



WORLD HEALTH ORGANIZATION

**WORLD HEALTH ASSEMBLY
FIRST SPECIAL SESSION**

GENEVA, 9 NOVEMBER 2006

**RESOLUTIONS AND DECISION
ANNEX**

**SIXTIETH
WORLD HEALTH ASSEMBLY**

GENEVA, 14–23 MAY 2007

**RESOLUTIONS AND DECISIONS
ANNEXES**

GENEVA
2007



WORLD HEALTH ORGANIZATION

WORLD HEALTH ASSEMBLY FIRST SPECIAL SESSION

GENEVA, 9 NOVEMBER 2006

**RESOLUTIONS AND DECISION
ANNEX**

GENEVA
2007

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ACHR	– Advisory Committee on Health Research	OIE	<i>Office International des Epizooties</i>
ASEAN	– Association of South-East Asian Nations	PAHO	– Pan American Health Organization
CEB	– United Nations System Chief Executives Board for Coordination (formerly ACC)	UNAIDS	– Joint United Nations Programme on HIV/AIDS
CIOMS	– Council for International Organizations of Medical Sciences	UNCTAD	– United Nations Conference on Trade and Development
FAO	– Food and Agriculture Organization of the United Nations	UNDCP	– United Nations International Drug Control Programme
IAEA	– International Atomic Energy Agency	UNDP	– United Nations Development Programme
IARC	– International Agency for Research on Cancer	UNEP	– United Nations Environment Programme
ICAO	– International Civil Aviation Organization	UNESCO	– United Nations Educational, Scientific and Cultural Organization
IFAD	– International Fund for Agricultural Development	UNFPA	– United Nations Population Fund
ILO	– International Labour Organization (Office)	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMF	– International Monetary Fund	UNICEF	– United Nations Children’s Fund
IMO	– International Maritime Organization	UNIDO	– United Nations Industrial Development Organization
INCB	– International Narcotics Control Board	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
ITU	– International Telecommunication Union	WFP	– World Food Programme
OECD	– Organisation for Economic Co-operation and Development	WIPO	– World Intellectual Property Organization
		WMO	– World Meteorological Organization
		WTO	– World Trade Organization

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 First special session of the World Health Assembly was held at the Palais des Nations, Geneva, on 9 November 2006, in accordance with the decision of the Executive Board at its 118th session.¹ The proceedings are issued in two volumes, containing, in addition to other relevant material:

Resolutions and decision, Annex – document WHASS1/2006–WHA60/2007/REC/1

Verbatim records of plenary meetings, list of participants – document WHASS1/2006–WHA60/2007/REC/2

¹ See resolution EB118.R2.

CONTENTS

	Page
Preface.....	3
Agenda	7
List of documents.....	9
Officers of the Health Assembly and membership of its committees.....	11

RESOLUTIONS AND DECISION

Resolutions

SSA1.1	Appointment of the Director-General	13
SSA1.2	Contract of the Director-General.....	13
SSA1.3	Commemoration of the contribution of the late Dr Jong-wook Lee	14

Decision

SSA1(1)	Composition of the Committee on Credentials	14
---------	---	----

ANNEX

Contract of the Director-General.....	17
---------------------------------------	----

REPORT

Committee on Credentials.....	21
-------------------------------	----

AGENDA¹

1. Opening of the Assembly
 - 1.1 Adoption of the agenda and timetable
 - 1.2 Committee on Credentials
 2. Director-General
 - 2.1 Appointment
 - 2.2 Approval of contract
 3. Closure of the Assembly
-

¹ Adopted at the first plenary meeting.

LIST OF DOCUMENTS

SSA1/1	Provisional agenda ¹
SSA1/Add.1	Provisional timetable
SSA1/2	Director-General. Approval of contract ²
SSA1/3	Committee on Credentials. Report
Information document	
SSA1/INF.DOC./1	Director-General. Note by the Legal Counsel
Diverse documents	
SSA1/DIV/1	Provisional list of delegates and other participants
SSA1/DIV/2	Decision and list of resolutions
SSA1/DIV/3	Guide for delegates to the World Health Assembly
SSA1/DIV/4	List of documents
SSA1/DIV/5	Registration for the first special session of the World Health Assembly
SSA1/DIV/6	Dr Margaret Chan, Director-General elect. Speech to the first special session of the World Health Assembly, Geneva, 9 November 2006

¹ See page 7.

² See Annex.

OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

President

Professor P.I. GARRIDO (Mozambique)

Vice-Presidents

Mr A.A. MIGUIL (Djibouti)

Dr S.F. SUPARI (Indonesia)

Secretary

Dr A. NORDSTRÖM, Acting Director-General¹

Committee on Credentials

The Committee on Credentials was composed of delegates of the following Member States: Burundi, Cambodia, Cyprus, Democratic People's Republic of Korea, Ecuador, Estonia, Honduras, Jordan, Malawi, Nigeria, Pakistan and Poland.

Chairman: Professor ENG HUOT (Cambodia)

Vice-Chairman: Mr J.C. DROUSHIOTIS (Cyprus)

Rapporteur: Mr JANG IL HUN (Democratic People's Republic of Korea)

Secretary: Mr G.L. BURCI, Legal Counsel

¹ As from 24 May 2006, see document EBSS-EB118/2006/REC/1, decision EBSS(1).

RESOLUTIONS AND DECISION

RESOLUTIONS

SSA1.1 Appointment of the Director-General

The First special session of the World Health Assembly,

On the nomination of the Executive Board,

APPOINTS Dr Margaret Chan as Director-General of the World Health Organization.

(Second plenary meeting, 9 November 2006)

SSA1.2 Contract of the Director-General¹

The First special session of the World Health Assembly,

I

Pursuant to Article 31 of the Constitution and Rule 109 of the Rules of Procedure of the World Health Assembly,

APPROVES the contract establishing the terms and conditions of appointment, salary and other emoluments for the post of Director-General;

SUSPENDS, in accordance with Rule 122 of its Rules of Procedure, Rule 108 of its Rules of Procedure with regard to the duration of the term of office of the Director-General, for the purpose of determining the duration of the term of office of Dr Margaret Chan;

DECIDES that the term of office of Dr Margaret Chan shall begin on 4 January 2007 and shall end on 30 June 2012;

II

Pursuant to Rule 112 of the Rules of Procedure of the World Health Assembly,

AUTHORIZES the President of the First special session of the World Health Assembly to sign this contract in the name of the Organization.

(Second plenary meeting, 9 November 2006)

¹ See Annex.

SSA1.3 Commemoration of the contribution of the late Dr Jong-wook Lee

The First special session of the World Health Assembly,

Remembering the passing of Dr Jong-wook Lee, Director-General of the World Health Organization;

Paying tribute to his personal sacrifice, dedication and professionalism and the passion with which he met every challenge;

Appreciating his efforts to combat global disease, especially his goals to secure access to antiretroviral treatment for three million people living with HIV/AIDS by 2005 and to eradicate poliomyelitis;

Acclaiming his commitment to WHO's mission to help all peoples to attain the highest possible level of health;

Recalling that the Strategic Health Information Centre at headquarters has been dedicated to, and named after, Dr Lee in recognition of his work for global disease surveillance,

COMMEMORATES the invaluable contribution of Dr Jong-wook Lee to the work of WHO.

(Second plenary meeting, 9 November 2006)

DECISION**SSA1(1) Composition of the Committee on Credentials**

The First special session of the World Health Assembly appointed a Committee on Credentials consisting of delegates of the following Member States: Burundi, Cambodia, Cyprus, Democratic People's Republic of Korea, Ecuador, Estonia, Honduras, Jordan, Malawi, Nigeria, Pakistan and Poland.

(First plenary meeting, 9 November 2006)

ANNEX

ANNEX

CONTRACT OF THE DIRECTOR-GENERAL¹

THIS CONTRACT is made this ninth day of November two thousand and six between the World Health Organization (hereinafter called the Organization) of the one part and Dr Margaret Fu Chun Chan Fung (hereinafter called the Director-General) of the other part.

WHEREAS

(1) It is provided by Article 31 of the Constitution of the Organization that the Director-General of the Organization shall be appointed by the World Health Assembly (hereinafter called the Health Assembly) on the nomination of the Executive Board (hereinafter called the Board) on such terms as the Health Assembly may decide; and

(2) The Director-General has been duly nominated by the Board and appointed by the Health Assembly at its meeting held on the ninth day of November two thousand and six for a period of five years, five months and twenty-seven days.

NOW THIS CONTRACT WITNESSETH and it is hereby agreed as follows,

I. (1) The Director-General shall serve from the fourth day of January two thousand and seven until the thirtieth day of June two thousand and twelve on which date the appointment and this Contract shall terminate.

(2) Subject to the authority of the Board, the Director-General shall exercise the functions of chief technical and administrative officer of the Organization and shall perform such duties as may be specified in the Constitution and in the rules of the Organization and/or as may be assigned to her by the Health Assembly or the Board.

(3) The Director-General shall be subject to the Staff Regulations of the Organization in so far as they may be applicable to her. In particular she shall not hold any other administrative post, and shall not receive emoluments from any outside sources in respect of activities relating to the Organization. She shall not engage in business or in any employment or activity which would interfere with her duties in the Organization.

(4) The Director-General, during the term of this appointment, shall enjoy all the privileges and immunities in keeping with the office by virtue of the Constitution of the Organization and any relevant arrangements already in force or to be concluded in the future.

(5) The Director-General may at any time give six months' notice of resignation in writing to the Board, which is authorized to accept such resignation on behalf of the Health Assembly; in which case, upon the expiration of the said period of notice, the Director-General shall cease to hold the appointment and this Contract shall terminate.

¹ See resolution SSA1.2.

(6) The Health Assembly shall have the right, on the proposal of the Board and after hearing the Director-General and subject to at least six months' notice in writing, to terminate this Contract for reasons of exceptional gravity likely to prejudice the interests of the Organization.

II. (1) As from the fourth of January two thousand and seven the Director-General shall receive from the Organization an annual salary of two hundred and seventeen thousand nine hundred and forty-five United States dollars, before staff assessment, resulting in a net salary (to be paid monthly) of one hundred and thirty-seven thousand, five hundred and forty-three United States dollars at the single rate (one hundred and fifty-four thousand, six hundred and sixty-four United States dollars per annum at the dependency rate) or its equivalent in such other currency as may be mutually agreed between the parties to this Contract.

(2) In addition to the normal adjustments and allowances authorized to staff members under the Staff Rules, the Director-General shall receive an annual representation allowance of twenty thousand United States dollars or its equivalent in such other currency as may be mutually agreed between the parties to this Contract, to be paid monthly commencing on the fourth day of January two thousand and seven. The representation allowance shall be used at her discretion entirely in respect of representation in connection with her official duties. She shall be entitled to such reimbursable allowances as travel allowances and removal costs on appointment, on subsequent change of official station, on termination of appointment, or on official travel and home-leave travel.

III. The terms of the present Contract relating to rates of salary and representation allowance are subject to review and adjustment by the Health Assembly on the proposal of the Board, and after consultation with the Director-General, to bring them into conformity with any provision regarding the conditions of employment of staff members which the Health Assembly may decide to apply to staff members already in the service.

IV. If any question of interpretation or any dispute arises concerning this Contract, which is not settled by negotiation or agreement, the matter shall be referred for final decision to the competent tribunal provided for in the Staff Rules.

WHEREUNTO we have set our hands the day and year first above written.

.....

Director-General

.....

President of the
First special session of the
World Health Assembly

REPORT

REPORT

COMMITTEE ON CREDENTIALS¹

[SSA1/3 – 9 November 2006]

The Committee on Credentials met on 9 November 2006. Delegates of the following Member States were present: Burundi, Cambodia, Cyprus, Democratic People's Republic of Korea, Ecuador, Estonia, Honduras, Jordan, Malawi, Nigeria, Pakistan, Poland.

The Committee elected the following officers: Professor Eng Huot (Cambodia) – Chairman; Mr J.C. Droushiotis (Cyprus) – Vice-Chairman; Mr Jang Il Hun (Democratic People's Republic of Korea) – Rapporteur.

The Committee examined the credentials delivered to the Acting Director-General in accordance with Rule 22 of the Rules of Procedure of the World Health Assembly. It noted that the Secretariat had found these credentials to be in conformity with the Rules of Procedure.

The credentials of the delegates of the Member States listed at the end of this report were found to be in conformity with the Rules of Procedure as constituting formal credentials; and the Committee therefore proposes that the Health Assembly should recognize their validity.

The Committee examined notifications from the Member States listed below, which, while indicating the names of the delegates concerned, could not be considered as constituting formal credentials in accordance with the provisions of the Rules of Procedure. The Committee therefore recommends to the Health Assembly that the delegates of these Member States be provisionally seated with all rights in the Health Assembly pending the arrival of their formal credentials: Afghanistan, Austria, Azerbaijan, Bahrain, Cape Verde, Congo, Democratic Republic of the Congo, Djibouti, Ghana, Indonesia, Italy, Kenya, Kuwait, Lebanon, Libyan Arab Jamahiriya, Nepal, Paraguay, Sri Lanka, Syrian Arab Republic, United Republic of Tanzania, Zimbabwe.

The Committee recommends that the Member States listed above be reminded of the need to speedily provide their formal credentials.

States whose credentials it was recommended should be recognized as valid (see fourth paragraph above)

Albania, Algeria, Andorra, Angola, Argentina, Armenia, Australia, Bangladesh, Belarus, Belgium, Belize, Benin, Bhutan, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Canada, Chad, Chile, China, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Czech Republic, Democratic People's Republic of Korea, Denmark, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Estonia, Ethiopia, Fiji, Finland, France, Gabon, Georgia, Germany, Greece, Guatemala, Guinea, Haiti,

¹ Approved by the Health Assembly at its second plenary meeting.

Honduras, Hungary, Iceland, India, Iran (Islamic Republic of), Iraq, Ireland, Israel, Jamaica, Japan, Jordan, Kazakhstan, Lao People's Democratic Republic, Latvia, Lesotho, Liberia, Lithuania, Luxembourg, Madagascar, Malawi, Malaysia, Maldives, Mali, Malta, Mauritania, Mauritius, Mexico, Monaco, Mongolia, Morocco, Mozambique, Myanmar, Namibia, Netherlands, New Zealand, Nicaragua, Nigeria, Norway, Oman, Pakistan, Panama, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Samoa, Saudi Arabia, Senegal, Serbia, Singapore, Slovakia, Slovenia, Solomon Islands, South Africa, Spain, Sudan, Suriname, Sweden, Switzerland, Thailand, The former Yugoslav Republic of Macedonia, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Uganda, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United States of America, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zambia.

**THIS IS THE YELLOW PAGE BETWEEN
WHASS1/2006 AND WHA60/2007/REC/1
WHICH IS A DOUBLE VOLUME**



WORLD HEALTH ORGANIZATION

**SIXTIETH
WORLD HEALTH
ASSEMBLY**

GENEVA, 14–23 MAY 2007

**RESOLUTIONS AND DECISIONS
ANNEXES**

GENEVA
2007

PREFACE

The Sixtieth World Health Assembly was held at the Palais des Nations, Geneva, from 14 to 23 May 2007, in accordance with the decision of the Executive Board at its 118th session. Its proceedings are issued in three volumes, containing, in addition to other relevant material:

Resolutions and decisions, annexes – document WHASS1/2006–WHA60/2007/REC/1

Verbatim records of plenary meetings, list of participants – document WHASS1/2006–WHA60/2007/REC/2

Summary records of committees, reports of committees¹ – document WHA60/2007/REC/3

¹ The report of the Committee on Credentials to the Health Assembly at its first special session is included in the first section of the present volume.

CONTENTS

	Page
Preface.....	27
Agenda	33
List of documents.....	37
Officers of the Health Assembly and membership of its committees.....	43

RESOLUTIONS AND DECISIONS

Resolutions

WHA60.1	Smallpox eradication: destruction of variola virus stocks.....	45
WHA60.2	Health conditions in the occupied Palestinian territory, including east Jerusalem and in the occupied Syrian Golan.....	47
WHA60.3	Unaudited interim financial report on the accounts of WHO for 2006 and comments thereon made by the Programme, Budget and Administration Committee of the Executive Board	50
WHA60.4	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.....	51
WHA60.5	Scale of assessments 2008–2009.....	52
WHA60.6	Assessment of new Member.....	56
WHA60.7	Appointment of the External Auditor.....	56
WHA60.8	Financial period 2006–2007: implementation of resolution WHA58.4.....	57
WHA60.9	Amendments to the Financial Regulations and Financial Rules: introduction of International Public Sector Accounting Standards.....	57
WHA60.10	Amendments to the Staff Regulations and Staff Rules	58
WHA60.11	Medium-term strategic plan 2008–2013	58
WHA60.12	Appropriation resolution for the financial period 2008–2009.....	60

		Page
WHA60.13	Control of leishmaniasis	63
WHA60.14	Poliomyelitis: mechanism for management of potential risks to eradication ...	66
WHA60.15	WHO's role and responsibilities in health research.....	68
WHA60.16	Progress in the rational use of medicines.....	71
WHA60.17	Oral health: action plan for promotion and integrated disease prevention	73
WHA60.18	Malaria, including proposal for establishment of World Malaria Day	76
WHA60.19	Tuberculosis control: progress and long-term planning	78
WHA60.20	Better medicines for children.....	81
WHA60.21	Sustaining the elimination of iodine deficiency disorders	84
WHA60.22	Health systems: emergency-care systems.....	84
WHA60.23	Prevention and control of noncommunicable diseases: implementation of the global strategy.....	87
WHA60.24	Health promotion in a globalized world	90
WHA60.25	Strategy for integrating gender analysis and actions into the work of WHO ...	92
WHA60.26	Workers' health: global plan of action	94
WHA60.27	Strengthening of health information systems	100
WHA60.28	Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits.....	102
WHA60.29	Health technologies	106
WHA60.30	Public health, innovation and intellectual property	107
Decisions		
WHA60(1)	Composition of the Committee on Credentials.....	111
WHA60(2)	Composition of the Committee on Nominations	111
WHA60(3)	Election of officers of the Sixtieth World Health Assembly	111
WHA60(4)	Election of officers of the main committees.....	111
WHA60(5)	Establishment of the General Committee	112
WHA60(6)	Adoption of the agenda.....	112
WHA60(7)	Verification of credentials.....	112

		Page
WHA60(8)	Election of Members entitled to designate a person to serve on the Executive Board	113
WHA60(9)	United Nations Joint Staff Pension Fund: appointment of representatives to the WHO Staff Pension Committee	113
WHA60(10)	Evidence-based strategies and interventions to reduce alcohol-related harm ..	113
WHA60(11)	Selection of the country in which the Sixty-first World Health Assembly would be held.....	114
WHA60(12)	Reports of the Executive Board on its 118th, 119th and 120th sessions.....	114

ANNEXES

1.	Amendments to the Financial Regulations and Financial Rules.....	117
2.	Strategy for integrating gender analysis and actions into the work of WHO	118
3.	Financial and administrative implications for the Secretariat of resolutions adopted by the Health Assembly	123

AGENDA¹

PLENARY MEETINGS

1. Opening of the Assembly
 - 1.1 Appointment of the Committee on Credentials
 - 1.2 Election of the Committee on Nominations
 - 1.3 Reports of the Committee on Nominations
 - Election of the President
 - Election of the five Vice-Presidents, the Chairman of the main committees and establishment of the General Committee
 - 1.4 Adoption of the agenda and allocation of items to the main committees
2. Reports of the Executive Board on its 118th, 119th and 120th sessions
3. Address of Dr Margaret Chan, Director-General
4. Invited speaker
5. [deleted]
6. Executive Board: election
7. Awards
8. Reports of the main committees
9. Closure of the Assembly

¹ Adopted at the second plenary meeting.

COMMITTEE A

10. Opening of the Committee¹
11. Draft Medium-term strategic plan, including Proposed programme budget 2008–2009
 - 11.1 Draft Medium-term strategic plan 2008–2013
 - 11.2 Proposed programme budget 2008–2009
 - 11.3 Real estate: draft capital master plan
 - 11.4 Eleventh General Programme of Work: monitoring implementation
12. Technical and health matters
 - 12.1 Avian and pandemic influenza:
 - Developments, response and follow-up
 - Application of the International Health Regulations (2005)
 - Best practice for sharing influenza viruses and sequence data
 - 12.2 Smallpox eradication: destruction of variola virus stocks
 - 12.3 Control of leishmaniasis
 - 12.4 Poliomyelitis: mechanism for management of potential risks to eradication
 - 12.5 Malaria, including proposal for establishment of Malaria Day
 - 12.6 Tuberculosis control: progress and long-term planning
 - 12.7 Evidence-based strategies and interventions to reduce alcohol-related harm
 - 12.8 Prevention and control of noncommunicable diseases: implementation of the global strategy
 - 12.9 Oral health: action plan for promotion and integrated disease prevention
 - 12.10 Working towards universal coverage of maternal, newborn and child health interventions: biennial report
 - 12.11 Health promotion in a globalized world

¹ Including election of Vice-Chairmen and Rapporteur.

