smoke in public places and workplaces
- (c) offer help to people who want to stop using tobacco
- (d) warn people about the dangers of tobacco
- (e) enforce bans on tobacco advertising, promotion and sponsorship²
- (f) raise tobacco taxes and prices.

¹ Implementation of other measures contained in the WHO Framework Convention on Tobacco Control may be considered as part of national comprehensive tobacco-control programmes.

² In Article 13 of the WHO Framework Convention on Tobacco Control, paragraph 1 states that: "Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products." At the same time, Article 13 recognizes that the ability of some countries to undertake comprehensive bans may be limited by their constitution or constitutional principles.

Promoting healthy diet

Implement the actions recommended in, but not limited to, the Global Strategy on Diet, Physical Activity and Health in order to:

- (a) promote and support exclusive breastfeeding for the first six months of life and promote programmes to ensure optimal feeding for all infants and young children;
- (b) develop a national policy and action plan on food and nutrition, with an emphasis on national nutrition priorities including the control of diet-related noncommunicable diseases;
- (c) establish and implement food-based dietary guidelines and support the healthier composition of food by:
 - reducing salt levels
 - eliminating industrially produced *trans*-fatty acids
 - decreasing saturated fats
 - limiting free sugars
- (d) provide accurate and balanced information for consumers in order to enable them to make well-informed, healthy choices;
- (e) prepare and put in place, as appropriate, and with all relevant stakeholders, a framework and/or mechanisms for promoting the responsible marketing of foods and non-alcoholic beverages to children, in order to reduce the impact of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt.

Promoting physical activity

Implement the actions recommended in, but not limited to, the Global Strategy on Diet, Physical Activity and Health in order to:

- (a) develop and implement national guidelines on physical activity for health;
- (b) implement school-based programmes in line with WHO's health-promoting schools initiative;
- (c) ensure that physical environments support safe active commuting, and create space for recreational activity, by the following:
 - ensuring that walking, cycling and other forms of physical activity are accessible to and safe for all;
 - introducing transport policies that promote active and safe methods of travelling to and from schools and workplaces, such as walking or cycling;
 - improving sports, recreation and leisure facilities;
 - increasing the number of safe spaces available for active play.

*Reducing the harmful use of alcohol*¹

In order to respond effectively to the public health challenges posed by harmful use of alcohol – in accordance with existing regional strategies and guided by the outcome of current and future WHO global activities to reduce harmful use of alcohol – Member States may wish to:

- (a) consider the following areas:
 - under-age drinking (as defined in the country)
 - the harmful use of alcohol by women of reproductive age
 - driving or operating machinery while under the influence of alcohol (including all traffic-related injuries involving alcohol)
 - drinking to intoxication
 - alcohol-use disorders
 - the consumption of alcoholic beverages that have been illegally produced and distributed
 - the impact of harmful use of alcohol on other health conditions, in particular on cancers, liver and cardiovascular diseases, and injuries.
- (b) adopt measures in support of an appropriate monitoring system for the harmful use of alcohol.

25. Action for the Secretariat

- (a) Use existing strategies such as the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health, the Global Strategy for Infant and Young Child Feeding, and other relevant strategies that have been the subject of resolutions adopted by the Health Assembly, in order to provide technical support to countries in implementing or strengthening nationwide action to reduce risk factors for noncommunicable diseases and their determinants [2008–2009].²
- (b) Guide the development of pilot or demonstration community-based programmes of intervention.
- (c) Support the development of networks of community-based programmes at the regional and global levels [2008–2009].²
- (d) Provide support to countries in implementing the MPOWER package and provide technical support to implement other measures contained in the WHO Framework Convention on Tobacco Control in response to specific national needs [2008–2009].²

¹ See resolution WHA61.4.

² See paragraph 11 above.

