

Fifth report of Committee A

Committee A held its twelfth and thirteenth meetings on 28 May 2016 under the chairmanship of Mr Martin Bowles (Australia).

It was decided to recommend to the Sixty-ninth World Health Assembly the adoption of the attached decisions and resolutions relating to the following agenda items:

12. Noncommunicable diseases

12.5 Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control

One decision as amended

12.7 Addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the second Global High-level Conference on Road Safety – Time for Results

One resolution

12.1 Maternal, infant and young child nutrition

Two resolutions entitled:

– Maternal, infant and young child nutrition
Decade of Action on Nutrition

– Maternal, infant and young child nutrition
Ending inappropriate promotion of foods for infants and young children

11. WHO reform

11.3 Framework of engagement with non-State actors

One resolution

14. Preparedness, surveillance and response

14.1 Implementation of the International Health Regulations (2005)

One decision

13. Promoting health through the life course

13.2 Health in the 2030 Agenda for Sustainable Development

One resolution as amended

12. Noncommunicable diseases

12.6 Public health dimension of the world drug problem including in the context of the special session of the United Nations General Assembly on the world drug problem, held in April 2016

One decision

Agenda item 12.5

Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control

The Sixty-ninth World Health Assembly, having considered the report on strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control,¹

DECIDES:

- (1) to invite the Conference of the Parties to the WHO Framework Convention on Tobacco Control to consider the provision of a report for information to the World Health Assembly on the outcomes of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, as well as the modalities relating to the presentation of such a report;
- (2) to invite the Conference of the Parties to the WHO Framework Convention on Tobacco Control to consider inviting the World Health Assembly to provide a report for information to the Conference of the Parties to the WHO Framework Convention on Tobacco Control on resolutions and decisions of the World Health Assembly relevant for tobacco-related actions;
- (3) to include a follow-up item in the provisional agenda of the Seventieth World Health Assembly.

¹ Document A69/11

Agenda item 12.7

Addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the second Global High-level Conference on Road Safety– Time for Results

The Sixty-ninth World Health Assembly,

Having considered the report on addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the Second Global High-level Conference on Road Safety – Time for Results;¹

Recognizing that road traffic injuries constitute a public health problem and a leading cause of death and injury around the world, with significant health and socioeconomic costs;

Recalling resolution WHA57.10 (2004) on road safety and health, which accepted the invitation of the United Nations General Assembly for WHO to act as a coordinator on road safety issues within the United Nations system, and resolution WHA60.22 (2007) on health systems: emergency care systems;

Welcoming the proclamation of the Decade of Action for Road Safety, in United Nations General Assembly resolution 64/255 (2010) on improving global road safety, and the reiteration of the General Assembly's invitation to United Nations Member States to play a leading role in implementing the activities of the Decade of Action in resolution 68/269 (2014);

Commending the work of the WHO Secretariat in coordinating global road safety initiatives through the United Nations Road Safety Collaboration, in providing secretariat support to the Decade of Action, and in leading efforts to raise awareness, increase capacity and provide technical support to Member States;

Further recognizing that a multisectoral and intersectoral approach is needed to reduce the burden of road traffic deaths and injuries and that evidence-based interventions exist; that the health sector has a significant role to play in improving road user behaviour, promotion of health, communication and education regarding preventive measures, data collection and post-crash responses; and that a “safe system approach” involves several other sectors for vehicle safety regulations, enforcement, road infrastructure, and road safety education and management;

Reaffirming that providing basic conditions and services to address road safety is primarily a responsibility of governments, while recognizing nonetheless that there is a shared responsibility to move towards a world free from road traffic fatalities and serious injuries, and that addressing road safety demands multistakeholder collaboration among the public and private sectors, academia, professional organizations, nongovernmental organizations and the media;

¹ Document A69/13.