AGENDA

- 12.12 Integrating gender analysis and actions into the work of WHO: draft strategy
- 12.13 Workers' health: draft global plan of action
- 12.14 Health systems: emergency-care systems
- 12.15 Strengthening of health information systems
- 12.16 WHO's role and responsibilities in health research
- 12.17 Progress in the rational use of medicines
- 12.18 Better medicines for children
- 12.19 Health technologies
- 12.20 Public health, innovation and intellectual property: progress made by the Intergovernmental Working Group
- 12.21 Progress reports on technical and health matters
 - A. Improving the containment of antimicrobial resistance (resolution WHA58.27)
 - B. Implementation by WHO of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (resolution WHA59.12)
 - C. *World report on violence and health*: implementation of recommendations
 - D. Promotion of road safety and traffic-injury prevention (resolution WHA57.10)
 - E. Disability, including prevention, management and rehabilitation (resolution WHA58.23)
 - F. Cancer prevention and control (resolution WHA58.22): cervical cancer
 - G. Sustaining the elimination of iodine deficiency disorders (resolution WHA58.24)
 - H. Strengthening active and healthy ageing (resolution WHA58.16)
 - I. Emergency preparedness and response (resolution WHA59.22)
 - J. Reducing global measles mortality
 - K. Health Metrics Network

COMMITTEE B

13. Opening of the Committee¹
14. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
15. Financial matters
 - 15.1 Unaudited interim financial report on the accounts of WHO for 2006 and comments thereon made by the Programme, Budget and Administration Committee of the Executive Board
 - 15.2 Interim report of the External Auditor
 - 15.3 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
 - 15.4 [deleted]
 - 15.5 Scale of assessments 2008–2009
 - 15.6 Assessment of new Members and Associate Members
 - 15.7 Appointment of the External Auditor
 - 15.8 Financial period 2006–2007: implementation of resolution WHA58.4
 - 15.9 Amendments to the Financial Regulations and Financial Rules
 - Introduction of International Public Sector Accounting Standards
16. Report of the Internal Auditor
17. Staffing matters
 - 17.1 Human resources: annual report
 - 17.2 Amendments to the Staff Regulations and Staff Rules
 - 17.3 Report of the United Nations Joint Staff Pension Board
 - 17.4 Appointment of representatives to the WHO Staff Pension Committee
18. Collaboration within the United Nations system and with other intergovernmental organizations
 - Joint report of the Director-General and the President of the International Narcotics Control Board

¹ Including election of Vice-Chairmen and Rapporteur.

LIST OF DOCUMENTS

A60/1 Rev.1	Agenda ¹
A60/2	Report of the Executive Board on its 118th, 119th and 120th sessions
A60/3	Address by Dr Margaret Chan, Director-General, to the Sixtieth World Health Assembly
A60/4	Awards. Amendments to the Statutes governing the Ihsan Dogramaci Family Health Foundation
A60/5	Real estate: draft capital master plan
A60/6	Eleventh General Programme of Work: monitoring implementation
A60/7	Avian and pandemic influenza: developments, response and follow-up
A60/8	Avian and pandemic influenza: application of the International Health Regulations (2005)
A60/9	Smallpox eradication: destruction of variola virus stocks
A60/10	Control of leishmaniasis
A60/11	Poliomyelitis: mechanism for management of potential risks to eradication
A60/12	Malaria, including proposal for establishment of Malaria Day
A60/13	Tuberculosis control: progress and long-term planning
A60/14	Evidence-based strategies and interventions to reduce alcohol-related harm
A60/14 Add.1	Evidence-based strategies and interventions to reduce alcohol-related harm. Global assessment of public-health problems caused by harmful use of alcohol

¹ See page 27.

A60/15	Prevention and control of noncommunicable diseases: implementation of the global strategy
A60/16	Oral health: action plan for promotion and integrated disease prevention
A60/17	Working towards universal coverage of maternal, newborn and child health interventions: biennial report
A60/18	Health promotion in a globalized world
A60/19	Integrating gender analysis and actions into the work of WHO: draft strategy ¹
A60/20	Workers' health: draft global plan of action
A60/20 Add.1	Report on financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly
A60/21	Health systems. Emergency-care systems
A60/22	Strengthening of health information systems
A60/23	WHO's role and responsibilities in health research
A60/24	Progress in the rational use of medicines
A60/25	Better medicines for children
A60/26 and A60/26 Add.1	Health technologies
A60/27	Public health, innovation and intellectual property: progress made by the Intergovernmental Working Group
A60/28	Progress reports on technical and health matters
A60/29	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
A60/29 Add.1	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. Fact-finding report
A60/30	Unaudited Interim Financial Report for the year 2006. Financial period 2006–2007

¹ See Annex 2.

LIST OF DOCUMENTS

A60/30 Add.1	Unaudited Interim Financial Report for the year 2006. Financial period 1 January 2006 – 31 December 2007. Annex: Extrabudgetary Resources for Programme Activities
A60/31	Interim report of the External Auditor
A60/32 and A60/32 Corr.1	Appointment of the External Auditor
A60/33	Amendments to the Financial Regulations and Financial Rules ¹
A60/34	Report of the Internal Auditor
A60/35 and A60/35 Corr.1	Human resources: annual report
A60/36 and A60/36 Corr.1	Amendments to the Staff Regulations and Staff Rules
A60/37	Report of the United Nations Joint Staff Pension Board
A60/38 Rev.1	Appointment of representatives to the WHO Staff Pension Committee
A60/39	Collaboration within the United Nations system and with other intergovernmental organizations
A60/39 Add.1	Collaboration within the United Nations system and with other intergovernmental organizations. Piloting the One UN Country Programme in eight countries
A60/40	Smallpox eradication: destruction of variola virus stocks. Eighth meeting of the WHO Advisory Committee on Variola Virus Research
A60/41	Unaudited interim financial report on the accounts of WHO for 2006 and comments thereon made by the Programme, Budget and Administration Committee of the Executive Board. First report of the Programme, Budget and Administration Committee of the Executive Board to the Sixtieth World Health Assembly
A60/42	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. Third report of the Programme, Budget and Administration Committee of the Executive Board to the Sixtieth World Health Assembly

¹ See Annex 1.

SIXTIETH WORLD HEALTH ASSEMBLY

A60/43 and A60/43 Add.1	Financial period 2006–2007: implementation of resolution WHA58.4
A60/44	Assessment of new Member. Assessment of the Republic of Montenegro
A60/45	Interim report of the External Auditor. Second report of the Programme, Budget and Administration Committee of the Executive Board to the Sixtieth World Health Assembly
A60/46	Financial period 2006–2007: implementation of resolution WHA58.4. Fourth report of the Programme, Budget and Administration Committee of the Executive Board to the Sixtieth World Health Assembly
A60/46 Add.1	Report on financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly ¹
A60/47	Report of the Internal Auditor. Fifth report of the Programme, Budget and Administration Committee of the Executive Board to the Sixtieth World Health Assembly
A60/48	Eleventh General Programme of Work: monitoring implementation. Sixth report of the Programme, Budget and Administration Committee of the Executive Board to the Sixtieth World Health Assembly
A60/49	Election of Members entitled to designate a person to serve on the Executive Board
A60/50	Committee on Nominations. First report
A60/51	Committee on Nominations. Second report
A60/52	Committee on Nominations. Third report
A60/53	Committee on Credentials. First report
A60/54	First report of Committee A (Draft)
A60/55	First report of Committee B (Draft)
A60/56	Second report of Committee A (Draft)
A60/57	Second report of Committee B (Draft)

¹ See Annex 3.

LIST OF DOCUMENTS

A60/58	Third report of Committee A (Draft)
A60/59	Fourth report of Committee A (Draft)
A60/60	Third report of Committee B (Draft)
A60/61	Fifth report of Committee A (Draft)
A60/62	Fourth report of Committee B (Draft)
A60/63	Sixth report of Committee A
A60/64	Fifth report of Committee B
A/MTSP/2008–2013/PB/2008–2009, A/MTSP/2008–2013/PB/2008–2009 Corr.1 and Corr.2	Medium-term strategic plan 2008–2013 and Proposed programme budget 2008–2009

Information documents

A60/INF.DOC./1	Avian and pandemic influenza. Best practice for sharing influenza viruses and sequence data
A60/INF.DOC./2	Collaboration within the United Nations system and with other intergovernmental organizations. Joint report of the Director-General and the President of the International Narcotics Control Board
A60/INF.DOC./3	Real estate: draft capital master plan. Progress report on new building at headquarters
A60/INF.DOC./4	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan (report of the Director of Health, UNRWA, for 2006)
A60/INF.DOC./5	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)
A60/INF.DOC./6	Status of collection of assessed contributions
A60/INF.DOC./7	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan (report by the Ministry of Health of Israel)

Diverse

A60/DIV/1 Rev.1	List of delegates and other participants
A60/DIV/2	Guide for delegates to the World Health Assembly
A60/DIV/3	Decisions and list of resolutions
A60/DIV/4	List of documents
A60/DIV/5	[Document not issued]
A60/DIV/6	Address by Mr Jens Stoltenberg, Prime Minister of Norway, at the Sixtieth World Health Assembly
A60/DIV/7	Address by Ms Thoraya Ahmed Obaid, Executive Director, United Nations Population Fund, at the Sixtieth World Health Assembly

OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

President

Ms J. HALTON (Australia)

Vice-Presidents

Dr T. ADHANOM (Ethiopia)
Dr N.A. HAFFADH (Bahrain)
Dr J. KIELY (Ireland)
Mr KYE CHUN YONG (Democratic
People's Republic of Korea)
Dr C. CHANG (Ecuador)

Secretary

Dr M. CHAN, Director-General

Committee on Credentials

The Committee on Credentials was composed of delegates of the following Member States: Barbados, Cape Verde, Central African Republic, Guatemala, Kyrgyzstan, Lithuania, Monaco, Mongolia, Sierra Leone, Timor-Leste, United Arab Emirates and Viet Nam.

Chairman: Dr A.B.H. AL AMERI (United Arab Emirates)

Vice-Chairman: Mr D. XIMENES (Timor-Leste)

Secretary: Mr G.L. BURCI, Legal Counsel

Committee on Nominations

The Committee on Nominations was composed of delegates of the following Member States: Afghanistan, Argentina, Burkina Faso, Canada, China, Colombia, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, France, Ghana, Indonesia, Italy, New Zealand, Norway, Palau, Panama, Qatar, Russian Federation, Sri Lanka, Suriname, The former Yugoslav Republic of Macedonia, Ukraine and Professor P.I. Garrido, Mozambique (President, Fifty-ninth World Health Assembly, ex officio).

Chairman: Professor P.I. GARRIDO
(Mozambique)

Secretary: Dr M. CHAN, Director-General

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: Botswana, China, Cuba, France, Germany, Guinea-Bissau, Jamaica, Latvia, Mauritania, Morocco, Namibia, Paraguay, Russian Federation, Samoa, Syrian Arab Republic, Thailand and United States of America.

Chairman: Ms J. HALTON (Australia)

Secretary: Dr M. CHAN, Director-General

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.

Committee A

Chairman: Dr R.R. JEAN LOUIS (Madagascar)

Vice-Chairmen: Dr A. BALBISI (Jordan) and Professor ENG HUOT (Cambodia)

Rapporteur: Mrs G. BU FIGUEROA
(Honduras)

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

Committee B

Chairman: Mr T. ZELTNER (Switzerland)

Vice-Chairmen: Mr D. FRANCIS (Trinidad and Tobago) and Dr A.A. YOOSUF
(Maldives)

Rapporteur: Mr H. bin M. AL-FAKHERI
(Saudi Arabia)

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

RESOLUTIONS

WHA60.1 Smallpox eradication: destruction of variola virus stocks

The Sixtieth World Health Assembly,

Recalling resolution WHA49.10, which recommended a date for the destruction of the remaining stocks of variola virus, subject to a decision by the Health Assembly, and resolution WHA52.10, which authorized temporary retention of the virus stocks to a later date, subject to annual review by the Health Assembly;

Noting that the Health Assembly decided in resolution WHA55.15 to authorize further, temporary, retention subject to all approved research being outcome-oriented, time-limited and periodically reviewed and to a proposed new date for destruction being set when research accomplishments and outcomes allowed consensus to be reached on the timing of destruction of variola virus stocks;

Noting that authorization was granted to permit essential research for global public-health purposes, including further international research into antiviral agents and improved and safer vaccines, and for high priority investigations of the genetic structure of the virus and the pathogenesis of smallpox;

Noting that resolution WHA52.10 requested the Director-General to appoint a group of experts that would establish what research, if any, must be carried out in order to reach global consensus on the timing for destruction of existing variola virus stocks;

Recalling the decisions of previous Health Assemblies that the remaining stocks of the variola virus should be destroyed;

Recognizing that the destruction of all variola virus stocks is an irrevocable event and that the decision of when to do so must be made with great care;

Recalling resolution WHA55.16, which called for a global public-health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health;

Further recognizing that unknown stocks of live variola virus might exist, and that the deliberate or accidental release of any smallpox viruses would be a catastrophic event for the global community;

Having considered the report on smallpox eradication: destruction of variola virus stocks and the report of the eighth meeting of the WHO Advisory Committee on Variola Virus Research;¹

Noting with satisfaction the considerable progress achieved in the development of antiviral agents, improved and safer vaccines, and sensitive and specific diagnostic tests, and in sequencing of entire genomes of viruses from numerous different strains;

¹ Documents A60/9 and A60/40 respectively.

Aware that no antiviral agents for smallpox have been licensed, that live variola virus will be needed to ensure efficacy testing in vitro, and that further refinement of the animal model might be needed to make it more suitable for efficacy testing of these agents;

Further noting that the WHO-led inspections in 2005 of the two authorized repositories reaffirmed that the safety and security of the virus stocks are satisfactory;

Noting that the WHO Advisory Committee on Variola Virus Research at its seventh meeting perceived an urgent need to review all proposals for further research using live variola virus against the considerable progress made to date;¹

Further noting that the Secretariat, as requested by the WHO Advisory Committee, has identified a format for research proposals and has established a protocol and time frame for their submission to the Committee for its consideration, and that approved research is reported to WHO according to an established protocol,

1. **STRONGLY REAFFIRMS** the decisions of previous Health Assemblies that the remaining stocks of variola virus should be destroyed;

2. **FURTHER REAFFIRMS:**

(1) the need to reach consensus on a proposed new date for the destruction of variola virus stocks, when research outcomes crucial to an improved public-health response to an outbreak so permit;

(2) the decision in resolution WHA55.15 (to continue the work of the Advisory Committee on Variola Virus Research with respect to the research involving variola virus stocks and to ensure that the research programme is conducted in an open and transparent manner) that the research programme shall be conducted in an open and transparent manner only with the agreement and under the control of WHO;

3. **DECIDES** to include a substantive item: “Smallpox eradication: destruction of variola virus stocks” on the provisional agenda of the Sixty-fourth World Health Assembly;

4. **REQUESTS** the Director-General:

(1) to undertake a major review in 2010 of the results of the research undertaken, currently under way, and the plans and requirements for further essential research for global public health purposes, taking into account the recommendations of the WHO Advisory Committee on Variola Virus Research, so that the Sixty-fourth World Health Assembly may reach global consensus on the timing of the destruction of existing variola virus stocks;

(2) to continue the work of the WHO Advisory Committee on Variola Virus Research, and to disseminate its recommendations more widely to the scientific community;

(3) to review the membership of the WHO Advisory Committee and the representation of advisers and observers at meetings of this Committee, in order to ensure balanced geographical representation, with the inclusion of experts from developing countries and substantial

¹ See document A59/10.

representation of public-health experts, and the independence of the members of this Committee from any conflict of interest;

(4) to ensure that approved research proposals, research outcomes and the benefits of this research are made available to all Member States;

(5) to maintain biennial inspections of the two authorized repositories in order to ensure that conditions of storage of the virus and of research conducted in the laboratories meet the highest requirements for biosafety and biosecurity; inspection mission-reports should be available for public information after appropriate scientific and security redaction;

(6) to develop continually the operational framework for WHO's smallpox vaccine reserve;

(7) to continue to report annually on progress in the research programme, biosafety, biosecurity and related issues to the Health Assembly, through the Executive Board, and on implementation of the recommendations of the WHO Advisory Committee on Variola Virus Research accepted by the Director-General;

(8) to ensure that any research undertaken does not involve genetic engineering of the variola virus;

(9) to ensure that the two authorized repositories of live virus, and any other institution that has fragments of variola virus DNA, distribute such DNA only for purposes of research on diagnostics, treatment and vaccines, in accordance with recommendations of the WHO Advisory Committee on Variola Virus Research;

(10) to submit an annual detailed report to the Health Assembly, through the Executive Board, on the research that has been completed, the results of such research, research being undertaken, and research being planned at the two authorized repositories;

(11) to submit to the Sixty-first World Health Assembly a report on the legal status of the variola virus strains held at the two repositories with respect to their ownership;

(12) to submit a report to the Sixty-first World Health Assembly, through the Executive Board, on measures that promote in Member States the widest and most equitable access possible to the outcomes of the research, including antiviral agents, vaccines and diagnostic tools.

(Eighth plenary meeting, 18 May 2007 –
Committee A, first report)

WHA60.2 Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

The Sixtieth 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;

Expressing appreciation for 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

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 due to Israel's withholding of Palestinian customs revenues;

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 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) 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;

(3) facilitate the access of Palestinian patients and medical staff to the Palestinian health institutions in occupied east Jerusalem;

¹ Document A60/29.

-
- (4) pay the Palestinian Authority regularly and without delay its customs and health insurance revenues in order to enable it to fulfil its responsibilities with respect to basic human needs, including health services;
 - (5) ensure unhindered and safe passage for Palestinian ambulances as well as respect and protection of medical personnel, in compliance with international humanitarian law;
 - (6) improve the living and medical conditions of Palestinian detainees, particularly children, women and patients;
 - (7) facilitate the transit and entry of medicines and medical equipment to the occupied Palestinian territory;
 - (8) 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;
 - (9) halt immediately all its practices, policies and plans, including its policy of closure, that seriously affect the health conditions of civilians under occupation;
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 provide financial and technical support to public health and veterinary services in order to implement the Palestinian national plan for fighting the potential spread of avian influenza in the occupied Palestinian territory;
 - (3) to help lift the restrictions and obstacles imposed on the Palestinian people in the occupied Palestinian territory;
 - (4) to support and assist the Palestinian Ministry of Health in carrying out its duties, including running and financing public health services;
 - (5) 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;
 3. EXPRESSES its deep appreciation to the Director-General for:
 - (1) 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;
 - (2) organizing a one-day emergency meeting on the health crisis in the occupied Palestinian territory and for the assistance provided as a result thereof;
 4. REQUESTS the Director-General:
 - (1) to provide support to the Palestinian health and veterinary services in establishing a modern public health laboratory able to diagnose avian influenza in humans and animals;

- (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 provide health-related technical assistance to the Syrian population in the occupied Syrian Golan;
- (4) to continue providing necessary technical assistance 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 assist in determining the so far inexplicable causes of fatal injuries and suffering afflicting Palestinian victims of Israeli attacks;
- (7) to report on implementation of this resolution to the Sixty-first World Health Assembly.

(Ninth plenary meeting, 21 May 2007 –
Committee B, first report)

**WHA60.3 Unaudited interim financial report on the accounts of WHO for 2006
and comments thereon made by the Programme, Budget and
Administration Committee of the Executive Board**

The Sixtieth World Health Assembly,

Having examined the unaudited interim financial report for the year 2006;¹

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

ACCEPTS the Director-General's unaudited interim financial report for the year 2006.

(Ninth plenary meeting, 21 May 2007 –
Committee B, first report)

¹ Documents A60/30 and A60/30 Add.1.

² Document A60/41.

WHA60.4 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

The Sixtieth World Health Assembly,

Having considered the third report of the Programme, Budget and Administration Committee of the Executive Board to the Sixtieth World Health Assembly on 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;¹

Noting that, at the time of opening of the Sixtieth World Health Assembly, the voting rights of Antigua and Barbuda, Argentina, Central African Republic, Comoros, Democratic Republic of Congo, Dominica, Guinea-Bissau, Kyrgyzstan, and Somalia were suspended, such suspension to continue until the arrears of the Member State 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 Cape Verde was in arrears at the time of the opening of the Sixtieth 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 that country should be suspended at the opening of the Sixty-first 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-first World Health Assembly, Cape Verde was still in arrears in the payment of its contributions to an extent that would justify invoking Article 7 of the Constitution, its voting privileges shall be suspended as from said opening;
- (2) that any suspension that takes effect as aforesaid shall continue at the Sixty-first and subsequent Health Assemblies until the arrears of Cape Verde 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.