(e) Ensure synergy with the work of the Convention Secretariat and the implementation of the WHO Framework Convention on Tobacco Control in applying the tobacco-control component of this plan [2008–2009].¹

26. Proposed action for international partners

Provide support for and participate in the development and implementation of technical guidance and tools in order to reduce the main shared modifiable risk factors for noncommunicable diseases.

OBJECTIVE 4: To promote research for the prevention and control of noncommunicable diseases

27. A coordinated agenda for noncommunicable disease research is an essential element in the effective prevention and control of noncommunicable diseases. In establishing such an agenda, the aim is to enhance international collaboration to promote and support the multidimensional and multisectoral research that is needed in order to generate or strengthen the evidence base for cost-effective prevention and control strategies. Priority areas include the analytical, health-system, operational, economic and behavioural research that are required for programme implementation and evaluation.

28. Proposed action for Member States

- (a) Invest in epidemiological, behavioural, and health-system research as part of national programmes for the prevention of noncommunicable diseases and develop – jointly with academic and research institutions – a shared agenda for research, based on national priorities.
- (b) Encourage the establishment of national reference centres and networks to conduct research on socioeconomic determinants, gender, the cost-effectiveness of interventions, affordable technology, health-system reorientation and workforce development.

29. Action for the Secretariat

(a) Develop a research agenda for noncommunicable diseases in line with WHO's global research strategy,² collaborate with partners and the research community and involve major relevant constituencies in prioritizing, implementing, and funding research projects. A prioritized research agenda for noncommunicable diseases should generate knowledge and help to translate knowledge into action through innovative approaches in the context of low- and middle-income countries. Such an agenda could include:

- the assessment and monitoring of the burden of noncommunicable diseases and its impact on socioeconomic development
- the monitoring of the impact of poverty and other indicators of socioeconomic disparity on the distribution of risk factors
- the assessment of national capacity for the prevention and control of noncommunicable diseases and the evaluation of approaches to fill existing gaps in capacity

¹ See paragraph 11 above.

² Action to elaborate the research agenda for noncommunicable diseases will be initiated in 2008, in close coordination with the Advisory Committee on Health Research and other partners.

- the evaluation of impact of community-based interventions on risk factor levels, and on morbidity and mortality associated with noncommunicable diseases in different populations
- the assessment of the cost–effectiveness of clinical and public health interventions for improving health behaviours and health outcomes
- the evaluation of different strategies for early detection and screening of noncommunicable diseases in different populations, with an emphasis on cancers, diabetes and hypertension
- the evaluation of interventions for secondary prevention on cardiovascular disease outcomes in different settings
- the study of the effectiveness of different organizational patterns in health-care institutions in improving health care for chronic conditions, with a special focus on primary health care
- the analysis of research on factors affecting consumer behaviour and dietary choices, including marketing
- the study of approaches for improving access to, and availability of, essential medicines, essential medical technologies and other central elements of health care; and of approaches for improving the development of affordable new drugs for neglected diseases like Chagas disease, and for rheumatic fever, together with vaccines like that against human papillomavirus
- the assessments of the role, efficacy, and safety of traditional medicines in the management of noncommunicable diseases [2008–2009].¹

(b) Encourage WHO collaborating centres to incorporate the research agenda into their plans and facilitate collaborative research through bilateral and multilateral collaboration and multicentre projects.

30. **Proposed action for international partners**

(a) Support low- and middle-income countries in building capacity for epidemiological and health-systems research, including the analytical and operational research required for programme implementation and evaluation in the area of noncommunicable diseases.

(b) Support, and work jointly on, priority research on noncommunicable diseases at the global, regional and subregional levels, particularly research on socioeconomic determinants, lifestyle and behaviour modification, community-based interventions, equity, reorientation of health systems and primary health care, together with research that explores models of care that are applicable to resource-poor settings.

(c) Strengthen and support WHO collaborating centres and national reference centres and monitor initiatives and partnerships involved in research related to the prevention and control of noncommunicable diseases.