Welcoming the large number of activities since 2004 that have contributed to reducing the number of deaths and serious injuries due to road traffic crashes, in particular: the publication of several manuals for decision-makers and practitioners; the periodic publication of global status reports on road safety; the proclamation of the Decade of Action for Road Safety 2011–2020; the holding of three global United Nations road safety weeks; the outcome of the First Global Ministerial Conference on Road Safety (Moscow, 2009); the inclusion of targets 3.6 and 11.2 in the 2030 Agenda for Sustainable Development; and the outcome of the Second Global High-level Conference on Road Safety (Brasília, 18–19 November 2015),

1. ENDORSES the Brasília Declaration on Road Safety, the outcome document of the Second Global High-level Conference on Road Safety;
2. CONSIDERS that all sectors, including the public health sector, should intensify their efforts to meet the international road safety targets set by the Decade of Action and the 2030 Agenda for Sustainable Development and accelerate their activities, including the collection of appropriate data on road traffic deaths and injuries by Member States within existing structures for use in prevention and education, the strengthening of emergency care systems and response infrastructure (including pre-hospital and facility-based trauma care), as well as comprehensive support to victims and their families and rehabilitation support services for those injured in road traffic crashes;
3. URGES Member States:¹
 - (1) to implement the Brasília Declaration on Road Safety;
 - (2) to renew their commitment to the Decade of Action for Road Safety 2011–2020 and to implement the Global Plan for the Decade of Action for Road Safety 2011–2020;
 - (3) to act upon the results, conclusions and recommendations of WHO’s global status reports on road safety;
 - (4) to develop and implement, if they have not already done so, a national strategy and appropriate action plans that pay particular attention to vulnerable road users with a special focus on children, youth, older persons and persons with disabilities, and for which commensurate resources are available;
 - (5) to adopt and enforce laws on the key risk factors, including speeding, drinking alcohol and driving, and failure to use motorcycle helmets, seat-belts and child restraints, and to consider implementing appropriate, effective and evidence-based legislation on other risk factors related to distracted or impaired driving;
 - (6) to improve the quality of road safety data by strengthening efforts to collect appropriate, reliable, and comparable data on road traffic injury prevention and management, including the impact of road traffic crashes on health and development as well as the economic impacts and cost-effectiveness of interventions;

¹ And, where applicable, regional economic integration organizations.

(7) to implement a single emergency national access number and improve prevention and emergency medicine training programmes for health sector professionals in respect of road traffic crashes and trauma;

4. REQUESTS the Director-General:

(1) to continue to facilitate, with the full participation of Member States and in collaboration with organizations in the United Nations system (including the United Nations regional commissions), through the existing mechanisms (including the United Nations Road Safety Collaboration), a transparent, sustainable and participatory process with all stakeholders, in order to assist interested countries in developing voluntary global performance targets on key risk factors and service delivery mechanisms to reduce road traffic fatalities and injuries, in the context of the process leading to the definition and use of indicators for the road safety-related targets in the 2030 Agenda for Sustainable Development and the Global Plan for the Decade of Action for Road Safety 2011–2020;

(2) to provide support to Member States in implementing evidence-based policies and practices to improve road safety and to mitigate and reduce road traffic injuries in line with the Global Plan for the Decade of Action for Road Safety 2011–2020 and the 2030 Agenda for Sustainable Development;

(3) to provide technical support for the strengthening of pre-hospital care, including emergency health services and the immediate post-crash response, hospital and ambulatory guidelines for trauma care, and rehabilitation services, capacity-building and improvement of timely access to integral health care;

(4) to maintain and strengthen evidence-based approaches to raising awareness for prevention and mitigation of road traffic injuries and to facilitate such work globally, regionally and nationally;

(5) to continue, in collaboration with the United Nations regional commissions, as well as other relevant United Nations agencies, the activities aimed at supporting the implementation of the objectives and goals of the Decade of Action for Road Safety and the road safety-related targets in the 2030 Agenda for Sustainable Development, while ensuring system-wide coherence;

(6) to continue to monitor, through its global status reports, progress towards the achievement of the goals of the Decade of Action for Road Safety 2011–2020;

(7) to facilitate, in collaboration with the United Nations regional commissions, the organization of activities during 2017 for the fourth United Nations Global Road Safety Week;

(8) to report on progress made in implementing this resolution to the Seventieth World Health Assembly.