(Ninth plenary meeting, 21 May 2007 –
Committee B, first report)

¹ Document A60/42.

WHA60.5 Scale of assessments 2008–2009

The Sixtieth World Health Assembly,

ADOPTS the scale of assessments of Members for the biennium 2008–2009 as set out below:

Members and Associate Members	WHO scale for 2008–2009 %
Afghanistan	0.0010
Albania	0.0060
Algeria	0.0850
Andorra	0.0080
Angola	0.0030
Antigua and Barbuda	0.0020
Argentina	0.3250
Armenia	0.0020
Australia	1.7871
Austria	0.8871
Azerbaijan	0.0050
Bahamas	0.0160
Bahrain	0.0330
Bangladesh	0.0100
Barbados	0.0090
Belarus	0.0200
Belgium	1.1021
Belize	0.0010
Benin	0.0010
Bhutan	0.0010
Bolivia	0.0060
Bosnia and Herzegovina	0.0060
Botswana	0.0140
Brazil	0.8761
Brunei Darussalam	0.0260
Bulgaria	0.0200
Burkina Faso	0.0020
Burundi	0.0010
Cambodia	0.0010
Cameroon	0.0090
Canada	2.9772
Cape Verde	0.0010
Central African Republic	0.0010
Chad	0.0010
Chile	0.1610
China	2.6672
Colombia	0.1050
Comoros	0.0010
Congo	0.0010
Cook Islands	0.0010
Costa Rica	0.0320

Members and Associate Members	WHO scale for 2008–2009 %
Côte d'Ivoire	0.0090
Croatia	0.0500
Cuba	0.0540
Cyprus	0.0440
Czech Republic	0.2810
Democratic People's Republic of Korea	0.0070
Democratic Republic of the Congo	0.0030
Denmark	0.7391
Djibouti	0.0010
Dominica	0.0010
Dominican Republic	0.0240
Ecuador	0.0210
Egypt	0.0880
El Salvador	0.0200
Equatorial Guinea	0.0020
Eritrea	0.0010
Estonia	0.0160
Ethiopia	0.0030
Fiji	0.0030
Finland	0.5640
France	6.3015
Gabon	0.0080
Gambia	0.0010
Georgia	0.0030
Germany	8.5777
Ghana	0.0040
Greece	0.5960
Grenada	0.0010
Guatemala	0.0320
Guinea	0.0010
Guinea-Bissau	0.0010
Guyana	0.0010
Haiti	0.0020
Honduras	0.0050
Hungary	0.2440
Iceland	0.0370
India	0.4500
Indonesia	0.1610
Iran (Islamic Republic of)	0.1800
Iraq	0.0150
Ireland	0.4450
Israel	0.4190
Italy	5.0794
Jamaica	0.0100
Japan	16.6253
Jordan	0.0120
Kazakhstan	0.0290
Kenya	0.0100
Kiribati	0.0010

Members and Associate Members	WHO scale for 2008–2009 %
Kuwait	0.1820
Kyrgyzstan	0.0010
Lao People's Democratic Republic	0.0010
Latvia	0.0180
Lebanon	0.0340
Lesotho	0.0010
Liberia	0.0010
Libyan Arab Jamahiriya	0.0620
Lithuania	0.0310
Luxembourg	0.0850
Madagascar	0.0020
Malawi	0.0010
Malaysia	0.1900
Maldives	0.0010
Mali	0.0010
Malta	0.0170
Marshall Islands	0.0010
Mauritania	0.0010
Mauritius	0.0110
Mexico	2.2572
Micronesia (Federated States of)	0.0010
Monaco	0.0030
Mongolia	0.0010
Montenegro	0.0010
Morocco	0.0420
Mozambique	0.0010
Myanmar	0.0050
Namibia	0.0060
Nauru	0.0010
Nepal	0.0030
Netherlands	1.8731
New Zealand	0.2560
Nicaragua	0.0020
Niger	0.0010
Nigeria	0.0480
Niue	0.0010
Norway	0.7821
Oman	0.0730
Pakistan	0.0590
Palau	0.0010
Panama	0.0230
Papua New Guinea	0.0020
Paraguay	0.0050
Peru	0.0780
Philippines	0.0780
Poland	0.5010
Portugal	0.5270
Puerto Rico	0.0010
Qatar	0.0850

Members and Associate Members	WHO scale for 2008–2009 %
Republic of Korea	2.1732
Republic of Moldova	0.0010
Romania	0.0700
Russian Federation	1.2001
Rwanda	0.0010
Saint Kitts and Nevis	0.0010
Saint Lucia	0.0010
Saint Vincent and the Grenadines	0.0010
Samoa	0.0010
San Marino	0.0030
Sao Tome and Principe	0.0010
Saudi Arabia	0.7481
Senegal	0.0040
Serbia	0.0210
Seychelles	0.0020
Sierra Leone	0.0010
Singapore	0.3470
Slovakia	0.0630
Slovenia	0.0960
Solomon Islands	0.0010
Somalia	0.0010
South Africa	0.2900
Spain	2.9682
Sri Lanka	0.0160
Sudan	0.0100
Suriname	0.0010
Swaziland	0.0020
Sweden	1.0711
Switzerland	1.2161
Syrian Arab Republic	0.0160
Tajikistan	0.0010
Thailand	0.1860
The former Yugoslav Republic of Macedonia	0.0050
Timor-Leste	0.0010
Togo	0.0010
Tokelau	0.0010
Tonga	0.0010
Trinidad and Tobago	0.0270
Tunisia	0.0310
Turkey	0.3810
Turkmenistan	0.0060
Tuvalu	0.0010
Uganda	0.0030
Ukraine	0.0450
United Arab Emirates	0.3020
United Kingdom of Great Britain and Northern Ireland	6.6425
United Republic of Tanzania	0.0060
United States of America	22.0000

Members and Associate Members	WHO scale for 2008–2009 %
Uruguay	0.0270
Uzbekistan	0.0080
Vanuatu	0.0010
Venezuela (Bolivarian Republic of)	0.2000
Viet Nam	0.0240
Yemen	0.0070
Zambia	0.0010
Zimbabwe	0.0080
Total	100.0000

(Ninth plenary meeting, 21 May 2007 –
Committee B, first report)

WHA60.6 Assessment of new Member

The Sixtieth World Health Assembly,

Having considered the report on the assessment of a new Member,¹

WELCOMES the Republic of Montenegro as a new Member of WHO and sets its assessment payable of US\$ 1490 for 2006 and US\$ 4470 for 2007, being an assessment of 0.001%.²

(Ninth plenary meeting, 21 May 2007 –
Committee B, first report)

WHA60.7 Appointment of the External Auditor

The Sixtieth World Health Assembly,

RESOLVES that Comptroller and Auditor-General of India shall be appointed External Auditor of the accounts of the World Health Organization for the financial periods 2008–2009 and 2010–2011, that he shall audit in accordance with the principles incorporated in Regulation XIV of the Financial Regulations and the Appendix to the Financial Regulations, and that, should the need arise, he may designate a representative to act in his absence.

(Ninth plenary meeting, 21 May 2007 –
Committee B, first report)

¹ Document A60/44.

² See resolution WHA60.5.

WHA60.8 Financial period 2006–2007: implementation of resolution WHA58.4

The Sixtieth World Health Assembly,

Having examined the reports on Financial period 2006–2007: implementation of resolution WHA58.4,¹

DECIDES that any Miscellaneous Income in 2006–2007 over and above the initial US\$ 31.8 million authorized in resolution WHA58.4, up to a maximum of US\$ 7 million, may be used for financing crucial information technology and other investment costs relating to the implementation of the global management system.²

(Ninth plenary meeting, 21 May 2007 –
Committee B, first report)

**WHA60.9 Amendments to the Financial Regulations and Financial Rules:
introduction of International Public Sector Accounting Standards³**

The Sixtieth World Health Assembly,

Having considered the report on the introduction of the International Public Sector Accounting Standards (IPSAS) and associated amendments to the Financial Regulations proposed by the Director-General and endorsed by the Executive Board at its 120th session,⁴

1. ENDORSES the introduction of IPSAS;
2. NOTES the change to the United Nations System Accounting Standards (UNSAS) that will permit WHO to introduce IPSAS progressively;
3. Further NOTES that the Director-General shall submit to the governing bodies for consideration at future sessions proposals to amend the Financial Regulations and Financial Rules resulting from adoption of IPSAS;
4. ADOPTS amendments to Financial Regulation 4.4 in order to clarify operation of the exchange-rate facility, to be effective as from 1 January 2008, and to Financial Regulation 4.5 in order to permit regular budget resources to be carried forward to pay for commitments made before the end of a financial period and undertaken by the end of the first year of the next financial period;
5. DELETES Financial Regulations 6.5 and 8.2 in order to terminate the financial incentive scheme that has failed to encourage prompt payment of Member States' assessments, to be effective as from 1 January 2008.

(Ninth plenary meeting, 21 May 2007 –
Committee B, first report)

¹ Documents A60/43, A60/43 Add.1, A60/46 and A60/46 Add.1.

² See Annex 3 for the financial and administrative implications for the Secretariat of the resolution.

³ See Annex 1.

⁴ Document A60/33.

WHA60.10 Amendments to the Staff Regulations and Staff Rules

The Sixtieth World Health Assembly,

Noting the recommendations of the Executive Board with regard to remuneration of staff in ungraded posts and of the Director-General,¹

1. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors as from 1 January 2007 at US\$ 168 826 per annum before staff assessment, resulting in a modified net salary of US\$ 122 737 (dependency rate) or US\$ 111 142 (single rate);
2. ESTABLISHES the salary of the Deputy Director-General as from 1 January 2006 at US\$ 176 877 per annum before staff assessment, resulting in a net salary of US\$ 127 970 (dependency rate) or US\$ 115 166 (single rate); and, as from 1 January 2007, at US\$ 185 874 per annum before staff assessment, resulting in a net salary of US\$ 133 818 (dependency rate) or US\$ 120 429 (single rate);
3. ESTABLISHES the salary of the Director-General as from 1 January 2007 at US\$ 228 818 per annum before staff assessment, resulting in a modified net salary of US\$ 161 732 (dependency rate) or US\$ 143 829 (single rate).

(Ninth plenary meeting, 21 May 2007 –
Committee B, first report)

WHA60.11 Medium-term strategic plan 2008–2013

The Sixtieth World Health Assembly,

Recalling resolution WHA59.4 on the Eleventh General Programme of Work 2006–2015;

Recognizing that the Eleventh General Programme of Work sets forth a global health agenda and charts the broad strategic framework and direction for the work of WHO;

Noting that the Medium-term strategic plan 2008–2013 provides a flexible multiannual framework to guide and ensure continuity in the preparation of biennial programme budgets and operational plans over three bienniums in line with the global health agenda established in the Eleventh General Programme of Work;

Acknowledging that more specific priorities are set out in the Medium-term strategic plan, defined as strategic objectives, and in the biennial programme budget, as expected results;

Noting that the proposed programme budgets 2010–2011 and 2012–2013 will be submitted to the Sixty-second World Health Assembly and Sixty-fourth World Health Assembly, respectively, for decision;

¹ Documents A60/36 and A60/36 Corr.1.

Welcoming the cross-cutting nature of the strategic objectives that create synergies and promote collaboration between different programmes by capturing the multiple links among determinants of health, health outcomes, health policies, systems and technologies;

Acknowledging that the Medium-term strategic plan, by moving away from narrowly defined areas of work to strategic objectives, provides a more strategic and flexible programme structure that better reflects the needs of countries and regions, and facilitates more effective coordination and collaboration across the Organization and with Member States, organizations of the United Nations system and other stakeholders,

1. ENDORSES the Medium-term strategic plan 2008–2013;
2. CALLS UPON Member States to identify their role and actions to be taken in order to achieve the strategic objectives contained in the Medium-term strategic plan;
3. INVITES concerned organizations of the United Nations system, international development partners, and agencies, international financial institutions, nongovernmental organizations and private-sector entities to consider their contribution in supporting the strategic objectives contained in the Medium-term strategic plan;
4. DECIDES to review the Medium-term strategic plan 2008–2013 every two years in conjunction with the proposed programme budget, with a view to revising the Medium-term strategic plan, including its indicators and targets, as may be necessary;
5. REQUESTS the Director-General:
 - (1) to use the Medium-term strategic plan in providing strategic direction for the Organization during the period 2008–2013 in order to advance the global health agenda contained in the Eleventh General Programme of Work;
 - (2) to use the Medium-term strategic plan to guide preparation of the proposed programme budgets 2008–2009, 2010–2011 and 2012–2013 and operational plans through each biennium;
 - (3) to collaborate with concerned organizations of the United Nations system, international development partners and agencies, international financial institutions, nongovernmental organizations and private-sector entities in implementing the Medium-term strategic plan;
 - (4) to recommend to the Health Assembly through the Executive Board, in conjunction with the proposed programme budgets 2010–2011 and 2012–2013, revisions to the Medium-term strategic plan as may be necessary;
 - (5) to report to the Sixty-second World Health Assembly through the Executive Board at its 124th session on implementation of this resolution, and to report biennially thereafter on progress.

(Ninth plenary meeting, 21 May 2007 –
Committee A, second report)

WHA60.12 Appropriation resolution for the financial period 2008–2009

The Sixtieth World Health Assembly,

1. NOTES the total effective budget under all sources of funds of US\$ 4 227 480 000;
2. RESOLVES to appropriate for the financial period 2008–2009 an amount of US\$ 1 038 840 000, financed by net assessments on Members of US\$ 928 840 000, estimated Miscellaneous Income of US\$ 30 000 000, and transfer to Tax Equalization Fund of US\$ 80 000 000, as shown below:

Appropriation section	Purpose of appropriation	Appropriations financed by net assessments and Miscellaneous Income US\$
1	To reduce the health, social and economic burden of communicable diseases	85 368 000
2	To combat HIV/AIDS, malaria and tuberculosis	48 996 000
3	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence, injuries and visual impairment	45 215 000
4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	55 909 000
5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	17 631 000
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	39 077 000
7	To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	14 427 000
8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	32 736 000
9	To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development	23 054 000

Appropriation section	Purpose of appropriation	Appropriations financed by net assessments and Miscellaneous Income US\$
10	To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	139 630 000
11	To ensure improved access, quality and use of medical products and technologies	31 244 000
12	To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfill the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work	139 448 000
13	To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	286 105 000
	Effective working budget	958 840 000
14	Transfer to Tax Equalization Fund	80 000 000
	Total	1 038 840 000

3. FURTHER RESOLVES that:

(1) notwithstanding the provisions of Financial Regulation 4.3, the Director-General is authorized to make transfers between the appropriation sections of the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made; all such transfers shall be reported in the financial report for the financial period 2008–2009; any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.3;

(2) amounts not exceeding the appropriations voted under paragraph 1 shall be available for the payment of obligations incurred during the financial period 1 January 2008 to 31 December 2009 in accordance with the provisions of the Financial Regulations; notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial period 2008–2009 to sections 1 to 13;

(3) the amount of the contribution to be paid by individual Members shall be reduced by the sum standing to their credit in the Tax Equalization Fund; that reduction shall be adjusted in the case of those Members that require staff members to pay income taxes on their WHO emoluments, taxes which the Organization reimburses to said staff members; the amount of such tax reimbursements is estimated at US\$ 11 284 310, resulting in a total assessment on Members of US\$ 940 124 310;

4. DECIDES that the Working Capital Fund shall remain at the level of US\$ 31 000 000, as earlier decided under resolution WHA56.32;

5. NOTES that the expenditure in the Proposed programme budget 2008–2009 to be financed by voluntary contributions is estimated at US\$ 3 268 640 000, as shown below:

Appropriation section	Purpose	Amount US\$
1	To reduce the health, social and economic burden of communicable diseases	808 675 000
2	To combat HIV/AIDS, malaria and tuberculosis	657 936 000
3	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence, injuries and visual impairment	112 889 000
4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	303 924 000
5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	200 782 000
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	122 980 000
7	To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	51 478 000
8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	97 720 000
9	To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development	103 880 000
10	To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	374 424 000
11	To ensure improved access, quality and use of medical products and technologies	102 789 000

Appropriation section	Purpose	Amount US\$
12	To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfill the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work	74 896 000
13	To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	256 267 000
Total		3 268 640 000

(Ninth plenary meeting, 21 May 2007 –
Committee A, second report)

WHA60.13 Control of leishmaniasis

The Sixtieth World Health Assembly,

Having considered the report on control of leishmaniasis;¹

Recognizing that leishmaniasis is one of the most neglected tropical diseases, and that more than 12 million people worldwide are currently infected, with two million new cases each year;

Noting with concern that 350 million people are considered at risk and the number of new cases is on the increase;

Recognizing the lack of accurate information on the epidemiology of the disease for better understanding of the disease and its control;

Noting with concern that the disease affects the poorest populations in 88 countries, placing a heavy economic burden on families, communities and countries, particularly developing countries;

Noting the burden that treatment can place on families;

Bearing in mind that malnutrition and food insecurity are often identified as major causes of disposition to, and severity of, leishmaniasis;

Acknowledging the significant support extended by Member States and other partners and appreciating their continuing cooperation;

¹ Document A60/10.

Acknowledging that relevant Member States from the South-East Asia Region have committed themselves to collaborate in efforts to eliminate visceral leishmaniasis (kala-azar) from the Region by 2015,¹

1. URGES Member States where leishmaniasis is a substantial public-health problem:
 - (1) to reinforce efforts to set up national control programmes that would draw up guidelines and establish systems for surveillance, data collection and analysis;
 - (2) to strengthen prevention, active detection and treatment of cases of both cutaneous and visceral leishmaniasis in order to decrease the disease burden;
 - (3) to strengthen the capacity of peripheral health centres to deliver primary and secondary care, so that they provide appropriate affordable diagnosis and treatment and act as sentinel surveillance sites;
 - (4) to conduct epidemiological assessments in order to map foci, and to calculate the real impact of leishmaniasis through accurate studies of prevalence and incidence, socioeconomic impact and access to prevention and care, and the extent of the disease in those affected by malnutrition and HIV;
 - (5) to strengthen collaboration between countries that share common foci or disease threats; to establish a decentralized structure in areas with major foci of disease, strengthening collaboration between countries that share common foci, increasing the number of WHO collaborating centres for leishmaniasis and giving them a greater role, and relying on initiatives taken by the various actors and interagency collaboration at national and international levels in all aspects of leishmaniasis control, detection and treatment, such initiatives being encouraged with the private sector by national control programmes;
 - (6) to promote the sustainability of surveillance and leishmaniasis control;
 - (7) to improve knowledge about, and skills to prevent, leishmaniasis among people in rural areas, and improve their socioeconomic status in order to combat leishmaniasis;
 - (8) to support studies on the surveillance and control of leishmaniasis;
 - (9) to share experiences in the development of studies of, and technologies on, the prevention and control of leishmaniasis;
2. FURTHER URGES Member States:
 - (1) to advocate high-quality and affordable medicines, and appropriate national drug policies;
 - (2) to encourage research on leishmaniasis control in order:
 - (a) to identify appropriate and effective methods of control of vectors and reservoirs;
 - (b) to find alternative safe, effective and affordable medicines for oral, parenteral or topical administration involving shorter treatment cycles, less toxicity, and new drug

¹ Memorandum of understanding on Elimination of Kala-azar in the South-East Asia Region, 18 May 2005.

combinations, and to define appropriate doses and duration of therapy schedules for these medicines;

(c) to determine mechanisms to facilitate access to existing control measures, including socioeconomic studies and health-sector reform in some developing countries;

(d) to evaluate and improve sensitivity and specificity of serological diagnostic methods for canine and human visceral leishmaniasis, including assessment of standardization and effectiveness;

(e) to evaluate effectiveness of alternative control measures such as use of bednets impregnated with long-lasting insecticide;

3. CALLS ON partner bodies to maintain and expand their support for national leishmaniasis prevention and control programmes and, as appropriate, to accelerate research on, and development of, leishmaniasis vaccine;

4. REQUESTS the Director-General:

(1) to raise awareness of the global burden of leishmaniasis, and to promote equitable access to health services for disease prevention and management;

(2) to draft guidelines on prevention and management of leishmaniasis, with emphasis on updating the report of WHO's Expert Committee on Leishmaniasis,¹ with a view to elaborating regional plans and fostering the establishment of regional groups of experts;

(3) to strengthen collaborative efforts among multisectoral stakeholders, interested organizations and other bodies in order to support the development and implementation of leishmaniasis control programmes;

(4) to frame a policy for leishmaniasis control, with the technical support of WHO's Expert Advisory Panel on Leishmaniasis;

(5) to promote research pertaining to leishmaniasis control, including in the areas of safe, effective and affordable vaccines, diagnostic tools and medicines with less toxicity, and dissemination of the findings of that research, notably through the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases;

(6) to monitor progress in the control of leishmaniasis in collaboration with international partners, WHO regional offices and Member States affected by leishmaniasis;

(7) to promote action with the major laboratories in order to reduce the costs of medicines to developing countries;

(8) to promote and support:

(a) evaluation of the efficacy of new medicines,

(b) evaluation of dosage and length of treatment for existing medicines,

(c) standardization of diagnostic reagents, in particular for visceral leishmaniasis;

¹ WHO Technical Report Series, 1990, No. 793.