¹ See paragraph 11 above.

OBJECTIVE 5: To promote partnerships for the prevention and control of noncommunicable diseases

31. Providing effective public health responses to the global threat posed by noncommunicable diseases requires strong international partnerships. The building and coordinating of results-oriented collaborative efforts and alliances are essential components of the global strategy. Partnerships are also vital because resources for the prevention and control of noncommunicable diseases are limited in most national and institutional budgets. Collaborative work should be fostered among United Nations agencies, other international institutions, academia, research centres, nongovernmental organizations, consumer groups, and the business community.

32. Since the major determinants of noncommunicable diseases lie outside the health sector, collaborative efforts and partnerships must be intersectoral and must operate “upstream” in order to ensure that a positive impact is made on health outcomes in respect of noncommunicable diseases.

33. Proposed action for Member States

(a) Participate actively in regional and subregional networks for the prevention and control of noncommunicable diseases.

(b) Establish effective partnerships for the prevention and control of noncommunicable diseases, and develop collaborative networks, involving key stakeholders, as appropriate.

34. Action for the Secretariat

(a) Establish an advisory group in 2008 in order to provide strategic and technical input and conduct external reviews of the progress made by WHO and its partners in the prevention and control of noncommunicable diseases [2008–2009].¹

(b) Encourage the active involvement of existing regional and global initiatives in the implementation and monitoring of the global strategy for the prevention and control of noncommunicable diseases, and of related strategies.

(c) Support and strengthen the role of WHO collaborating centres by linking their plans to the implementation of specific interventions in the global strategy [2008–2009].¹

(d) Facilitate and support, in collaboration with international partners, a global network of national, regional, and international networks and programmes such as the WHO regional networks for noncommunicable disease prevention and control.²

¹ See paragraph 11 above.

² The network of African noncommunicable disease interventions (NANDI) in the African Region; *Conjunto de acciones para la reducción multifactorial de enfermedades no transmisibles* (the CARMEN network) in the Region of the Americas; the South-East Asia network for noncommunicable disease prevention and control (SEANET–NCD) in the South-East Asian Region; the countrywide integrated noncommunicable diseases intervention (the CINDI programme) in the European Region; the Eastern Mediterranean approach to noncommunicable disease (EMAN) in the Eastern Mediterranean Region; and the Western Pacific noncommunicable disease network (MOANA) in the Western Pacific Region.

35. Proposed action for international partners

- (a) Collaborate closely with and provide support to Member States and the Secretariat in implementing the various components of the global strategy for the prevention and control of noncommunicable diseases.
- (b) Give priority to noncommunicable diseases in international and regional initiatives to strengthen health systems based on primary health care.
- (c) Support the establishment and strengthening of coordinated global, regional and subregional networks for the prevention and control of noncommunicable diseases.

OBJECTIVE 6: To monitor noncommunicable diseases and their determinants and evaluate progress at the national, regional and global levels

36. Monitoring noncommunicable diseases and their determinants provides the foundation for advocacy, policy development and global action. Monitoring is not limited to tracking data on the magnitude of and trends in noncommunicable diseases, it also includes evaluating the effectiveness and impact of interventions and assessing progress made.

37. An evaluation of the implementation of the plan and of progress made will be carried out at the mid-point of the plan's six-year time frame and at the end of the period. The mid-term assessment will offer an opportunity to learn from the experience of the first three years of the plan, taking corrective measures where actions have not been effective and reorienting parts of the plan in response to unforeseen challenges and issues.

38. Proposed action for Member States

- (a) Strengthen surveillance systems and standardized data collection on risk factors, disease incidence and mortality by cause, using existing WHO tools.
- (b) Contribute, on a routine basis, data and information on trends in respect of noncommunicable diseases and their risk factors disaggregated by age, gender, and socioeconomic groups; and provide information on progress made in implementation of national strategies and plans.