Agenda item 12.1**Maternal, infant and young child nutrition
Decade of Action on Nutrition**

The Sixty-ninth World Health Assembly,

Having considered the report on maternal, infant and young child nutrition;¹

Recalling resolution WHA68.19 (2015) on the outcome of the Second International Conference on Nutrition, endorsing the Rome Declaration on Nutrition as well as the Framework for Action;

Reaffirming the commitments to implement relevant international targets and action plans, including the WHO 2025 Global Nutrition Targets and the WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020;

Recalling resolution A67.15 (2014) in which the Member States approved the comprehensive implementation plan on maternal, infant and young child nutrition to assess progress towards reaching the goals;

Recalling United Nations General Assembly resolution 70/1 of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, acknowledging the integrated dimension of the goals and recognizing that to end all forms of malnutrition and address nutritional needs throughout the life course, it is necessary to give universal access to safe and nutritious food that is sustainably produced, and to ensure universal coverage of essential nutrition actions;

Recalling that the Sustainable Development Goals and targets are integrated and indivisible and balance the three dimensions of sustainable development, and acknowledging the importance of reaching Sustainable Development Goal 2, which aims to end hunger, achieve food security and improved nutrition and promote sustainable agriculture, as well as the interlinked targets of other Goals;

Welcoming United Nations General Assembly resolution 70/259 of 1 April 2016, entitled “United Nations Decade of Action on Nutrition (2016–2025)”; which calls upon FAO and WHO to lead the implementation of the United Nations Decade of Action on Nutrition (2016–2025), in collaboration with the WFP, IFAD and UNICEF, and to identify and develop a work programme based on the Rome Declaration on Nutrition and its Framework for Action, along with its means of implementation for 2016–2025, using coordination mechanisms such as the Standing Committee on Nutrition and multistakeholder platforms such as the Committee on World Food Security, in line with its mandate, and in consultation with other international and regional organizations, platforms and movements such as the Scaling up Nutrition;

Reaffirming the commitment to eradicate hunger and prevent all forms of malnutrition worldwide, particularly undernourishment, stunting, wasting, underweight and overweight in children

¹ Document A69/7.

under 5 years of age and anaemia in women and children, among other micronutrient deficiencies; as well as to halt the rising trends in overweight and obesity and reduce the burden of diet-related noncommunicable diseases in all age groups;

Recalling resolution WHA65.6 (2012), endorsing the comprehensive implementation plan on maternal, infant and young child nutrition;

Expressing concern that nearly two in every three infants under 6 months are not exclusively breastfed; that fewer than one in five infants are breastfed for 12 months in high-income countries; and that only two in every three children between 6 months and 2 years of age receive any breast-milk in low- and middle-income countries;

Expressing concern that only 49% of countries have adequate nutrition data to assess progress towards the global nutrition targets,

1. CALLS UPON all relevant United Nations funds, programmes, specialized agencies, civil society and other stakeholders:

(1) to work collectively across sectors and constituencies to guide, support, and implement nutrition policies, programmes, and plans under the umbrella of the United Nations Decade of Action on Nutrition (2016–2025);

(2) to support mechanisms for monitoring and reporting of the commitments;

2. URGES Member States:

(1) to develop and/or implement strategies on maternal, infant and young child nutrition that comprehensively respond to nutrition challenges, span different sectors and include robust and disaggregated monitoring and evaluation;

(2) to consider developing, when appropriate, policies and financial commitments that are specific, measurable, achievable, relevant and time-bound (SMART) in respect of the Rome Declaration on Nutrition and the voluntary options contained in the Framework for Action of the Second International Conference on Nutrition as well as the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition;

(3) to consider the definition of national targets based on global targets adapted to national priorities and specific parameters;

(4) to consider allocating adequate funding taking into account the local context;

(5) to provide information on a voluntary basis on their efforts to implement the commitments of the Rome Declaration on nutrition through a set of voluntary policy options within the Framework for Action including their policy and investments for effective interventions to improve people's diets and nutrition, including in emergency situations;