(9) to facilitate improved coordination among multilateral institutions and international donors concerned with leishmaniasis;

(10) to report to the Sixty-third World Health Assembly on progress achieved, problems encountered and further actions proposed in the implementation of leishmaniasis control programmes;

(Ninth plenary meeting, 21 May 2007 –
Committee A, second report)

WHA60.14 Polio myelitis: mechanism for management of potential risks to eradication

The Sixtieth World Health Assembly,

Having considered the report on eradication of poliomyelitis;¹

Recalling resolution WHA59.1, urging Member States in which poliomyelitis is endemic to act on their commitment to interrupting transmission of wild poliovirus;

Recognizing that the occurrence of endemic poliovirus is now restricted to geographically limited areas in four countries;

Recognizing the need for international consensus on long-term policies to minimize and manage the risks of re-emergence of poliomyelitis in the post-eradication era;

Recognizing that travellers from areas where poliovirus is still circulating may pose a risk of international spread of the virus;

Noting that the maintenance of high routine immunization coverage in poliomyelitis-free countries contributes to reducing the risk of outbreaks of disease due to wild poliovirus and minimizes the risk of outbreaks due to vaccine-derived poliovirus;

Noting that planning for such international consensus must commence in the near future,

1. URGES all Member States where poliomyelitis is still prevalent in certain geographical areas, especially the four countries in which poliomyelitis is endemic:

(1) to establish mechanisms to enhance political commitment to, and engagement in, poliomyelitis eradication activities at all levels, and to engage local leadership and members of the remaining poliomyelitis-affected populations in order to ensure full acceptance of, and participation in, poliomyelitis immunization campaigns;

(2) to intensify poliomyelitis eradication activities in order rapidly to interrupt all remaining transmission of wild poliovirus;

¹ Document A60/11.

2. URGES all Member States:

- (1) to review and, if appropriate, update national recommendations on immunization against poliomyelitis in order to reduce the risk of international spread of disease;
- (2) to reduce the potential consequences of international spread of wild poliovirus by achieving and maintaining routine immunization coverage against poliomyelitis greater than 90% and, where appropriate, conducting supplementary poliomyelitis immunization activities through additional campaigns in close collaboration with mass media and involvement of the general public;
- (3) to strengthen active surveillance for acute flaccid paralysis in order rapidly to detect any circulating wild poliovirus and prepare for certification of poliomyelitis eradication;
- (4) to prepare for the long-term biocontainment of polioviruses by implementing the measures set out under phases 1 and 2 in the current edition of the WHO global action plan for laboratory containment of wild polioviruses;¹

3. REQUESTS the Director-General:

- (1) to continue to provide technical support to the remaining Member States where poliomyelitis is still prevalent in their efforts to interrupt the final chains of transmission of wild poliovirus, and to Member States at high risk of an importation of poliovirus;
- (2) to assist in mobilizing financial resources to eradicate poliomyelitis from the remaining areas where poliovirus is circulating, to provide support to countries currently free of poliomyelitis that are at high risk of an importation of poliovirus, and to minimize the risks of re-emergence of poliomyelitis in the post-eradication era;
- (3) to continue to work with other organizations of the United Nations system on security issues, through mechanisms such as “days of tranquillity”, in areas where better access is required to reach all children;
- (4) to continue to examine and disseminate measures that Member States can take for reducing the risk and consequences of international spread of polioviruses, including, if and when needed, consideration of temporary or standing recommendations under the International Health Regulations (2005); if such a recommendation were made, to report to the Health Assembly the financial and operational issues arising from its implementation, and lessons drawn;
- (5) to submit proposals to the Sixty-first World Health Assembly with a view to minimizing the long-term risks of reintroduction of poliovirus or re-emergence of poliomyelitis in the post-eradication era by establishing international consensus on the long-term use of poliomyelitis vaccines and biocontainment of infectious and potentially infectious poliovirus materials.

(Ninth plenary meeting, 21 May 2007 –
Committee A, second report)

¹ Document WHO/V&B/03.11 (second edition).

WHA60.15 WHO's role and responsibilities in health research

The Sixtieth World Health Assembly,

Recalling resolution WHA58.34 on the Ministerial Summit on Health Research;

Having considered the report on WHO's role and responsibilities in health research;¹

Acknowledging the critical role of the entire spectrum of health and medical research in improving human health;

Recognizing that research into poverty and inequity in health is limited, and that the ensuing evidence is important to guide policy in order to minimize gaps;

Reaffirming that research to strengthen health systems is fundamental for achieving internationally agreed health-related development goals, including those contained in the United Nations Millennium Declaration;

Recognizing that a wide gap exists between developed and developing countries in the capacity for health research, that it may hamper efforts to achieve better health results, and that it may contribute to worsening the brain drain;

Noting in particular the work of IARC, the WHO Centre for Health Development, the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, and the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction;

Convinced that research findings and data derived from effective health-information systems should be used to inform decisions on the delivery of interventions to those who need them most;

Mindful that the Organization should lead by example in the use of research findings to inform decisions about health;

Reaffirming the role of WHO's cosponsored research programmes in support of neglected areas of research relevant to poor and disadvantaged populations, particularly poverty-related diseases, tuberculosis, malaria and AIDS, and recognizing the contributions of WHO to strengthening research capacity;

Committed to ensuring ethical standards in the conduct of health research supported by the Organization;

Recognizing the need to evaluate progress in health research since 2004 and to discuss the future needs of all Member States with regard to the promotion of evidence-based health research and policies,

1. URGES Member States:

(1) to consider implementing the recommendation made by the Commission on Health Research for Development in 1990 that "developing countries should invest at least 2% of

¹ Document A60/23.

national health expenditures in research and research capacity strengthening, and at least 5% of project and programme aid for the health sector from development aid agencies should be earmarked for research and research capacity strengthening”;¹

(2) to consider the development and strengthening of resource-tracking tools in order to monitor expenditure on health research from government and donor sources, and to disseminate relevant research findings to policy-makers, civil-society entities and the general public;

(3) to integrate research in the mainstream of national programme activities and plans, and to promote wider access to research findings;

(4) to strengthen the capacity of national and institutional ethics committees that review health-research proposals, as appropriate;

(5) to draw up or strengthen health-research policies and health-research legislative documents, as appropriate;

(6) to create a sustained training programme for research managers and to facilitate a cadre of trained professionals to manage health research, where necessary;

(7) to improve the career management of researchers who do not necessarily come under the authority of the ministry responsible for research, as appropriate;

(8) to consider strengthening national research capacities in the following complementary areas: generation of new knowledge, human and financial resources, research institutes and use of research findings in policy decisions, and to foster national and international networks for research collaboration;

(9) to develop and strengthen a participatory mechanism, as appropriate, for all stakeholders in order to prioritize the health-research agenda on the basis of dynamic changes in health systems, disease burden, and emerging health-related issues.

2. CALLS UPON the health-research community, other international organizations, the private sector, civil society and other concerned stakeholders to provide strong, sustained support to research activities across the entire spectrum of health, medical and behavioural research, especially research into communicable diseases and poverty and inequity in health, with the participation of communities and in keeping with national priorities, and to maintain support of activities that promote the use of research findings to inform policy, practice and public opinion;

3. REQUESTS the Director-General:

(1) to promote and advocate research in neglected areas of importance for better health, in particular on diseases that disproportionately affect developing countries and for poor and disadvantaged groups;

(2) to strengthen the culture of research for evidence-based decision-making in the Organization and to ensure that research informs its technical activities;

¹ In Commission on Health Research for Development. *Health research: essential link to equity in development*. New York, Oxford University Press, 1990.

- (3) to develop a reporting system on WHO's activities in health research;
- (4) to improve significantly coordination of relevant research activities, including integration of research into disease control and prevention, and to designate one focal point within the Organization who has the overview of all WHO's research activities;
- (5) to review the use of research evidence for major policy decisions and recommendations within WHO;
- (6) to establish transparent mechanisms for prioritization of research activities and projects within WHO, including independent peer-review mechanisms, and selection criteria such as relevance and scientific quality;
- (7) to establish standard procedures and mechanisms for the conduct of research and use of findings by the Organization, including registration of its research proposals in a publicly accessible database, peer review of proposals, and dissemination of findings;
- (8) to advise Member States, when requested, on ways to organize systems for research for better health;
- (9) to promote better access to relevant research findings, including by supporting the movement towards open access to scientific journals;
- (10) to provide support to Member States in order to develop capacities for health-systems and health-policy research, where necessary;
- (11) to provide technical support to Member States for strengthening the capacity of national and institutional health-research ethics committees, reviewing complex research protocols, and drafting national health policies and health-research legislative documents;
- (12) to identify and implement mechanisms to provide better support to countries and regions in recognizing and maximizing health research as a key factor in the development of health systems, in particular in developing countries;
- (13) to formulate simple priority-setting strategies for health research for use by national governments, where appropriate;
- (14) to institute appropriate systems and mechanisms for greater interaction and convergence among researchers and users of relevant research in order to improve use of research findings and to enhance framing of health policy;
- (15) to provide capacity-building opportunities in health economics, assessment of health technology, economic impact of disease, and costing of various interventions so that a country may optimize its health-system delivery;
- (16) to build up capacity in order to monitor and report to Member States on total expenditure on health research by country and region, by public and donor sources, and by type of expenditure;

(17) to submit to the Sixty-second World Health Assembly a strategy for the management and organization of research activities within WHO;

(18) to convene a ministerial conference on health research, open to all Member States, in Bamako, November 2008.

(Eleventh plenary meeting, 23 May 2007 –
Committee B, second report)

WHA60.16 Progress in the rational use of medicines

The Sixtieth World Health Assembly,

Having considered the report on rational use of medicines: progress in implementing the WHO medicines strategy;¹

Recalling the report on rational use of medicines by prescribers and patients discussed at the Fifty-eighth World Health Assembly and followed by adoption of resolution WHA58.27 on antimicrobial resistance;

Recalling resolutions WHA39.27, WHA41.16 and WHA47.13 on the rational use of drugs, WHA41.17, WHA45.30 and WHA47.16 on ethical criteria for medicinal drug promotion, WHA43.20 and WHA45.27 on the WHO Action Programme on Essential Drugs, WHA47.12 on the role of the pharmacist, WHA49.14 and WHA52.19 on the revised drug strategy, WHA51.9 on cross-border advertising, promotion and sale of medical products using the Internet, and WHA54.11 on the WHO medicines strategy;

Recognizing the efforts of WHO, in collaboration with governments, universities, the private sector and nongovernmental organizations, in areas related to health-care delivery systems and health-insurance programmes in order to improve the use of medicines by prescribers, dispensers and patients;

Aware of the core components of WHO's strategy for promoting the rational use of medicines;²

Wishing to promote evidence-based rational use of medicines by providers and consumers and better access to essential medicines;

Aware that irrational use of medicines continues to be an urgent and widespread problem in the public and private health sector in developed and developing countries, with serious consequences in terms of poor patient outcome, adverse drug reactions, increasing antimicrobial resistance and wasted resources;

Acknowledging that successful implementation of previous resolutions on antimicrobial resistance cannot be achieved without addressing the global problem of irrational use of medicines;

¹ Document A60/24.

² Document WHO/EDM/2004.5.

Recognizing that many countries do not have a stringent drug-regulatory authority nor a full national programme or body to promote rational use of medicines;

Emphasizing that global initiatives to increase access to essential medicines should adhere to the principle of rational use of medicines, and include adherence by patients;

Concerned that insufficient attention and resources are being directed towards tackling the problem of irrational use of medicines by prescribers, dispensers and consumers;

Emphasizing the need for a comprehensive, sustainable, national and sector-wide approach to promote the rational use of medicines;

Recognizing that financing of medicines and methods of arrangements for provider payments can have a major impact on rational use, and that appropriate policies on financing health care are required;

Recognizing that there may be incentives for the irrational use of medicines throughout the health system, for example, in some circumstances which give rise to conflict of interest;

Concerned that direct-to-consumer or Internet sales may give rise to irrational use of medicines;

Convinced that it is time for governments, the health professions, civil society, the private sector and the international community to pledge their commitment, including adequate resources, to promoting the rational use of medicines,

1. URGES Member States:¹

(1) to invest sufficiently in human resources and provide adequate financing for strengthening institutional capacity in order to ensure more appropriate use of medicines in both the public and private sectors;

(2) to consider establishing and/or strengthening, as appropriate, a national drug regulatory authority and a full national programme and/or multidisciplinary body, involving civil society and professional bodies, to monitor and promote the rational use of medicine;

(3) to consider developing, strengthening and implementing, where appropriate, the application of an essential medicines list into the benefit package of the existing or new insurance funds;

(4) to develop and strengthen existing training programmes on rational use of medicines, to ensure that they are taken into account in the curricula for all health professionals and medical students, including their continuing education, where appropriate, and to promote programmes of public education in rational use of medicines;

(5) to enact new, or enforce existing, legislation to ban inaccurate, misleading or unethical promotion of medicines, to monitor promotion of medicines, and to develop and implement programmes that will provide independent, nonpromotional information about medicines;

¹ And regional economic integration organizations, where appropriate.

(6) to develop and implement national policies and programmes for improving use of medicines, including clinical guidelines and essential medicines lists, as appropriate, with an emphasis on multifaceted interventions targeting both the public and private health sectors, and involving providers and consumers;

(7) to consider developing, and strengthening where appropriate, the capacity of hospital drug and therapeutic committees to promote the rational use of medicines;

(8) to expand to national level sustainable interventions successfully implemented at local level;

2. REQUESTS the Director-General:

(1) to strengthen the leadership and evidence-based advocacy role of WHO in promoting rational use of medicines;

(2) in collaboration with governments and civil society, to strengthen WHO's technical support to Member States in their efforts to establish or strengthen, where appropriate, multidisciplinary national bodies for monitoring use of medicines, and implementing national programmes for the rational use of medicines;

(3) to strengthen the coordination of international financial and technical support for rational use of medicines;

(4) to promote research, particularly on development of sustainable interventions for rational use of medicines at all levels of the health sector, both public and private;

(5) to promote discussion among health authorities, professionals and patients on the rational use of medicines;

(6) to report to the Sixty-second World Health Assembly, and subsequently biennially, on progress achieved, problems encountered and further actions proposed in the implementation of WHO's programmes to promote rational use of medicines.

(Eleventh plenary meeting, 23 May 2007 –
Committee B, second report)

WHA60.17 Oral health: action plan for promotion and integrated disease prevention

The Sixtieth World Health Assembly,

Recalling resolutions WHA22.30, WHA28.64 and WHA31.50 on fluoridation and dental health, WHA36.14 on oral health in the strategy for health for all, WHA42.39 on oral health; WHA56.1 and WHA59.17 on the WHO Framework Convention on Tobacco Control; WHA58.22 on cancer prevention and control; WHA57.14 on scaling up treatment and care within a coordinated and comprehensive response to HIV/AIDS; WHA57.16 on health promotion and healthy lifestyles; WHA57.17 on the Global Strategy on Diet, Physical Activity and Health; WHA58.16 on strengthening active and healthy ageing; WHA51.18 and WHA53.17 on prevention and control of noncommunicable diseases, and WHA58.26 on public-health problems caused by harmful use of alcohol;

Having considered the report on oral health: action plan for promotion and integrated disease prevention;¹

Acknowledging the intrinsic link between oral health, general health and quality of life;

Emphasizing the need to incorporate programmes for promotion of oral health and prevention of oral diseases into programmes for the integrated prevention and treatment of chronic diseases;

Aware that the importance of the prevention and control of noncommunicable diseases has been highlighted in the Eleventh General Programme of Work 2006–2015;

Appreciating the role that WHO collaborating centres, partners and nongovernmental organizations play in improving oral health globally,

1. URGES Member States:

(1) to adopt measures to ensure that oral health is incorporated as appropriate into policies for the integrated prevention and treatment of chronic noncommunicable diseases and communicable diseases, and into maternal and child health policies;

(2) to take measures to ensure that evidence-based approaches are used to incorporate oral health into national policies as appropriate for integrated prevention and control of noncommunicable diseases;

(3) to consider mechanisms to provide coverage of the population with essential oral-health care, to incorporate oral health in the framework of enhanced primary health care for chronic noncommunicable diseases, and to promote the availability of oral-health services that should be directed towards disease prevention and health promotion for poor and disadvantaged populations, in collaboration with integrated programmes for the prevention of chronic noncommunicable diseases;

(4) for those countries without access to optimal levels of fluoride, and which have not yet established systematic fluoridation programmes, to consider the development and implementation of fluoridation programmes, giving priority to equitable strategies such as the automatic administration of fluoride, for example, in drinking-water, salt or milk, and to the provision of affordable fluoride toothpaste;

(5) to take steps to ensure that prevention of oral cancer is an integral part of national cancer-control programmes, and to involve oral-health professionals or primary health care personnel with relevant training in oral health in detection, early diagnosis and treatment;

(6) to take steps to ensure the prevention of oral disease associated with HIV/AIDS, and the promotion of oral health and quality of life for people living with HIV, involving oral-health professionals or staff who are specially trained in primary health care, and applying primary oral-health care where possible;

(7) to develop and implement the promotion of oral health and prevention of oral disease for preschool and school children as part of activities in health-promoting schools;

¹ Document A60/16.

(8) to scale up capacity to produce oral-health personnel, including dental hygienists, nurses and auxiliaries, providing for equitable distribution of these auxiliaries to the primary-care level, and ensuring proper service back-up by dentists through appropriate referral systems;

(9) to develop and implement, in countries affected by noma, programmes to control the disease within national programmes for the integrated management of childhood illness, maternal care and reduction of malnutrition and poverty, in line with internationally agreed health-related development goals, including those contained in the Millennium Declaration;

(10) to incorporate an oral-health information system into health surveillance plans so that oral-health objectives are in keeping with international standards, and to evaluate progress in promoting oral health;

(11) to strengthen oral-health research and use evidence-based oral-health promotion and disease prevention in order to consolidate and adapt oral-health programmes, and to encourage the intercountry exchange of reliable knowledge and experience of community oral-health programmes;

(12) to address human resources and workforce planning for oral health as part of every national plan for health;

(13) to increase, as appropriate, the budgetary provisions dedicated to the prevention and control of oral and craniofacial diseases and conditions;

(14) to strengthen partnerships and shared responsibility among stakeholders in order to maximize resources in support of national oral health programmes;

2. REQUESTS the Director-General:

(1) to raise awareness of the global challenges to improving oral health, and the specific and unique needs of low- and middle-income countries and of poor and disadvantaged population groups;

(2) to ensure that the Organization, at global and regional levels, provides advice and technical support, on request, to Member States for the development and implementation of oral-health programmes within integrated approaches to monitoring, prevention and management of chronic noncommunicable diseases;

(3) continually to promote international cooperation and interaction with and among all actors concerned with implementation of the oral-health action plan, including WHO collaborating centres for oral health and nongovernmental organizations;

(4) to communicate to UNICEF and other organizations of the United Nations system that undertake health-related activities the importance of integrating oral health into their programmes;

(5) to strengthen WHO's technical leadership in oral health, including increasing, as appropriate, budgetary and human resources at all levels.