39. Action for the Secretariat

- (a) Develop and maintain an information system to collect, analyse and disseminate data and information on trends in respect of mortality, disease burden, risk factors, policies, plans and programmes using currently available data sources like the WHO Global InfoBase and other existing global information systems.¹ This database will be expanded to handle new information on subjects such as health services coverage, related costs, and quality of care [2008–2009].²

¹ Data sources and global information systems include the WHO's statistical information system (for age standardized mortality data), the Global Burden of Disease Project, the Health Metrics Network, the Global Tobacco Surveillance System surveys, data on diet and physical activity from national and subnational surveys, the Global Information System on Alcohol and Health, the WHO STEPwise approach to risk factor surveillance and the WHO surveys on national capacity for the prevention and control of noncommunicable diseases.

² See paragraph 11 above.

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- (b) Establish a reference group for noncommunicable diseases and risk factors, made up of experts in epidemiology, in order to support the work of the Secretariat and advise countries on data collection and analysis [2008–2009].¹
- (c) Strengthen technical support to Member States in improving their collection of data and statistics on risk factors, determinants and mortality.
- (d) Convene a representative group of stakeholders, including Member States and international partners, in order to evaluate progress on implementation of this action plan. The group will set realistic and evidence-based targets and indicators for use in both the mid-term and final evaluations [2008–2009].¹
- (e) Prepare progress reports in 2010 and 2013 on the global status of prevention and control of noncommunicable diseases.

40. **Proposed action for international partners**

- (a) Work collaboratively and provide support for the actions set out for Member States and the Secretariat in monitoring and evaluating, at the regional and global levels, progress in prevention and control of noncommunicable diseases.
- (b) Mobilize resources to support the system for regional and global monitoring and evaluation of progress in the prevention and control of noncommunicable diseases.

INDICATORS

41. There is a need for measurable process and output indicators to permit accurate monitoring and evaluation of actions taken and their impact. Indicators are essential in order to measure progress in implementing the plan and will focus on actions taken by the Secretariat and on the actions of Member States, including in resource-poor settings.
42. Each country may develop its own set of indicators, based on priorities, and resources; however, in order to track prevention and control of noncommunicable diseases at global and regional levels, there is a need to collect data and information in a standardized manner.
43. The indicators mentioned below are examples of measurements that WHO will use in monitoring and reporting on the global status of the prevention and control of noncommunicable diseases. Baseline values are available in WHO for many of the indicators; however, where baselines are not currently available, mechanisms will be established in 2008 and 2009 to collect relevant data.
- Number of countries that have an established unit for the prevention and control of noncommunicable diseases (with dedicated staffing and budget) in the Ministry of Health or equivalent national health authority.

¹ See paragraph 11 above.

- Number of countries that have adopted a multisectoral national policy for noncommunicable diseases in conformity with the global strategy for the prevention and control of noncommunicable diseases.
- Number of countries with reliable, nationally representative mortality statistics by cause.
- Number of countries with reliable standardized data on the major noncommunicable disease risk factors (based on WHO tools).
- Number of countries with reliable population-based cancer registries.
- Number of countries that have excise tax rates of at least 50% of the retail price of a pack of the most commonly-used cigarettes.
- Number of countries with complete smoke-free legislation covering all types of places and institutions, as defined in the WHO Report on the Global Tobacco Epidemic, 2008.¹
- Number of countries with bans on tobacco advertising, promotion and sponsorship, as defined in the WHO Report on the Global Tobacco Epidemic, 2008.¹
- Number of countries that have incorporated smoking cessation support (including counselling and/or behavioural therapies) into primary health care, as defined in the WHO Report on the Global Tobacco Epidemic, 2008.¹
- Number of countries that have adopted multisectoral strategies and plans on healthy diet, based on the WHO Global Strategy on Diet, Physical Activity and Health.
- Number of countries that have adopted multisectoral strategies and plans on physical activity based on the WHO Global Strategy on Diet, Physical Activity and Health.
- Number of countries that have developed national food-based dietary guidelines.
- Number of countries that have developed national recommendations on physical activity for health.
- Number of countries that have developed policies, plans and programmes for preventing public-health problems caused by harmful use of alcohol.
- Number of countries with a national research agenda and a prioritized research plan for noncommunicable diseases and their risk factors in line with WHO's global research strategy.
- Number of countries that provide early detection and screening programmes for cardiovascular risk.
- Number of countries with comprehensive national cancer-control programmes, covering priorities in prevention, early detection, treatment and palliative care.

¹ WHO Report on the Global Tobacco Epidemic, 2008: the MPOWER package. Geneva, World Health Organization, 2008.

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- Number of countries providing early detection and screening programmes for cervical cancer and/or breast cancer.
 - Number of countries in which patients have access to affordable essential medicines for pain relief and palliative care, including oral morphine.
 - Number of radiotherapy devices per 100 000 population.
 - Number of countries in which essential medicines for management of chronic respiratory diseases, hypertension, and diabetes are affordable and accessible in primary health care.
 - Prevalence of tobacco use among adults aged 25–64 years.¹
 - Prevalence of low consumption of fruit and vegetables among adults aged 25–64 years.¹
 - Prevalence of low levels of physical activity among adults aged 25–64 years.¹
 - Prevalence of overweight/obesity among adults aged 25–64 years.¹
 - Prevalence of raised blood pressure among adults aged 25–64 years.¹
 - Prevalence of raised fasting blood glucose concentration among adults aged 25–64 years.¹

¹ As defined in the WHO STEPwise approach to risk factor surveillance.

ANNEX 4

Financial and administrative implications for the Secretariat of resolutions adopted by the Health Assembly

1. Resolution WHA61.4 Strategies to reduce the harmful use of alcohol

2. Linkage to programme budget

Strategic objective:

6. To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.

Organization-wide expected result:

6.4. Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with a high or increasing burden of disease or death associated with alcohol, drugs and other psychoactive substance use, enabling them to strengthen institutions in order to combat or prevent the public health problems concerned.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

The resolution is linked to the above-mentioned expected result and its indicators, including number of policies, strategies and recommendations developed in order to provide support to Member States in preventing or reducing public health problems caused by alcohol and other psychoactive substance use. The resolution requests the development of a draft global strategy to reduce harmful use of alcohol, provides guidance on the process of the draft development and sets out the requirements for reporting to the Health Assembly.

3. Financial implications

(a) Total estimated cost for implementation over the life-cycle of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)

The estimated maximum cost to the Secretariat for developing a draft global strategy based on all available evidence and existing best practices and in collaboration with Member States and in active consultation with relevant stakeholders for the period 2008–2010 is US\$ 1 940 000

(b) Estimated cost for the biennium 2008–2009 (estimated to the nearest US\$ 10 000 including staff and activities, and indicating at which levels of the Organization the costs will be incurred, identifying specific regions where relevant) US\$ 1 720 000

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities for the biennium 2008–2009? US\$ 230 000.

(d) For the amount that cannot be subsumed under existing programmed activities, how will the additional costs be financed? (indicate potential sources of funds)

Additional funding is expected from core contributions and other sources.

4. Administrative implications**(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken, identifying specific regions where relevant)**

Headquarters, with close collaboration with all regional offices.

(b) Additional staffing requirements (indicate additional required staff – full-time equivalents – by levels of the Organization, identifying specific regions where relevant and noting necessary skills profile)

One full-time staff member in the professional category for one year at US\$ 190 000 per year is required in addition to those staff members needed to fill positions whose cost has already been budgeted in the workplan and the Programme budget 2008–2009.

(c) Time frames (indicate broad time frames for implementation)

Two years (2008–2010), after which a draft global strategy to reduce harmful use of alcohol will be submitted to the Health Assembly.