WHA60.18 Malaria, including proposal for establishment of World Malaria Day

The Sixtieth World Health Assembly,

Having considered the report on malaria, including a proposal for the establishment of Malaria Day;¹

Concerned that malaria continues to cause more than one million preventable deaths a year;

Noting that the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank Global Strategy and Booster Program, the Bill & Melinda Gates Foundation, the Malaria Initiative of the President of the United States of America, and other donors have made substantial resources available;

Welcoming the contribution to the mobilization of resources for development of voluntary innovative financing initiatives taken by groups of Member States and, in this regard, noting the activities of the International Drug Purchase Facility (UNITAID);

Recalling that combating HIV/AIDS, malaria and other diseases is included in internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Mindful that the global burden of malaria needs to be decreased in order to reach the Millennium Development Goal of reducing the mortality rate among children under five by two thirds by 2015 and to help to achieve the Millennium Development Goals of improving maternal health and eradicating extreme poverty,

1. URGES Member States:

(1) to apply to their specific contexts the evidence-based policies, strategies and tools recommended by WHO and performance-based monitoring and evaluation in order to expand coverage with major preventive interventions in populations at risk and curative interventions for patients suffering from malaria and to assess programme performance and the coverage and impact of interventions in an effective and timely manner, particularly with use of the WHO country-profile database;

(2) to assign national and international resources, both human and financial, for the provision of technical support in order to ensure that the most locally and epidemiologically appropriate strategies are effectively implemented and that target populations are reached;

(3) to cease progressively the provision in both the public and private sectors of oral artemisinin monotherapies, to promote the use of artemisinin-combination therapies, and to implement policies that prohibit the production, marketing, distribution and use of counterfeit antimalarial medicines;

(4) to intensify access to affordable, safe and effective antimalarial combination treatments, to intermittent preventive treatment in pregnancies, with special precautions for HIV-infected pregnant women who are receiving co-trimoxazole chemotherapy, to insecticide-treated mosquito nets, including through the free distribution of such nets where appropriate, and to indoor residual spraying for malaria control with suitable and safe insecticides, taking into account relevant international rules, standards and guidelines;

¹ Document A60/12.

(5) to provide, whenever necessary, in their legislation for use, to the full, of the flexibilities contained in the agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) in order to promote access to pharmaceutical products;¹

(6) to use all necessary administrative and legislative means, including, where appropriate, the use of provisions in international agreements, including TRIPS, in order to promote access to preventive technologies against malaria;

(7) to aim at reducing or interrupting malaria transmission, wherever feasible, through integrated vector management, promoting improvement of local and environmental conditions and healthy settings, and increasing access to basic health services, antimalarial medicines, diagnostics and preventive technologies in order to reduce the disease burden;

(8) to implement integrated approaches to malaria prevention and control through multisectoral collaboration and community responsibility and participation;

2. REQUESTS international organizations and financing bodies:

(1) to provide support for the development of capacities in developing countries in order to expand use of reliable diagnostics, artemisinin-based combination therapies that are appropriate for local drug-resistance conditions, integrated vector management including long-lasting insecticide-treated nets and larvicidal measures, indoor residual spraying with appropriate and safe insecticides as indicated by WHO and in accordance with the Stockholm Convention on Persistent Organic Pollutants,² and monitoring and evaluation systems, including use of the country database developed by WHO;

(2) to increase funding for malaria control, so that the relevant agencies can continue providing support to countries, and to channel additional resources into technical support so that the financial resources can be absorbed and used effectively in countries;

(3) to provide support for elimination of malaria in areas where it is feasible and sustainable;

(4) to adjust their policies so as progressively to cease to fund the provision and distribution of oral artemisinin monotherapies, and to join in campaigns to prohibit the production, marketing, distribution and use of counterfeit antimalarial medicines;

3. REQUESTS the Director-General:

(1) to take steps to identify gaps in knowledge about malaria control and elimination; to provide support for the development of new tools for diagnosis, therapy, prevention and control, and of strategies; to estimate more accurately the global burden of disease and determine trends; to develop new tools and methods for assessing impact and cost-effectiveness of interventions; to build up WHO's current research on malaria, including that of the UNICEF/UNDP/World

¹ The WTO General Council in its Decision of 30 August 2003 (i.e. on Implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health) decided that “ ‘pharmaceutical product’ means any patented product, or product manufactured through a patented process, of the pharmaceutical sector needed to address the public health problems as recognized in paragraph 1 of the Declaration. It is understood that active ingredients necessary for its manufacture and diagnostic kits needed for its use would be included.”

² The Stockholm Convention on Persistent Organic Pollutants (Annex B, Part II, paragraphs 1–5) allows for temporary use of DDT for the purpose of malaria-vector control while maintaining the goal of reducing and ultimately eliminating the use of DDT, and calls for the development of alternatives.

Bank/WHO Special Programme for Research and Training in Tropical Diseases; to provide technical support to countries for conducting operational and implementation research; and to mobilize resources and increase support for research in the development of new tools and strategies for prevention and control of malaria;

(2) to strengthen and rationalize human resources for malaria by deploying staff to country level, thus improving the capacity of WHO's country offices to provide technical guidance to national health programmes;

(3) to provide support to coordinating partners and countries for malaria control in refugee camps and in complex emergencies;

(4) to improve the coordination between different stakeholders in the fight against malaria;

(5) to support the sound management of DDT use for vector control in accordance with the Stockholm Convention on Persistent Organic Pollutants,¹ and to share data on such use with Member States;

(6) to report to the Health Assembly biennially through the Executive Board on progress made in implementation of this resolution;

4. RESOLVES that:

(1) World Malaria Day shall be commemorated annually on 25 April, or on such other day or days as individual Member States may decide, in order to provide education and understanding of malaria as a global scourge that is preventable and a disease that is curable;

(2) World Malaria Day shall be the culmination of year-long intensified implementation of national malaria-control strategies, including community-based activities for malaria prevention and treatment in endemic areas, and the occasion to inform the general public of the obstacles encountered and progress achieved in controlling malaria.

(Eleventh plenary meeting, 23 May 2007 –
Committee A, fourth report)

WHA60.19 Tuberculosis control: progress and long-term planning

The Sixtieth World Health Assembly,

Having considered the report on tuberculosis control: progress and long-term planning;¹

Noting the progress made since 1991 towards achieving the international targets for 2005, and more recently following the establishment, in response to resolution WHA51.13, of the Stop TB Partnership;

Aware of the need to build on this progress and overcome constraints in order to reach the international targets for tuberculosis control for 2015 set by the Stop TB Partnership – in line with the

¹ Document A60/13.

internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration to “have halted by 2015 and begun to reverse the incidence of major diseases” – of halving tuberculosis prevalence and death rates by 2015 compared with 1990 levels;

Noting the development of the Stop TB strategy as a comprehensive approach to tuberculosis prevention and control that incorporates the internationally agreed tuberculosis control strategy (DOTS strategy) and represents a significant expansion in the scale and scope of tuberculosis-control activities;

Welcoming the Partnership’s Global Plan to Stop TB 2006–2015, which sets out the activities oriented towards implementing the Stop TB strategy and achieving the international targets for tuberculosis control for 2015;

Aware of the need to increase the scope, scale and speed of research needed to achieve the international targets for tuberculosis control for 2015 and the goal of eliminating tuberculosis as a global public-health problem by 2050;

Concerned that delays in implementing the Global Plan will result in increasing numbers of tuberculosis cases and deaths, including those due to multidrug-resistant (and extensively drug-resistant) tuberculosis and to the impact of HIV, and therefore in delays in achieving by 2015 the international targets for tuberculosis control and the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration;

Recognizing the importance of the situation and the trends of multidrug-resistant and extensively drug-resistant tuberculosis as barriers to the achievement of the Global Plan’s objectives by 2015, and the need for an increased number of Member States participating in the network of the Global Project on Anti-Tuberculosis Drug Resistance Surveillance and for the required additional resources to accomplish its task;

Recalling that resolution WHA58.14 encouraged Member States to fulfil their commitments to ensure the availability of sufficient domestic resources and of sufficient external resources to achieve the internationally agreed development goal relevant to tuberculosis contained in the United Nations Millennium Declaration;

Welcoming the contribution to the mobilization of resources for development by voluntary innovative financing initiatives taken by groups of Member States and, in this regard, noting the International Drug Purchase Facility (UNITAID), the International Finance Facility for Immunisation and the commitment to launch a pilot project within the advance market commitments initiatives,

1. URGES all Member States:

(1) to develop and implement long-term plans for tuberculosis prevention and control in line with the Global Plan to Stop TB 2006–2015, in the context of overall health development plans, in collaboration with other programmes (including those on HIV/AIDS, child health and strengthening of health systems), and through national Stop TB partnerships where appropriate, with the aim of:

(a) accelerating progress towards the international targets for tuberculosis control for 2015 through full and rapid implementation of the Stop TB strategy, with specific attention to vulnerable groups highly at risk, such as poor people, migrants and ethnic minorities;

- (b) accelerating improvement of health-information systems, both in general and for tuberculosis in particular, in order to serve the assessment of national programme performance;
- (c) ensuring high-quality implementation of the DOTS strategy by tuberculosis programmes as the first and foremost step in full implementation of the Stop TB strategy;
- (d) controlling the emergence and transmission of multi-drug-resistant tuberculosis, including extensively drug-resistant tuberculosis, by ensuring the high-quality implementation of the DOTS strategy and by prompt implementation of infection-control precautions;
- (e) if affected, immediately addressing extensively drug-resistant tuberculosis and HIV-related tuberculosis as part of the overall Stop TB strategy, as the highest health priorities;
- (f) enhancing laboratory capacity in order to provide for rapid drug-susceptibility testing of isolates obtained from all persons with culture-positive tuberculosis, where resources are available, and promote access to quality-assured sputum smear microscopy;
- (g) increasing access to quality-assured second-line medicines at affordable prices through the Stop TB Partnership's Green Light Committee;
- (h) accelerating collaborative interventions against HIV infection and tuberculosis;
- (i) fully involving the private sector in national tuberculosis control programmes;

(2) to use all possible financing mechanisms in order to fulfil the commitments made in resolution WHA58.14, including that to ensure sustainable domestic and external financing, thereby filling the funding gaps identified in the Global Plan to Stop TB 2006–2015;

(3) to declare, where appropriate, tuberculosis as an emergency and to allocate additional resources in order to strengthen activities aimed at stopping the spread of extensively drug-resistant tuberculosis;

2. REQUESTS the Director-General:

(1) to intensify support provided to Member States in expanding implementation of the Stop TB strategy by developing capacity and improving the performance of national tuberculosis-control programmes, particularly the quality of DOTS activities, and by implementing infection-control precautions within the broad context of strengthening health systems in order to achieve the international targets for 2015;

(2) to continue to provide support for the network of the Global Project on Anti-Tuberculosis Drug Resistance Surveillance by increasing the number of Member States in the network in order to inform the Global Plan to Stop TB 2006–2015 through determination of the extent and trend of multidrug-resistant and extensively drug-resistant tuberculosis;

(3) to strengthen urgently WHO's support to countries affected by multidrug-resistant tuberculosis and especially extensively drug-resistant tuberculosis, and to countries highly affected by HIV-related tuberculosis;

- (4) to enhance WHO's leadership within the Stop TB Partnership in its coordination of efforts to implement the Global Plan to Stop TB 2006–2015 and to facilitate long-term commitment to sustainable financing of the Global Plan through improved mechanisms for increased funding;
- (5) to strengthen mechanisms to review and monitor estimates of impact of control activities on the tuberculosis burden, including incidence, prevalence and mortality with specific attention to vulnerable groups highly at risk, such as poor people, migrants and ethnic minorities;
- (6) to support Member States in developing laboratory capacity to provide for rapid drug-susceptibility testing of isolates obtained from all persons with culture-positive tuberculosis, to develop consensus guidelines for rapid drug-susceptibility test methods and appropriate measures for laboratory strengthening, and to mobilize funding;
- (7) to enhance WHO's role in tuberculosis research in order to promote the applied research necessary to reach the international targets for tuberculosis control for 2015 and the basic research necessary to achieve the goal of eliminating tuberculosis by 2050; and to increase global support for those areas of tuberculosis research that are currently underresourced, especially enhancing research and development of new diagnostics, drugs and vaccines and the relevance of nutrition to, and its interaction with, tuberculosis;
- (8) to report to the Sixty-third World Health Assembly through the Executive Board on:
- (a) progress in implementation of the Global Plan to Stop TB 2006–2015, including mobilization of resources from domestic and external sources for its implementation;
 - (b) progress made in achieving the international targets for tuberculosis control by 2015, using the “proportion of tuberculosis cases detected and cured under directly observed treatment, short course (DOTS)” (Millennium Development Goal indicator 24) as a measure of the performance of national programmes, and tuberculosis incidence and “prevalence and death rates associated with tuberculosis” (Millennium Development Goal indicator 23) as a measure of the impact of control on the tuberculosis epidemic.

(Eleventh plenary meeting, 23 May 2007 –
Committee A, fourth report)

WHA60.20 Better medicines for children

The Sixtieth World Health Assembly,

Having considered the report on better medicines for children;¹

Recalling resolutions WHA39.27, WHA41.16 and WHA47.13 on the rational use of drugs, WHA41.17 on ethical criteria for medicinal drug promotion, WHA43.20 and WHA45.27 on the WHO Action Programme on Essential Drugs, WHA47.12 on the role of the pharmacist in support of the WHO revised drug strategy, WHA49.14 and WHA52.19 on the revised drug strategy, WHA54.11

¹ Document A60/25.

on the WHO medicines strategy, and WHA58.27 on improving the containment of antimicrobial resistance;

Recognizing the efforts of WHO in collaboration with governments, other organizations of the United Nations system, universities, the private sector, nongovernmental organizations and funding agencies in areas related to improving access to better medicines for children;

Aware of the core components of WHO's global framework for expanding access to essential medicines;

Wishing to promote evidence-based selection and use of medicines for children by health providers and carers;

Aware that there are regional initiatives to address inadequate access to essential medicines for children;

Wishing to ensure better access to essential medicines for children as a prerequisite for achieving health outcomes as set out in the internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Aware that the lack of access to essential medicines of assured quality continues to pose significant risks of high morbidity and mortality in children, especially those under five years of age;

Recognizing the ongoing work of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property and the need to ensure harmonization of WHO's work on access to essential medicines;

Concerned that children can be further disadvantaged by lack of physical and economic access to essential medicines, especially in vulnerable communities;

Recognizing that many countries do not have the requisite capacity to regulate and control medicines for children;

Aware that many manufacturers of essential medicines have neither developed nor produced appropriate dosage forms and strengths of medicines for children;

Concerned that there is insufficient investment in the clinical trials, development and manufacture of medicines for children;

1. URGES Member States:

- (1) to take steps to identify appropriate dosage forms and strengths of medicines for children, and to encourage their manufacture and licensing;
- (2) to investigate whether currently available medicines could be formulated to make them suitable for use in children;
- (3) to conduct surveillance of antimicrobial resistance of locally available and commonly prescribed medicines for children;

- (4) to encourage research and development of appropriate medicines for diseases that affect children, and to ensure that high-quality clinical trials for these medicines are conducted in an ethical manner;
- (5) to facilitate timely licensing of appropriate, high-quality and affordable medicines for children and innovative methods for monitoring the safety of such medicines, and to encourage the marketing of adequate paediatric formulations together with newly developed medicines;
- (6) to promote access to essential medicines for children through inclusion, as appropriate, of those medicines in national medicine lists, and procurement and reimbursement schemes, and to devise measures to monitor prices;
- (7) to collaborate in order to facilitate innovative research and development on, formulation of, regulatory approval of, provision of adequate prompt information on, and rational use of, paediatric medicines and medicines authorized for adults but not approved for use in children;
- (8) to use all necessary administrative and legislative means including, where appropriate, the provisions contained in international agreements, including the agreement on Trade-Related Aspects of Intellectual Property Rights, in order to promote access to essential medicines for children;

2. REQUESTS the Director-General:

- (1) to promote the development, harmonization and use of standards for clinical trials of medicines for children; to revise and regularly update the Model List of Essential Medicines in order to include missing essential medicines for children, using evidence-based clinical guidelines; and to promote application of such guidelines by Member States and international financing bodies, with initial focus on treatments for HIV/AIDS, tuberculosis, malaria and chronic diseases;
- (2) to ensure that all relevant WHO programmes, including but not limited to that on essential medicines, contribute to making safe and effective medicines as widely available for children as for adults;
- (3) to promote the development of international norms and standards for quality and safety of formulations for children, and of the regulatory capacity to apply them;
- (4) to make available evidence-based treatment guidelines and independent information on dosage and safety aspects of essential medicines for children, progressively to cover all medicines for children, and to work with Member States in order to implement such guidelines;
- (5) to collaborate with governments, other organizations of the United Nations system, including WTO and WIPO, donor agencies, nongovernmental organizations and the pharmaceutical industry in order to encourage fair trade in safe and effective medicines for children and adequate financing for securing better access to medicines for children;
- (6) to report to the Sixty-second World Health Assembly, and subsequently as appropriate, through the Executive Board, on progress achieved, problems encountered and specific actions needed to further promote better access to medicines for children.

WHA60.21 Sustaining the elimination of iodine deficiency disorders

The Sixtieth World Health Assembly,

Having noted with appreciation the report on sustaining the elimination of iodine deficiency disorders;¹

Noting that, although progress has been made by some Member States in the sustained elimination of iodine deficiency disorders in the past two years, between one fourth and one third of the world's population still suffers from this micronutrient deficiency, most of them in impoverished areas of the world;

Concerned that iodine deficiency can prevent the optimal development of children's brains, with possible consequent learning impairment and subsequent social and economic consequences;

Recognizing that the fight against iodine deficiency contributes directly to many of the internationally agreed health-related goals, including those contained in the Millennium Declaration, such as eradicating extreme poverty, reducing child mortality, improving maternal health, achieving universal primary education, and promoting gender equality;

Applauding the support of international organizations, especially WHO, UNICEF, WFP, bilateral development agencies and nongovernmental and private partners, including Kiwanis International, the International Council for the Control of Iodine Deficiency Disorders and the global Network for Sustained Elimination of Iodine Deficiency,

1. URGES Member States:

(1) to redouble their efforts to reach those people not yet protected from iodine deficiency disorders, and to sustain successful programmes on a continuous basis;

(2) to implement the recommendation in resolution WHA58.24 to establish multidisciplinary national coalitions in order to monitor the state of iodine nutrition every three years;

2. REQUESTS the Director-General to continue to strengthen WHO's cooperation with other organizations in the United Nations system for supporting Member States in fighting iodine deficiency, and to report on iodine status every three years in compliance with resolution WHA58.24.

(Eleventh plenary meeting, 23 May 2007 –
Committee B, third report)

WHA60.22 Health systems: emergency-care systems

The Sixtieth World Health Assembly,

Having considered the report on health systems: emergency-care systems;²

¹ Document A60/28, Section G.

² Document A60/21.

Recalling resolutions WHA56.24 on implementing the recommendations of the *World report on violence and health* and WHA57.10 on road safety and health, which respectively noted that violence was a leading worldwide public-health problem and that road-traffic injuries caused extensive and serious public-health problems;

Further recalling that resolution WHA56.24 requested the Director-General to provide technical support for strengthening trauma and care services to survivors or victims of violence, and that resolution WHA57.10 recommended Member States to strengthen emergency and rehabilitation services, and requested the Director-General to provide technical support for strengthening systems of prehospital and trauma care for victims of road-traffic injuries;

Recognizing that each year worldwide more than 100 million people sustain injuries, that more than five million people die from violence and injury, and that 90% of the global burden of violence and injury mortality occurs in low- and middle-income countries;

Aware of the need for primary prevention as one of the most important ways to reduce the burden of injuries;

Recognizing that improved organization and planning for provision of trauma and emergency care is an essential part of integrated health-care delivery, plays an important role in preparedness for, and response to, mass-casualty incidents, and can lower mortality, reduce disability and prevent other adverse health outcomes arising from the burden of everyday injuries;

Considering that WHO's published guidance and electronic tools offer a means to improve the organization and planning of trauma and emergency care that is particularly adapted to meeting the needs of low- and middle-income countries,

1. CONSIDERS that additional efforts should be made globally to strengthen provision of trauma and emergency care so as to ensure timely and effective delivery to those who need it in the context of the overall health-care system, and related health and health-promotion initiatives;
2. URGES Member States:
 - (1) to assess comprehensively the prehospital and emergency-care context including, where necessary, identifying unmet needs;
 - (2) to ensure involvement of ministries of health in, and an intersectoral coordination mechanism for, review and strengthening of the provision of trauma and emergency care;
 - (3) to consider establishing formal and integrated emergency-care systems and to draw on informal systems and community resources in order to establish integrated-care capacity in areas where formal, prehospital, emergency medical-care systems are impractical;
 - (4) in settings with a formal, emergency medical-care system, and where appropriate and feasible, to ensure that a monitoring mechanism exists to provide improved pertinent information and assure minimum standards for training, equipment, infrastructure and communication;
 - (5) in locations with a formal, emergency medical-care system, or where one is being developed, to establish, and make widely known, a universal-access telephone number;

- (6) to identify a core set of trauma and emergency-care services, and to develop methods for assuring and documenting that such services are provided appropriately to all who need them;
- (7) to consider creating incentives for training and to improve working conditions for health-care providers concerned;
- (8) to ensure that appropriate core competencies are part of relevant health curricula and to promote continuing education for providers of trauma and emergency care;
- (9) to ensure that data sources are sufficient to monitor objectively the outcome of efforts to strengthen trauma and emergency-care systems;
- (10) to review and update relevant legislation, including where necessary financial mechanisms and management aspects, so as to ensure that a core set of trauma and emergency-care services are accessible to all people who need them;

3. REQUESTS the Director-General:

- (1) to devise standardized tools and techniques for assessing need for prehospital and facility-based capacity in trauma and emergency care;
- (2) to develop techniques for reviewing policy and legislation related to provision of emergency care, to compile examples of such legislation, and to use such institutional capacity to provide support to Member States, on request, for reviewing and updating their policies and legislation;
- (3) to determine standards, mechanisms, and techniques for inspection of facilities, and to provide support to Member States for design of quality-improvement programmes and other methods needed for competent and timely provision of essential trauma and emergency care;
- (4) to provide guidance for the creation and strengthening of mass-casualty management systems;
- (5) to provide support to Member States, upon request, for needs assessments, facility inspection, quality-improvement programmes, review of legislation, and other aspects of strengthening provision of trauma and emergency care;
- (6) to encourage research and to collaborate with Member States in establishing science-based policies and programmes for implementation of methods to strengthen trauma and emergency care;
- (7) to collaborate with Member States, nongovernmental organizations and other stakeholders in order to help ensure that the necessary capacity is in place effectively to plan, organize, administer, finance and monitor provision of trauma and emergency care;
- (8) to raise awareness of the existence of low-cost ways to reduce mortality through improved organization and planning of provision of trauma and emergency care, and to organize regular expert meetings to further technical exchange and build capacity in this area;
- (9) to work with Member States to design strategies for providing, on a regular basis, optimal, non-emergency and emergency care to all those in need; and to provide support to

Member States for mobilizing adequate resources, as appropriate, from donors and development partners to achieve this goal;

(10) to report on progress made in implementing this resolution to the Health Assembly, through the Executive Board.

(Eleventh plenary meeting, 23 May 2007 –
Committee A, fifth report)

WHA60.23 Prevention and control of noncommunicable diseases: implementation of the global strategy

The Sixtieth World Health Assembly,

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

Recalling resolutions WHA53.17 on prevention and control of noncommunicable diseases, WHA54.18 on transparency in tobacco control process, WHA56.1 on the WHO Framework Convention on Tobacco Control, WHA57.17 on the Global Strategy on Diet, Physical Activity and Health, WHA57.16 on health promotion and healthy lifestyles, WHA58.22 on cancer prevention and control, and WHA58.26 on public-health problems caused by harmful use of alcohol, and the many related regional committee resolutions, including on mental health;

Deeply concerned that in 2005 noncommunicable diseases caused an estimated 35 million deaths (60% of all deaths globally), that 80% of these deaths occurred in low- and middle-income countries, and that about 16 million deaths occurred among people under 70 years of age;

Noting that mortality due to noncommunicable diseases is expected to rise by a further 17% by 2015, with serious socioeconomic consequences for Member States, communities and families;

Noting the links between noncommunicable diseases, development, the environment, and human security, and their contribution to health inequalities;

Noting that multisectoral responses continue to be limited by lack of awareness of, and appropriate action to reverse, the pandemic of noncommunicable diseases;

Noting that the importance of prevention and control of noncommunicable diseases has been highlighted in the Eleventh General Programme of Work 2006–2015, which includes the target of reducing death rates from noncommunicable diseases by 2% annually during the next 10 years;

Noting the increasing evidence on the cost-effectiveness of several simple interventions for prevention and control of noncommunicable diseases;

¹ Document A60/15.

Noting the importance of motivating, educating and supporting individuals and families to make healthy choices in their daily lives, and the important role played by governments in providing healthy public policy and environments;

Confirming the importance of tackling the major underlying risk factors for noncommunicable diseases in an integrated, comprehensive, multisectoral and step-by-step manner;

Recognizing the heavy social and economic burden of musculoskeletal disorders, especially among the workforce and elderly people;

Bearing in mind that the response to the triple burden of infectious diseases, noncommunicable diseases and injuries faced by many countries, and their severe resource constraints, requires a strong primary health-care system within an integrated health system;

Recognizing that the implementation of the WHO Framework Convention on Tobacco Control is an essential measure for the prevention and control of noncommunicable diseases;

Recognizing that greater efforts are required globally to promote physical activity and healthy lifestyles, and to improve the nutritional quality of food and drink products, the way in which they are marketed, and the quality of information and its availability to consumers and their families, in particular children, young people and other population groups in vulnerable circumstances;

Recognizing that more information is required on the socioeconomic and developmental impact of noncommunicable diseases and on the outcome of available interventions;

Aware that Member States spend only a small proportion of their health-care budget on prevention of noncommunicable diseases and on public health, and that even a minor increase in that percentage would yield tremendous health and socioeconomic benefits,

1. URGES Member States:

(1) to strengthen national and local political will to prevent and control noncommunicable diseases as part of a commitment to achieving the target of reducing death rates from noncommunicable diseases by 2% annually for the next 10 years, as contained in the Eleventh General Programme of Work, 2006–2015;¹

(2) to establish and strengthen a national coordinating mechanism and local coalitions for prevention and control of noncommunicable diseases where appropriate to national circumstances, with a broad multisectoral mandate that includes mobilization of political will and financial resources and involves all relevant stakeholders;

(3) to develop and implement a national multisectoral evidence-based action plan for prevention and control of noncommunicable diseases that sets out priorities, a time frame and performance indicators, provides the basis for coordinating the work of all stakeholders, and actively engages civil society, while ensuring avoidance of potential conflict of interest;

(4) to increase, as appropriate, resources for programmes for prevention and control of noncommunicable diseases;

¹ Document A59/25, Appendix 6.

(5) to implement and increase support for existing global initiatives and the WHO Framework Convention on Tobacco Control that contribute to achieving the target of reducing death rates from noncommunicable diseases by 2% annually for the next 10 years;

(6) to strengthen the capacity of health systems for prevention, to make prevention and control of noncommunicable diseases an integral part of primary health-care programmes, and to ensure that health institutions are adequately organized in order to meet the serious challenges raised by noncommunicable diseases, thereby implicitly focusing on primary health care;

(7) to strengthen monitoring and evaluation systems, including country-level epidemiological surveillance mechanisms, in order to compile evidence for informing policy decisions;

(8) to emphasize the key role of governmental functions, including regulatory functions, when combating noncommunicable diseases;

(9) to increase access to appropriate health care, including affordable, high-quality medicines for high-risk populations in low- and middle-income countries;

(10) to incorporate into their national health programmes strategies for public health interventions designed to reduce the incidence of obesity in children and adults, together with measures to prevent and control diabetes mellitus;

2. REQUESTS the Director-General:

(1) on the basis of an outline contained in the report on prevention and control of noncommunicable diseases: implementation of the global strategy,¹ to prepare an action plan to be submitted to the Sixty-first World Health Assembly, through the Executive Board, that sets out priorities, actions, a time frame and performance indicators for prevention and control of noncommunicable diseases between 2008 and 2013 at global and regional levels, and to provide support where needed for elaboration, intensified implementation and monitoring of national plans for prevention and control of noncommunicable diseases, including the further development of an intervention to manage the conditions of people at high risk of such diseases;

(2) to raise further awareness among Member States of the importance of drawing up, promoting and funding supportive national multisectoral coordination and surveillance mechanisms, health promotion programmes and plans for prevention and control of noncommunicable diseases;

(3) to provide support to Member States, on request, and to foster partnership, collaboration, cooperation and sharing of best practices among Member States for incorporating comprehensive noncommunicable disease interventions into national policies and programmes, including health systems policies and programmes, and for expanding interventions, including strategies to educate and support individuals and families;

(4) to disseminate to Member States, in a timely and consistent manner, information on cost-effective, core interventions aimed at preventing and controlling noncommunicable diseases;

(5) to encourage dialogue with international, regional and national nongovernmental organizations, donors and technical-agency partners and the private sector, while ensuring

¹ Document A60/15.

avoidance of potential conflict of interest, in order to increase support, resources and partnerships for prevention and control of noncommunicable diseases, including health and wellness programmes at the workplace, as appropriate;

(6) to promote initiatives aimed at implementing the global strategy for prevention and control of noncommunicable diseases with the purpose of increasing availability of healthy food and promoting healthy diets and healthy eating habits, and to promote responsible marketing, including the development of a set of recommendations on marketing of foods and nonalcoholic beverages to children, in order to reduce the impact of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt, in dialogue with all relevant stakeholders, including private-sector parties, while ensuring avoidance of potential conflict of interest;

(7) to build and sustain contact with the mass media in order to ensure continued prominence in the media of issues related to the prevention and control of noncommunicable diseases;

(8) to improve understanding of the socioeconomic impact of noncommunicable diseases at national and household levels, especially in low- and middle-income countries;

(9) to ensure that the work on prevention and control of noncommunicable diseases is given suitably high priority and support where appropriate;

(10) to develop mechanisms for Member States to coordinate activities on the prevention and control of noncommunicable diseases, in particular to recognize global and regional networking programmes on the prevention and control of noncommunicable diseases as an effective means of cooperation and of implementing the global strategy, and to provide funding and support for the organization and coordination of these programmes at global and regional levels;

(11) strongly to promote dialogue between Member States with a view to implementation of concrete actions to prevent obesity and diabetes mellitus within the framework of resolution WHA53.17 on prevention and control of noncommunicable diseases and the Global Strategy on Diet, Physical Activity and Health;

(12) 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, including progress on the action plan.

(Eleventh plenary meeting, 23 May 2007 –
Committee A, fifth report)

WHA60.24 Health promotion in a globalized world

The Sixtieth World Health Assembly,

Recalling resolutions WHA42.44 on health promotion, public information and education for health, WHA51.12 on health promotion, WHA57.16 on health promotion and healthy lifestyles, and the outcomes of the six international conferences on health promotion (Ottawa, 1986; Adelaide, Australia, 1988; Sundsvall, Sweden, 1991; Jakarta, 1997; Mexico City, 2000; Bangkok, 2005);

Having considered the report on follow-up to the 6th Global Conference on Health Promotion (Bangkok in 2005),¹ which confirms the need to focus on health promotion actions to address the determinants of health;

Drawing on the Declaration of Alma-Ata, the Ottawa Charter for Health Promotion, and the Bangkok Charter for Health Promotion in a Globalized World which sets out strategic directions for equitable health improvement in the first decades of the twenty-first century;

Considering the actions and recommendations set out in the Bangkok Charter for Health Promotion in a Globalized World to make the promotion of health central to the global development agenda, a core responsibility for all governments, and a key focus of communities, civil society, and the private sector;

Noting that health promotion is essential for meeting the targets of the internationally agreed health-related development goals, including those contained in the Millennium Declaration, is intimately related to the work of WHO's Commission on Social Determinants of Health, and makes an important contribution to realizing the objectives of the Eleventh General Programme of Work;

Recognizing that the dramatic changes of the global burden of disease, notably due to noncommunicable diseases, require greater attention, and call for adjustments in society at large and in resource allocation in order to tackle the immediate and underlying determinants of health;

Recognizing that health promotion contributes to the achievement of health for all;

Confirming the importance of addressing also the wider determinants of health, and of implementing recommendations on, and undertaking action for, health for all,

1. URGES all Member States:

(1) to increase, as appropriate, investments in, and to frame sound policies for, health promotion as an essential component of equitable social and economic development;

(2) to establish, as appropriate, effective mechanisms for a multisectoral, including interministerial, approach in order to address effectively the social, economic, political and environmental determinants of health throughout the life-course;

(3) to support and foster the active engagement in health promotion of communities, civil society, especially people or groups making positive contributions, the public including professional and labour unions, businesses and associations, and other bodies, especially those involved in public health and health promotion, while avoiding any possible conflict of interest and promoting constructive engagement for mutual benefit;

(4) systematically to monitor, evaluate and improve health-promotion policies, programmes, infrastructure and investment, on a regular basis, including consideration of the use of health-impact assessments, to report results in solving problems related to health promotion, and to publicize and use those results in the planning process;

(5) to reorient national public-health systems towards the promotion and adoption of healthier lifestyles by individuals, families and communities;

¹ Document A60/18.

(6) to introduce into current practices effective, evidence-based health promotion interventions;

(7) that have successfully implemented a national public health policy, within which health promotion is the key to modifying the determinants of health, effectively to transfer their expertise to those countries that are still in the implementation phase;

2. REQUESTS the Director-General:

(1) to strengthen the capacity for health promotion across the Organization in order to provide better support to Member States by advancing knowledge and the active engagement of other appropriate organizations of the United Nations system and international organizations;

(2) to provide support to Member States in their continuous efforts to strengthen national health systems, with a special focus on the primary health sector, in order to enhance the ability to tackle serious threats to health;

(3) to optimize use of existing forums of Member States for multisectoral, including interministerial, stakeholders, interested organizations and other bodies, while avoiding any possible conflict of interest, in order to support the development and implementation of health promotion;

(4) to encourage the convening of national, subregional, regional and global multisectoral conferences on health promotion on a regular basis;

(5) to monitor and evaluate progress, to identify major shortcomings in health promotion globally, to report on a regular basis, and to make the reports accessible to the public;

(6) to facilitate exchange of information with international nonhealth forums on key aspects of health promotion;

(7) to advocate policies that impact positively on health;

(8) to report to the Sixty-first World Health Assembly, through the Executive Board, on progress in implementing this resolution.

(Eleventh plenary meeting, 23 May 2007 –
Committee A, fifth report)

WHA60.25 Strategy for integrating gender analysis and actions into the work of WHO

The Sixtieth World Health Assembly,

Having considered the draft strategy for integrating gender analysis and actions into the work of WHO;¹

¹ See Annex 2.

Recalling the Programme of Action of the International Conference on Population and Development (Cairo, 1994), the Beijing Declaration and Platform for Action (Beijing, 1995), the recommendations of Beijing plus 10 Conference (2005) and their reports, the Economic and Social Council's agreed conclusions 1997/2, the United Nations Millennium Declaration 2000, the 2005 World Summit Outcome¹ and resolution WHA58.30 on accelerating achievement of the internationally agreed health-related development goals, including those contained in the Millennium Declaration,

1. NOTES WITH APPRECIATION the strategy for integrating gender analysis and actions into the work of WHO;
2. URGES Member States:
 - (1) to include gender analysis and planning in joint strategic and operational planning, and budget planning as appropriate, including country cooperation strategies;
 - (2) to formulate national strategies for addressing gender issues in health policies, programmes and research, including in the area of reproductive and sexual health;
 - (3) to lay emphasis on training and sensitization on, and promotion of, gender, women and health;
 - (4) to ensure that a gender-equality perspective is incorporated in all levels of health-care delivery and services, including those for adolescents and youth;
 - (5) to collect and analyse sex-disaggregated data, conduct research on the factors underlying gender disparities, and use the results to inform policies and programmes;
 - (6) to make progress towards gender equality in the health sector, in order to ensure that the contribution of women, men, girls and boys as providers of health care is considered in health policy and planning and training for health-care workers;
3. REQUESTS the Director-General:
 - (1) to assess and address gender differences and inequalities in the planning, implementation, monitoring and evaluation of WHO's work, and to include this requirement in post descriptions and criterion in performance evaluation;
 - (2) to define indicators and to monitor, and assure accountability for, implementation of the strategy by the Secretariat at headquarters and in regional and country offices;
 - (3) to support and sustain incorporation of a gender perspective in the mainstream of WHO's policies and programmes, including through recruiting staff as soon as possible with specific responsibility and experience on gender and women's health;
 - (4) to provide support to Member States in order to build their capacity for gender analysis and action, and for formulating and sustaining strategies, action plans, and relevant budgets for integrating gender equality in all health policies, programmes, and research;

¹ United Nations General Assembly resolution 60/1.

- (5) to give priority to the use of sex-disaggregated data and gender analysis in WHO's publications, including relevant documents submitted to the Executive Board and the Health Assembly, and in efforts to strengthen health-information systems in order to ensure that they reflect awareness of gender equality as a determinant of health;
- (6) to ensure that programmatic and thematic evaluations indicate the extent to which gender issues have been incorporated in the Organization's work;
- (7) to identify, and divulgate information about, good practices on measuring the impact of integrating gender into health policies, including the development of indicators and health-information systems that disaggregate data by sex;
- (8) to ensure full implementation of the strategy, and to report every two years on progress to the Health Assembly, through the Executive Board.

(Eleventh plenary meeting, 23 May 2007 –
Committee A, fifth report)

WHA60.26 Workers' health: global plan of action

The Sixtieth World Health Assembly,

Having considered the draft global plan of action on workers' health;¹

Recalling resolution WHA49.12 which endorsed the global strategy for occupational health for all;

Recalling and recognizing the recommendations of the World Summit on Sustainable Development (Johannesburg, South Africa, 2002) on strengthening WHO action on occupational health and linking it to public health;²

Recalling the Promotional Framework for Occupational Safety and Health Convention, 2006, and the other international instruments in the area of occupational safety and health adopted by the General Conference of ILO;³

Considering that the health of workers is determined not only by occupational hazards, but also by social and individual factors, and access to health services;

Mindful that interventions exist for primary prevention of occupational hazards and for developing healthy workplaces;

Concerned that there are major gaps between and within countries in the exposure of workers and local communities to occupational hazards and in their access to occupational health services;

¹ See Annex to this resolution.

² Plan of Implementation of the World Summit on Sustainable Development. Document A/Conf.199/20, Annex.

³ International Labour Conference, Ninety-fifth Session, Geneva 2006. Provisional Record 20A.

Stressing that the health of workers is an essential prerequisite for productivity and economic development,

1. ENDORSES the global plan of action on workers' health 2008–2017;
2. URGES Member States:
 - (1) to devise, in collaboration with workers, employers and their organizations, national policies and plans for implementation of the global plan of action on workers' health as appropriate, and to establish appropriate mechanisms and legal frameworks for their implementation, monitoring and evaluation;
 - (2) to work towards full coverage of all workers, including those in the informal economy, small- and medium-sized enterprises, agriculture, and migrant and contractual workers, with essential interventions and basic occupational health services for primary prevention of occupational and work-related diseases and injuries;
 - (3) to take measures to establish and strengthen core institutional capacities and human resource capabilities for dealing with the special health needs of working populations and to generate evidence on workers' health and translate that evidence into policy and actions;
 - (4) to develop and make available specific guidelines for the establishment of appropriate health services and surveillance mechanisms for human and environmental hazards and diseases introduced into local communities where mining, other industrial and agricultural activities have been set up to meet the associated needs of those communities;
 - (5) to ensure collaboration and concerted action by all national health programmes relevant to workers' health, such as those dealing with prevention of occupational diseases and injuries, communicable and chronic diseases, health promotion, mental health, environmental health, and health systems development;
 - (6) to encourage incorporation of workers' health in national and sectoral policies for sustainable development, poverty reduction, employment, trade, environmental protection, and education;
 - (7) to encourage the development of effective mechanisms for collaboration and cooperation between developed and developing countries at regional, subregional and country levels in implementing the global plan of action on workers' health, including health needs of migrant workers;
 - (8) to encourage development of comprehensive health and nonhealth strategies to ensure reintegration of sick and injured workers into the mainstream of society, in coordination with different government and nongovernmental organizations;
3. REQUESTS the Director-General:
 - (1) to promote implementation of the global plan of action on workers' health 2008–2017 at national and international levels with a definite timeline and indicators for the establishment of occupational health services at global level;
 - (2) to strengthen collaboration with ILO and other related international organizations and to stimulate joint regional and country efforts on workers' health;

- (3) to maintain and strengthen the network of WHO collaborating centres for occupational health as an important mechanism for implementation of the global plan of action;
- (4) to report to the Health Assembly through the Executive Board at its 132nd (2013) and its 142nd (2018) sessions on progress made in the implementation of the global plan of action.

ANNEX

GLOBAL PLAN OF ACTION ON WORKERS' HEALTH 2008–2017

INTRODUCTION

1. Workers represent half the world's population and are the major contributors to economic and social development. Their health is determined not only by workplace hazards but also by social and individual factors and access to health services.
2. Despite the availability of effective interventions to prevent occupational hazards and to protect and promote health at the workplace, large gaps exist between and within countries with regard to the health status of workers and their exposure to occupational risks. Still only a small minority of the global workforce has access to occupational health services.
3. Increasing international movement of jobs, products and technologies can help to spread innovative solutions for prevention of occupational hazards, but can also lead to a shift of that risk to less advantaged groups. The growing informal economy is often associated with hazardous working conditions and involves such vulnerable groups as children, pregnant women, older persons and migrant workers.
4. The present plan of action deals with all aspects of workers' health, including primary prevention of occupational hazards, protection and promotion of health at work, employment conditions, and a better response from health systems to workers' health. It is underpinned by certain common principles. All workers should be able to enjoy the highest attainable standard of physical and mental health and favourable working conditions. The workplace should not be detrimental to health and well-being. Primary prevention of occupational health hazards should be given priority. All components of health systems should be involved in an integrated response to the specific health needs of working populations. The workplace can also serve as a setting for delivery of other essential public-health interventions, and for health promotion. Activities related to workers' health should be planned, implemented and evaluated with a view to reducing inequalities in workers' health within and between countries. Workers and employers and their representatives should also participate in such activities.

ACTIONS

5. The following actions are to be considered and adapted by countries, as appropriate, to their national priorities and specific circumstances in order to achieve the objectives described below.

Objective 1: to devise and implement policy instruments on workers' health

6. National policy frameworks for workers' health should be formulated taking account of the relevant international labour conventions and should include: enactment of legislation; establishment of mechanisms for intersectoral coordination of activities; funding and resource mobilization for protection and promotion of workers' health; strengthening of the role and capacities of ministries of health; and integration of objectives and actions for workers' health into national health strategies.

7. National action plans on workers' health should be elaborated between relevant ministries, such as health and labour, and other major national stakeholders, taking also into consideration the Promotional Framework for Occupational Safety and Health Convention, 2006. Such plans should include: national profiles; priorities for action; objectives and targets; actions; mechanisms for implementation; human and financial resources; monitoring, evaluation and updating; reporting and accountability.

8. National approaches to prevention of occupational diseases and injuries should be developed according to countries' priorities, and in concert with WHO's global campaigns.

9. Measures need to be taken to minimize the gaps between different groups of workers in terms of levels of risk and health status. Particular attention should be paid to high-risk sectors of economic activity, and to the underserved and vulnerable working populations, such as younger and older workers, persons with disabilities and migrant workers, taking account of gender aspects. Specific programmes should be established for the occupational health and safety of health-care workers.

10. WHO will work with Member States to strengthen the capacities of the ministries of health to provide leadership for activities related to workers' health, to formulate and implement policies and action plans, and to stimulate intersectoral collaboration. Its activities will include global campaigns for elimination of asbestos-related diseases – bearing in mind a differentiated approach to regulating its various forms – in line with relevant international legal instruments and the latest evidence for effective interventions, as well as immunization of health-care workers against hepatitis B, and other actions addressing priority work-related health outcomes.

Objective 2: to protect and promote health at the workplace

11. The assessment and management of health risks at the workplace should be improved by: defining essential interventions for prevention and control of mechanical, physical, chemical, biological and psychosocial risks in the working environment. Such measures include also integrated management of chemicals at the workplace, elimination of second-hand tobacco smoke from all indoor workplaces, improved occupational safety, and health-impact assessment of new technologies, work processes and products at the design stage.

12. Protecting health at the workplace also requires enacting regulations and adopting a basic set of occupational health standards to make certain that all workplaces comply with minimum requirements for health and safety protection, ensuring an appropriate level of enforcement, strengthening workplace health inspection, and building up collaboration between the competent regulatory agencies according to specific national circumstances.

13. Capacities should be built for primary prevention of occupational hazards, diseases and injuries, including strengthening of human, methodological and technological resources, training of workers and employers, introduction of healthy work practices and work organization, and of a health-promoting culture at the workplace. Mechanisms need to be established to stimulate the development of healthy workplaces, including consultation with, and participation of, workers and employers.

14. Health promotion and prevention of noncommunicable diseases should be further stimulated in the workplace, in particular by advocating healthy diet and physical activity among workers, and promoting mental and family health at work. Global health threats, such as tuberculosis, HIV/AIDS, malaria and avian influenza, can also be prevented and controlled at the workplace.

15. WHO will work on creating practical tools for assessment and management of occupational risks, recommending minimum requirements for health protection at the workplace, providing guidance on development of healthy workplaces, and on promoting health at the workplace. It will also incorporate workplace actions in international programmes dealing with global health threats.

Objective 3: to improve the performance of and access to occupational health services

16. Coverage and quality of occupational health services should be improved by: integrating their development into national health strategies, health-sector reforms and plans for improving health-systems performance; determining standards for organization and coverage of occupational health services; setting targets for increasing the coverage of the working population with occupational health services; creating mechanisms for pooling resources and for financing the delivery of occupational health services; ensuring sufficient and competent human resources; and establishing quality-assurance systems. Basic occupational health services should be provided for all workers, including those in the informal economy, small enterprises, and agriculture.

17. Core institutional capacities should be built at national and local levels in order to provide technical support for basic occupational health services, in terms of planning, monitoring and quality of service delivery, design of new interventions, dissemination of information, and provision of specialized expertise.

18. Development of human resources for workers' health should be further strengthened by: further postgraduate training in relevant disciplines; building capacity for basic occupational health services; incorporating workers' health in the training of primary health care practitioners and other professionals needed for occupational health services; creating incentives for attracting and retaining human resources for workers' health, and encouraging the establishment of networks of services and professional associations. Attention should be given not only to postgraduate but also to basic training for health professionals in various fields such as promotion of workers' health and the prevention and treatment of workers' health problems. This should be a particular priority in primary health care.

19. WHO will provide guidance to the Member States for the development of basic packages, information products, tools and working methods, and models of good practice for occupational health services. It will also stimulate international efforts for building the necessary human and institutional capacities.

Objective 4: to provide and communicate evidence for action and practice

20. Systems for surveillance of workers' health should be designed with the objective of accurately identifying and controlling occupational hazards. This endeavour includes establishing national information systems, building capability to estimate the occupational burden of diseases and injuries, creating registries of exposure to major risks, occupational accidents and occupational diseases, and improving reporting and early detection of such accidents and diseases.

21. Research on workers' health needs to be further strengthened, in particular by framing special research agendas, giving it priority in national research programmes and grant schemes, and fostering practical and participatory research.

22. Strategies and tools need to be elaborated, with the involvement of all stakeholders, for improving communication and raising awareness about workers' health. They should target workers, employers and their organizations, policy-makers, the general public, and the media. Knowledge of health practitioners about the link between health and work and the opportunities to solve health problems through workplace interventions should be improved.

23. WHO will define indicators and promote regional and global information platforms for surveillance of workers' health, will determine international exposure and diagnostic criteria for early detection of occupational diseases, and will include occupational causes of diseases in the eleventh revision of the International Statistical Classification of Diseases, and Related Health Problems.

Objective 5: to incorporate workers' health into other policies

24. The capacities of the health sector to promote the inclusion of workers' health in other sectors' policies should be strengthened. Measures to protect workers' health should be incorporated in economic development policies and poverty reduction strategies. The health sector should collaborate with the private sector in order to avoid international transfer of occupational risks and to protect health at the workplace. Similar measures should be incorporated in national plans and programmes for sustainable development.

25. Workers' health should likewise be considered in the context of trade policies when taking measures as specified in resolution WHA59.26 on international trade and health.

26. Employment policies also influence health; assessment of the health impact of employment strategies should therefore be encouraged. Environmental protection should be strengthened in relation to workers' health through, for instance, implementation of the risk-reduction measures foreseen in the Strategic Approach to International Chemicals Management, and consideration of workers' health aspects of multilateral environmental agreements and mitigation strategies, environmental management systems and plans for emergency preparedness and response.

27. Workers' health should be addressed in the sectoral policies for different branches of economic activity, in particular those with the highest health risk.

28. Aspects of workers' health should be taken into account in primary, secondary and higher level education and vocational training.

IMPLEMENTATION

29. Improving the health of workers can be achieved through well-coordinated efforts of society as a whole, under government leadership and with substantial participation of workers and employers. A combination of actions, adapted to national specificities and priorities, is needed to meet the above-mentioned objectives. Actions are designed for implementation at national level, and through intercountry and interregional cooperation.

30. WHO, supported by its network of Collaborating Centres for Occupational Health and in partnership with other intergovernmental and international organizations, will work with the Member States to implement this plan of action by:

- promoting and engaging in partnership and joint action with ILO and other organizations of the United Nations system, organizations of employers, trade unions and other stakeholders in

civil society and the private sector in order to strengthen international efforts on workers' health;

- consistent with the actions undertaken by ILO, setting standards for protection of workers' health, providing guidelines, promoting and monitoring their use, and contributing to the adoption and implementation of international labour conventions;
- articulating policy options for framing national agendas for workers' health based on best practices and evidence;
- providing technical support for tackling the specific health needs of working populations and building core institutional capacities for action on workers' health;
- monitoring and addressing trends in workers' health;
- establishing appropriate scientific and advisory mechanisms to facilitate action on workers' health at global and regional levels.

31. Progress in implementing the plan of action will be reviewed and monitored using a set of national and international indicators of achievement.

(Eleventh plenary meeting, 23 May 2007 –
Committee A, fifth report)

WHA60.27 Strengthening of health information systems

The Sixtieth World Health Assembly,

Recalling resolution WHA58.30 on achieving internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Noting resolution WHA58.28 on eHealth, and mindful of resolution WHA58.34 on the Ministerial Summit on Health Research;

Acknowledging that sound information is critical in framing evidence-based health policy and making decisions, and fundamental for monitoring progress towards internationally agreed health-related development goals, including those contained in the United Nations Millennium Declaration;

Recognizing that health information systems in most developing countries are weak, fragmented, have on occasion scattered, isolated and hard-to-reach primary sources of information, and are understaffed and inadequately resourced;

Convinced of the importance of health information, disaggregated by gender, age and key socioeconomic factors, to inform decisions on delivery of interventions to those who need them most;

Acknowledging that health information and research are complementary as foundations for strengthening health systems and health policy;

Mindful of the key role of national statistics offices in developing and implementing national statistical strategies and contributing to population health information;

Noting the constitutional normative mandates of WHO in health information and epidemiological reporting, and reaffirming the Organization's role as a founding partner of, and hosting secretariat for, the Health Metrics Network which has determined core standards for health information systems,

1. URGES Member States to mobilize the necessary scientific, technical, social, political, human and financial resources in order:

- (1) to recognize, establish and operationalize health information systems as a core strategy for strengthening their national health systems;
- (2) to develop, implement, consolidate and assess plans to strengthen their health information systems through collaboration between health and statistics sectors and other partners, effective coordination within health departments and a rational division of responsibilities;
- (3) to determine programme-based information systems as subsets of national health information systems and to organize the harmonization of the various programme subsystems in this context;
- (4) to bring together technical and development partners around a coherent and coordinated country-led strategy and plan for strengthening health information systems that is fully integrated in the mainstream of national health programmes and plans;
- (5) to strengthen the capacity of planners and managers at various levels of the health system to synthesize, analyse, disseminate and utilize health information for evidence-based decision-making and for raising public awareness;
- (6) to strengthen the capacity of health workers to collect accurate and relevant health information;
- (7) to link strengthening of health information systems to policies and programmes for building of statistical capacity in general;
- (8) to strengthen research on health information standards and to promote the standardization and harmonization of health information systems;

2. CALLS UPON the health information and statistical communities, other international organizations, including global health initiatives and funds, the private sector, civil society and other concerned stakeholders, to provide strong, sustained support for strengthening of information systems, including use of the standards and guiding principles set out in the framework of the Health Metrics Network, and covering the spectrum of health statistics, including health determinants; health resources, expenditures and system functioning; service access, coverage and quality; and health outcomes and status, and according particular attention to information on poverty and inequity in health;

3. REQUESTS the Director-General:

- (1) to strengthen the information and evidence culture of the Organization and to ensure the use of accurate and timely health statistics in order to generate evidence for major policy decisions and recommendations within WHO;

- (2) to increase WHO's activities in health statistics at global, regional and country levels and to provide harmonized support to Member States in order to build capacities for development of health information systems and generation, analysis, dissemination and use of data;
- (3) to promote better access to health statistics, encourage information dissemination to all stakeholders in appropriate and accessible formats, and foster transparency in data analysis, synthesis and evaluation, including peer review;
- (4) to promote improved alignment, harmonization and coordination of health information activities, bearing in mind the Paris Declaration on Aid Effectiveness: Ownership, Harmonization, Alignment, Results and Mutual Accountability (2005) and the Best Practice Principles for Global Health Partnership Activities at Country Level,¹ and to give priority to programmes that support health information systems;
- (5) to undertake regular reviews of country experiences, to provide support for updating the framework of the Health Metrics Network in line with lessons learnt and evolving methodologies, to keep countries informed about the Network, to support countries' capabilities to become involved in the Network, and to report on progress as from the Sixty-second World Health Assembly.

(Eleventh plenary meeting, 23 May 2007 –
Committee A, fifth report)

WHA60.28 Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits

The Sixtieth World Health Assembly,

Having considered the report on avian and pandemic influenza: developments, response and follow-up,²

Reaffirming obligations of States Parties under the International Health Regulations (2005);

Recalling resolutions WHA58.5 and WHA59.2, which expressed concern about the potential of the H5N1 strain of *Influenzavirus A* to cause a pandemic and urged Member States to disseminate to WHO collaborating centres information and relevant biological materials, including clinical specimens and viruses;

Recognizing the sovereign right of States over their biological resources, and the importance of collective action to mitigate public health risks;

Recognizing that intellectual property rights do not and should not prevent Member States from taking measures to protect public health;

¹ Best Practice Principles for Global Health Partnership Activities at Country Level. Report of the Working Group on Global Health Partnerships. Paris, High-level Forum on the Health MDGs, 14–15 November 2005.

² Documents A60/7, A60/8 and A60/INF.DOC./1.

Recalling the Jakarta Declaration on Responsible Practices for Sharing Avian Influenza Viruses and Resulting Benefits and the recommendations of the High-Level Meeting on Responsible Practices for Sharing Avian Influenza Viruses and Resulting Benefits (Jakarta, 26–28 March 2007);

Recognizing, in particular, the importance of international sharing, with WHO collaborating centres, of clinical specimens and viruses as a contribution to assessment of the pandemic risk, development of pandemic vaccines, updating of diagnostic reagents and test kits, and surveillance for resistance to antiviral medicines;

Stressing the need for effective and transparent international mechanisms aimed at ensuring fair and equitable sharing of benefits, including access to, and distribution of, affordable diagnostics and treatments, including vaccines, to those in need, especially in developing countries, in a timely manner;

Noting WHO's global pandemic influenza action plan to increase vaccine supply and its goal of reducing the gap between the potential vaccine demand and supply expected during an influenza pandemic by expanding over the medium- and long-term the supply of pandemic vaccine;¹

1. URGES Member States:

(1) to continue to support, strengthen and improve the WHO Global Influenza Surveillance Network and its procedures through the timely sharing of viruses or specimens with WHO collaborating centres, as a foundation of public health, to ensure critical risk assessment and response, and to aim to ensure and promote transparent, fair and equitable sharing of benefits arising from the generation of information, diagnostics, medicines, vaccines and other technologies;

(2) to support and promote research to improve the prevention, detection, diagnosis and management of influenza viral infection, with the goal of developing better tools for public health;

(3) to support WHO as appropriate in order to identify and implement mechanisms referred to in paragraph 2, subparagraph (1);

(4) to formulate as appropriate and to strengthen existing policies on influenza vaccines as an integral part of their national influenza-pandemic preparedness plans;

(5) to strengthen where appropriate the capacity of national and regional regulatory authorities to carry out efficiently and effectively necessary measures for the rapid approval of safe and effective candidate influenza vaccines, especially those derived from new subtypes of influenza viruses, and in this respect to encourage international collaboration among regulatory authorities;

2. REQUESTS the Director-General:

(1) to identify and propose, in close consultation with Member States, frameworks and mechanisms that aim to ensure fair and equitable sharing of benefits, in support of public health, among all Member States, taking strongly into consideration the specific needs of developing countries, such as, but not limited to:

¹ Document WHO/IVB/06.13 – WHO/ODS/EPR/GIP/2006.1.

- (a) innovative financing mechanisms to facilitate timely and affordable procurement of pandemic vaccines for and by Member States in need;
 - (b) facilitation of acquisition by developing countries of capacity for manufacturing in-country influenza vaccine;
 - (c) access to influenza-vaccine viruses developed by WHO collaborating centres for the production of vaccines by all influenza-vaccine manufacturers, particularly in developing countries;
 - (d) in times of public health emergencies of international concern, full access of all influenza-vaccine manufacturers to pandemic influenza-vaccine viruses developed by WHO collaborating centres for the production of pandemic influenza vaccines;
 - (e) technical assistance to developing countries to enhance local research and surveillance capacity, including staff training, with the objective of assuring work on influenza viruses at national and regional levels;
 - (f) upon request, provision of support to Member States, especially developing and affected countries, to improve their capacity to establish and strengthen testing capacity for H5 and other influenza viruses, including identification and characterization, and to establish and strengthen the capacity of those countries to meet WHO requirements for designating a reference laboratory or collaborating centre, if desired;
- (2) to establish, in close consultation with Member States, an international stockpile of vaccines for H5N1 or other influenza viruses of pandemic potential as appropriate, for use in countries in need in a timely manner and according to sound public-health principles, with transparent rules and procedures, informed by expert guidance and evidence, for operation, prioritization, release of stocks, management and oversight;
- (3) to formulate mechanisms and guidelines, in close consultation with Member States, aimed at ensuring fair and equitable distribution of pandemic-influenza vaccines at affordable prices in the event of a pandemic, in order to ensure timely availability of such vaccines to Member States in need;
- (4) to mobilize financial, technical and other appropriate support from Member States, vaccine manufacturers, development banks, charitable organizations, private donors and others, in order to implement mechanisms that increase the equitable sharing of benefits as described in paragraph 2, subparagraphs (1), (2) and (3);
- (5) to convene an interdisciplinary working group to revise the terms of reference of WHO collaborating centres, H5 Reference Laboratories, and national influenza centres, devise oversight mechanisms, formulate draft standard terms and conditions for sharing viruses between originating countries and WHO collaborating centres, and between the latter and third parties, and to review all relevant documents for sharing influenza viruses and sequencing data, based on mutual trust, transparency, and overriding principles such as:
- (a) timely sharing of viruses within the Global Influenza Surveillance Network;
 - (b) application of the same standard terms and conditions to all transactions, as appropriate;

-
- (c) timely consultation and sharing of information with originating countries, especially on use outside the Network;
 - (d) for any use of influenza viruses outside the scope of the terms of reference of WHO collaborating centres, H5 Reference Laboratories, and national influenza centres, submission of a request directly to the relevant national influenza centre or other originating laboratory of the country where the virus was collected and obtention of an appropriate response from the national influenza centre; such requests would be bilateral activities not requiring the intervention of WHO;
 - (e) recognition and respect of the crucial and fundamental role and contribution of countries in providing viruses for the Global Influenza Surveillance Network;
 - (f) increased involvement, participation and recognition of contribution of scientists from originating country in research related to viruses and specimens;
 - (g) attribution of the work and increased co-authorship of scientists from originating countries in scientific publications;
 - (h) due consideration of relevant national and international laws;
- (6) to assure a membership of the interdisciplinary working group consisting of four Member States from each of the six WHO regions, taking into account balanced representation between developed and developing countries and including both experts and policy makers;
- (7) to convene an intergovernmental meeting to consider the reports by the Director-General on paragraph 2, subparagraphs (1), (2), (3) and (8), and by the interdisciplinary working group on paragraph 2, subparagraph (5), that shall be open to all Member States and regional economic integration organizations;
- (8) to commission an expert report on the patent issues related to influenza viruses and their genes, and report to the intergovernmental meeting;
- (9) to continue to work with Member States on the potential for the conversion of existing biological facilities, such as those for the production of veterinary vaccines, so as to meet the standards for development and production of human vaccines, thereby increasing the availability of pandemic vaccines, and to enable them to receive vaccine seed strains;
- (10) to report on progress on implementation of this resolution, including the work of the intergovernmental meeting, to the Sixty-first World Health Assembly, through the Executive Board.

(Eleventh plenary meeting, 23 May 2007 –
Committee A, fifth report)

WHA60.29 Health technologies¹

The Sixtieth World Health Assembly,

Having considered the report on health technologies;²

Recognizing that health technologies equip health-care providers with tools that are indispensable for effective and efficient prevention, diagnosis, treatment and rehabilitation and attainment of internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Understanding that health technologies, in particular medical devices, represent an economic as well as a technical challenge to the health systems of many Member States, and concerned about the waste of resources resulting from inappropriate investments in health technologies, in particular medical devices, that do not meet high-priority needs, are incompatible with existing infrastructures, are irrationally or incorrectly used, or do not function efficiently;

Acknowledging the need for Member States and donors to contain burgeoning costs by establishing priorities in the selection and acquisition of health technologies, in particular medical devices, on the basis of their impact on the burden of disease, and to ensure the effective use of resources through proper planning, assessment, acquisition and management;

Noting the need to expand expertise in the field of health technologies, in particular medical devices;

1. URGES Member States:

(1) to collect, verify, update and exchange information on health technologies, in particular medical devices, as an aid to their prioritization of needs and allocation of resources;

(2) to formulate as appropriate national strategies and plans for the establishment of systems for the assessment, planning, procurement and management of health technologies, in particular medical devices, in collaboration with personnel involved in health-technology assessment and biomedical engineering;

(3) to draw up national or regional guidelines for good manufacturing and regulatory practices, to establish surveillance systems and other measures to ensure the quality, safety and efficacy of medical devices, and where appropriate to participate in international harmonization;

(4) to establish where necessary regional and national institutions of health technology, and to collaborate and build partnerships with health-care providers, industry, patients' associations and professional, scientific and technical organizations;

(5) to collect information that interrelates medical devices, which deal with priority public-health conditions at different levels of care and in various settings and environments, with the required infrastructure, procedures and reference tools;

¹ The term "health technologies" refers to the application of organized knowledge and skills in the form of devices, medicines, vaccines, procedures and systems developed to solve a health problem and improve quality of lives.

² Document A60/26.

2. REQUESTS the Director-General:

- (1) to work with interested Member States and WHO collaborating centres on the development, in a transparent and evidence-based way, of guidelines and tools, including norms, standards and a standardized glossary of definitions relating to health technologies, in particular medical devices;
- (2) to provide support to Member States where necessary in establishing mechanisms to assess national needs for health technologies, in particular medical devices, and to assure their availability and use;
- (3) to develop methodological tools to support Member States in analysing their needs and health-system prerequisites for health technologies, in particular medical devices;
- (4) to provide technical guidance and support to Member States where necessary in implementing policies on health technologies, in particular medical devices, especially for priority diseases, according to different levels of care in developing countries;
- (5) to work jointly with other organizations of the United Nations system, international organizations, academic institutions and professional bodies in order to provide support to Member States in the prioritization, selection and use of health technologies, in particular medical devices;
- (6) to establish and update regularly an evidence and web-based health technologies database to serve as a clearing house which will provide guidance on appropriate medical devices according to levels of care, setting, environment, and intended health intervention, tailored to the specific needs of country or region;
- (7) to provide support to Member States with vulnerable health-care systems so as to identify and put in place appropriate health technologies, in particular medical devices, that facilitate access to quality services in primary health care;
- (8) to report on implementation of this resolution to the Sixty-second World Health Assembly through the Executive Board.

(Eleventh plenary meeting, 23 May 2007 –
Committee B, fourth report)

WHA60.30 Public health, innovation and intellectual property

The Sixtieth World Health Assembly,

Recalling resolution WHA59.24, creating an intergovernmental working group with the purpose of elaborating a draft global strategy and plan of action to provide a medium-term framework based on the recommendations of the Commission on Intellectual Property Rights, 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;

Concerned that communicable diseases account for approximately 50% of the burden of disease in developing countries, and that access to medicines, vaccines and diagnostic kits is hampered by,

inter alia, inadequate health-care systems, lack of resources and prices that are beyond the reach of many in the developing world;

Conscious of the growing burden of disease and conditions that disproportionately affect developing countries, particularly those affecting women and children, including an upsurge in noncommunicable diseases;

Noting that the Doha Ministerial 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;

Noting that intellectual property rights are an important incentive for the development of new health-care products;

Welcoming with enthusiasm the commitment of the Director-General to the process spearheaded by the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property,

1. EXPRESSES appreciation to the Director-General for her commitment and encourages her to guide the process to draw up a global strategy and plan of action that will provide a medium-term framework for needs-driven essential health research and development;
2. URGES Member States to support fully and actively the Intergovernmental Working Group process and provide adequate resources to WHO;
3. REQUESTS the Director-General:
 - (1) to ensure technical and financial support to the Intergovernmental Working Group in order to facilitate completion of its tasks in time for its report to the Sixty-first World Health Assembly;
 - (2) to provide as appropriate, upon request, and in collaboration with other competent international organizations, technical and policy support to countries that intend to make use of the flexibilities contained in the agreement on Trade-Related Aspects of Intellectual Property Rights and other international agreements in order to promote access to pharmaceutical products,¹ and to implement the Doha Ministerial Declaration on the TRIPS Agreement and Public Health and other WTO instruments;
 - (3) to provide technical and financial support for regional consultative meetings in order to set regional priorities that will inform the work of the Intergovernmental Working Group;
 - (4) to encourage the development of proposals for health-needs driven research and development for discussion at the Intergovernmental Working Group that covers a range of incentive mechanisms and includes also addressing the linkage between the cost of research and development and the price of medicines, vaccines, diagnostic kits and other health-care products

¹ The WTO General Council in its Decision of 30 August 2003 on Implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health decided that “ ‘pharmaceutical product’ means any patented product, or products manufactured through a patented process, of the pharmaceutical sector needed to address the public health problems as recognized in paragraph 1 of the Declaration. It is understood that active ingredients necessary for its manufacture and diagnostic kits needed for its use would be included.”

and a method for tailoring the optimal mix of incentives to a particular condition or product, with the object of addressing diseases that disproportionately affect developing countries;

(5) to prepare background documents on each of the eight proposed elements of the plan of action, as identified by the Intergovernmental Working Group, including:

- a matrix on ongoing activities and current gaps
- a matrix on current proposals referring to key stakeholders
- the financial implications of such proposals.

(Eleventh plenary meeting, 23 May 2007 –
Committee B, fifth report)

DECISIONS

WHA60(1) Composition of the Committee on Credentials

The Sixtieth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following Member States: Barbados, Cape Verde, Central African Republic, Guatemala, Kyrgyzstan, Lithuania, Monaco, Mongolia, Sierra Leone, Timor-Leste, United Arab Emirates and Viet Nam.

(First plenary meeting, 14 May 2007)

WHA60(2) Composition of the Committee on Nominations

The Sixtieth World Health Assembly elected a Committee on Nominations consisting of delegates of the following Member States: Afghanistan, Argentina, Burkina Faso, Canada, China, Colombia, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, France, Ghana, Indonesia, Italy, New Zealand, Norway, Palau, Panama, Qatar, Russian Federation, Sri Lanka, Suriname, The former Yugoslav Republic of Macedonia, Ukraine, and Professor P.I. Garrido, Mozambique (President, Fifty-ninth World Health Assembly, ex officio).

(First plenary meeting, 14 May 2007)

WHA60(3) Election of officers of the Sixtieth World Health Assembly

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

President:	Ms J. Halton (Australia)
Vice-Presidents:	Dr T. Adhanom (Ethiopia) Dr N.A. Haffadh (Bahrain) Dr J. Kiely (Ireland) Mr Kye Chun Yong (Democratic People's Republic of Korea) Dr C. Chang (Ecuador)

(First plenary meeting, 14 May 2007)

WHA60(4) Election of officers of the main committees

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

Committee A:	Chairman	Dr R.R. Jean Louis (Madagascar)
Committee B:	Chairman	Mr T. Zeltner (Switzerland)

(First plenary meeting, 14 May 2007)

Korea; Republic of Moldova; Romania; Russian Federation; Rwanda; Saint Kitts and Nevis; 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; Turkmenistan; 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, 16 May 2007;
Eighth plenary meeting, 18 May 2007)

WHA60(8) Election of Members entitled to designate a person to serve on the Executive Board

The Sixtieth 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: Bahamas, Indonesia, Malawi, New Zealand, Paraguay, Peru, Republic of Korea, Republic of Moldova, Sao Tome and Principe, Tunisia, United Arab Emirates and United Kingdom of Great Britain and Northern Ireland.

(Eighth plenary meeting, 18 May 2007)

WHA60(9) United Nations Joint Staff Pension Fund: appointment of representatives to the WHO Staff Pension Committee

The Sixtieth World Health Assembly nominated Dr J. Larivière of the delegation of Canada as a member, and Dr A.A. Yoosuf of the delegation of Maldives as an alternate member, of the WHO Staff Pension Committee for a three-year term until May 2010.

(Ninth plenary meeting, 21 May 2007)

WHA60(10) Evidence-based strategies and interventions to reduce alcohol-related harm

The Sixtieth World Health Assembly decided that an item entitled “Strategies to reduce the harmful use of alcohol” and related documents discussed at the Health Assembly should be included in the agenda of the Executive Board at its 122nd session to be held in January 2008, and requested the Director-General, in the interim, to continue her work on this matter.

(Eleventh plenary meeting, 23 May 2007)

WHA60(11) Selection of the country in which the Sixty-first World Health Assembly would be held

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

(Eleventh plenary meeting, 23 May 2007)

WHA60(12) Reports of the Executive Board on its 118th, 119th and 120th sessions

The Sixtieth World Health Assembly, after reviewing the Executive Board's reports on its 118th, 119th and 120th sessions,¹ took note of the reports, commended the work the Board had performed; and expressed its appreciation of the dedication with which the Board had carried out the tasks entrusted to it.

(Eleventh plenary meeting, 23 May 2007)

¹ Document A60/2.

ANNEXES

ANNEX 1

Amendments to the Financial Regulations and Financial Rules¹

[A60/33 – 29 March 2007]

FINANCIAL REGULATIONS

REVISED TEXT

...

4.4 At the same time as budget proposals are approved an exchange rate facility shall be established by the Health Assembly, which shall set the maximum level that may be available to protect against losses on foreign exchange. The purpose of the facility shall be to make it possible to maintain the level of the budget so that the activities that are represented by the budget approved by the Health Assembly may be carried out irrespective of the effect of any fluctuation of currencies against the United States dollar at the official United Nations exchange rate. Any amount unused during the biennium shall be credited to Miscellaneous Income.

4.5 Appropriations in respect of the regular budget for the current financial period may remain available for the following financial period to pay for all goods and services resulting from legal commitments that were made before the end of the financial period, for completion the following year.

...

[6.5 Deleted]

...

[8.2 Deleted]

FINANCIAL RULES

REVISED TEXT

Rule IV – Provision of Funds

[104.2 Deleted]

¹ Resolution WHA60.9.

ANNEX 2

Strategy for integrating gender analysis and actions into the work of WHO¹

[A60/19 – 29 March 2007]

1. At its 116th session the Executive Board requested the Director-General to submit a draft strategy and plan of action for bringing gender into the mainstream of WHO's work, in response to the Beijing Platform for Action and the United Nations Economic and Social Council's agreed conclusions 1997/2.² The present strategy builds on an earlier document,³ and on regional commitments.⁴ Its submission responds to the above request.

2. The strategy was drawn up on the basis of broad consultation throughout the Organization, with representatives from ministries of health, and with external experts, from which it emerged that gender equality and equity should be integrated into WHO's overall strategic and operational planning, in order to bring about systemic changes across all areas of work. A plan of action for implementing the strategy continues to evolve.⁵

3. The International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995), building on the Convention on the Elimination of All Forms of Discrimination Against Women (1979) and the World Conference on Human Rights (Vienna, 1993), highlighted the importance of gender equality in all areas of social and economic development. They called on United Nations entities and national governments to ensure that gender equality and equity are taken into consideration in establishing the goals, resource allocations, activities and outcomes of programmes. In particular, the Beijing Conference established "gender mainstreaming" as a major strategy for the promotion of gender equality.

4. Gender mainstreaming was defined by the Economic and Social Council as follows:

*Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality.*⁶

¹ See resolution WHA60.25.

² See document EB116/2005/REC/1, summary record of the second meeting.

³ Integrating gender perspectives into the work of WHO. World Health Organization, 2002.

⁴ See, for example, *Strategic action plan for the health of women in Europe*. Copenhagen, World Health Organization, 2001; resolution AFR/RC53/R4 on Women's health: a strategy for the African Region; and resolution CD46.R16 on PAHO gender equality policy.

⁵ Document WHO/FCH/GWH/07.1.

⁶ United Nations Economic and Social Council's agreed conclusions 1997/2.

5. The internationally agreed development goals contained in the Millennium Declaration include the promotion of gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate sustainable development.¹ The United Nations is strengthening gender mainstreaming through a system-wide strategy, with which the [present] strategy is consistent.

6. In order to ensure that women and men of all ages have equal access to opportunities for achieving their full health potential and health equity, the health sector needs to recognize that they differ in terms of both sex and gender. Because of social (gender) and biological (sex) differences, women and men face different health risks, experience different responses from health systems, and their health-seeking behaviour, and health outcomes differ.

7. In many societies, women have less access to health information, care, services and resources to protect their health. Gender norms also affect men's health by assigning them roles that promote risk-taking behaviour and cause them to neglect their health. Furthermore, gender interacts with race and other social stratifications, resulting in unequal benefits among various social groups and between women and men.

8. Support provided by WHO should enable Member States to design health development actions that respond to the specific needs of, and benefit, women and men, girls and boys and help them to achieve optimal health. Thus, analysis of the role of gender and sex in health and responsive actions targeting disadvantaged women and men should be an integral part of WHO's work at all levels of the Organization. This could entail adapting existing policies and programmes so that they respond to specific needs in an equal and fair way, thus enabling all people to participate in, and benefit from, efforts to achieve health and development and to promote gender equality. Efforts need to focus on overcoming the particular disadvantages that women experience, stemming from gender-based discrimination, in order to improve women's health measurably.

GOALS AND OBJECTIVES

9. The strategic directions outlined below aim at enhancing and expanding the Secretariat's capacity to analyse the role of gender and sex in health, and to monitor and address systemic and avoidable gender-based inequalities in health. When technical programmes focus clearly on these inequalities, the resultant policies and tools enable them to improve the support provided to Member States in formulating and implementing effective gender-responsive health strategies. The strategic directions should be introduced gradually and regularly monitored and evaluated.

GUIDING PRINCIPLES

10. In order to ensure that the support provided to Member States fully incorporates analysis of the role of gender and sex in health and determines appropriate action, the Secretariat will be guided by the following principles:

- addressing gender-based discrimination is a prerequisite for health equity

¹ United Nations General Assembly resolution 55/2.

- leadership and ultimate responsibility for gender mainstreaming lie at the highest policy and technical levels of the Organization
- programmes are responsible for analysing the role of gender and sex in their areas of work and for developing appropriate gender-specific responses in all strategic objectives on a continuing basis
- equal participation of women and men in decision-making at all levels of the Organization is essential in order to take account of their diverse needs
- performance management should include monitoring and evaluation of gender mainstreaming.

STRATEGIC DIRECTIONS

11. **Building WHO capacity for gender analysis and planning.** In order to help to ensure that analysis of the role of gender and sex in health and appropriate planning is integrated into WHO's work at all levels, staff need to have a basic understanding of the subject matter. Support and monitoring mechanisms will be established throughout the Organization, including gender focal points with appropriate expertise, and managers will be responsible and accountable for ensuring that staff develop capacity to analyse and address gender and health issues.

12. The Secretariat's gender, women and health network, comprising staff from the three levels of the Organization, has designed tools for individual training and for self-learning which will be introduced throughout the Organization in order to develop and strengthen staff skills. This work will be extended to global or corporate learning programmes and specific courses. In addition, training in results-based management will include modules on gender analysis, planning, monitoring and evaluation.

13. **Bringing gender into the mainstream of WHO's management.** Incorporation of gender considerations – in the components of results-based management planning, budgeting, monitoring and evaluation – effectively influences the work of the Organization.

14. As achieving gender equality and health equity is a cross-cutting objective in WHO's work, gender analysis should be integrated when country cooperation strategies, medium-term strategic objectives and the programme budget are drawn up. The budget of each strategic objective should reflect the integration of gender analysis and appropriate responses, and performance monitoring and assessment should include gender-sensitive indicators. Regular appraisal and evaluation of activities should include information on progress in integrating gender perspectives into WHO's work and on lessons learnt. The tools and capacity needed to assure this integration will be developed by the appropriate technical and management programmes at all levels of the Organization.

15. **Promoting use of sex-disaggregated data and gender analysis.** In line with the commitment made in the Eleventh General Programme of Work,¹ WHO will use sex-disaggregated data in planning and monitoring its programmes and provide support to Member States in improving the collection, analysis and use of quantitative data on health, disaggregated by sex, age and other relevant social stratifications. It will also promote quantitative and qualitative research to analyse the complex effects

¹ Document A59/25, paragraph 116.

of social and cultural factors on health and the reduction of gender biases in health information and research.

16. On the basis of analysis of sex-disaggregated health data, observed differences with respect to men and women should be investigated, and policy positions and advice, norms, standards, tools and guidelines formulated to respond to any unfair, avoidable differences. It is essential to establish on the basis of unbiased data what differences exist and why, determine whether they are inequitable, unavoidable or remediable, and pinpoint which interventions are effective. This analysis should improve understanding of differences in: health risks and protective factors; access to resources for protecting health; the manifestation, severity and frequency of disease and health outcomes; health-seeking behaviour; social, economic and cultural contributing factors; and the consequences of ill health and disease. Further, it should help to ensure that the responses of health systems and services are equitable and appropriate and that women and men receive equal recognition and support as formal and informal health-care providers.

17. **Establishing accountability.** Accountability for the effective integration of gender perspectives into WHO programmes and operational plans will rest primarily with senior WHO staff. Successful implementation of this strategy will need leadership, particularly at senior levels, and staff with gender expertise. Implementation by staff members will be appraised with appropriate indicators through the performance management and development system. The governing bodies will be kept informed on a regular basis of progress in integrating gender analysis and actions in WHO's work.

18. **Role of the gender, women and health network.** Implementation of the strategic directions will require advocacy, information, technical support and guidance to staff. Under the leadership of senior management, the gender, women and health network will contribute to implementation by promoting knowledge about gender and health, and providing support for activities geared to tackling the inequalities and disadvantages that women or men experience as either consumers or providers of health care. It will pay particular attention to health issues that are linked to gender inequality and strategic objectives for women's health based on the International Conference on Population and Development Plan of Action, the Beijing Platform for Action, and the 2005 World Summit Outcome.¹ These include increasing women's access to high-quality health care, meeting their sexual and reproductive health needs, taking action against gender-based violence, and reducing the burden of care carried by women. The network will also consider how gender norms and roles affect men's health.

19. The network will work with internal and external partners, including other United Nations agencies, to generate and catalyse knowledge about effective policies and interventions; develop norms, standards, tools and guidelines for integrating gender concerns into health systems and public health actions; offer technical advice to ministries of health and other partners in Member States; and advocate, and take the lead, in building partnerships in order to raise awareness and promote action for achieving health equity.

20. At its 120th session in January 2007, the Executive Board considered the draft strategy and adopted resolution EB120.R6.²

¹ United Nations General Assembly resolution 60/1.

² See document EB119/2006–EB120/2007/REC/2, summary record of sixth meeting of the 120th session and the summary record of the ninth meeting, section 2.

ACTION BY THE HEALTH ASSEMBLY

21. [The Health Assembly adopted resolution WHA60.25 at its eleventh plenary meeting, 23 May 2007.]

ANNEX 3

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

1. Resolution WHA60.8 Financial period 2006–2007: implementation of resolution WHA58.4 ¹	
2. Linkage to programme budget	
Area of work	Expected result
Information Technology Fund: Planning, resource coordination and oversight	5. A globally compatible programme management information system fully in operation, that integrates data from all levels of the Organization, and supports efforts to improve performance and accountability at all levels, and to focus on country work.
Human resources management in WHO	1. New global human resources information system and streamlined, re-engineered procedures established, providing staff globally with improved quality and quantity of information and better access.
Budget and financial management	2. Integrated budget estimates drawn up, including financing strategies; income and expenditure projections, monitoring and reporting carried out for all sources of funds on a fully integrated basis.
Infrastructure and logistics	1. Infrastructure support services operated in a resource-effective and efficient manner.
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) US\$ 7 million.	
(b) Estimated cost for the biennium 2006–2007 (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 7 million.	
(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? None.	
4. Administrative implications	
(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant) All locations are concerned by the global management system.	
(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile) Additional staffing needed in order to complete implementation of the global management system is financed from within the budgets of the areas of work listed above.	
(c) Time frames (indicate broad time frames for implementation and evaluation) The system is to be ready for implementation at headquarters by the end of 2007.	

¹ Relating to the implementation of the global management system.