3. REQUESTS the Director-General:

(1) to work with the Director-General of FAO:

(a) to support Member States, upon request, in developing, strengthening and implementing their policies, programmes and plans to address the multiple challenges of malnutrition, and convene periodic meetings of inclusive nature to share best practices, including consideration of commitments that are specific, measurable, achievable, relevant and time-bound within the framework of the Decade of Action on Nutrition (2016–2025);

(b) to maintain an open access database of commitments for public accountability and include an analysis of the commitments made in the biennial reports on implementation of the outcome document of the Second International Conference on Nutrition and the Framework for Action;

(2) to continue to provide technical support to Member States for the implementation of the Decade of Action on Nutrition and of the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition;

(3) to continue supporting the Breastfeeding Advocacy Initiative to increase political commitment to and investment in breastfeeding as the cornerstone of child nutrition, health and development;

(4) to support Member States in strengthening the nutrition component of national information systems including data collection and analysis for evidence-informed policy decision-making.

Agenda item 12.1

Maternal, infant and young child nutrition Ending inappropriate promotion of foods for infants and young children

The Sixty-ninth World Health Assembly,

Recalling resolutions WHA33.32 (1980), WHA34.22 (1981), WHA35.26 (1982), WHA37.30 (1984), WHA39.28 (1986), WHA41.11 (1988), WHA43.3 (1990), WHA45.34 (1992), WHA46.7 (1993), WHA47.5 (1994), WHA49.15 (1996), WHA54.2 (2001), WHA55.25 (2002), WHA58.32 (2005), WHA59.21 (2006), WHA61.20 (2008) and WHA63.23(2010) on infant and young child nutrition, appropriate feeding practices and related questions;

Further recalling resolution WHA65.6 (2012) on maternal, infant and young child nutrition, in which the Health Assembly requested the Director-General to provide guidance on the inappropriate promotion of foods for infants and young children cited in resolution WHA63.23;

Convinced that guidance on ending the inappropriate promotion of foods for infants and young children is needed for Member States, the private sector, health systems, civil society and international organizations;

Reaffirming the need to promote exclusive breastfeeding practices in the first 6 months of life, and the continuation of breastfeeding up to 2 years and beyond, and recognizing the need to promote optimal complementary feeding practices for children from ages 6–36 months based on WHO's and FAO's dietary guidelines¹ and in accordance with national dietary guidelines;

Recognizing that the Codex Alimentarius Commission is an intergovernmental body which is the principal organ of the joint FAO/WHO food standards programme and that it is the appropriate body for establishing the international standards on food products, and that reviews of Codex standards and guidelines should give full consideration to WHO guidelines and recommendations, including the international code of marketing of breast milk substitutes and relevant WHA resolutions,

1. WELCOMES with appreciation the technical guidance on ending the inappropriate promotion of foods for infants and young children;

2. URGES Member States^{2,3,4} in accordance with national context;

(1) to take all necessary measures in the interest of public health to end the inappropriate promotion of foods for infants and young children, including in particular implementation of the

¹ PAHO and WHO. Guiding principles for complementary feeding of the breastfed child, 2003; WHO. Guiding principles for feeding non breast-fed children 6–24 months of age, 2005.

² And, where applicable, regional economic integration organizations.

³ Taking into account the context of federated states.

⁴ Member States could take additional actions to end inappropriate promotion of foods for infants and young children.

guidance recommendations while taking into account existing legislation and policies, as well as international obligations;

(2) to establish a system for monitoring, and evaluation of the implementation of the guidance recommendations;

(3) to end inappropriate promotion of food for infants and young children, and to promote policy, social and economic environments that enable parents and caregivers to make well informed infant and young child feeding decisions and further support appropriate feeding practices by improving health and nutrition literacy;

(4) to continue to implement the International Code of Marketing of Breast-milk Substitutes and WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children;

3. CALLS UPON manufacturers and distributors of foods for infants and young children to end all forms of inappropriate promotion, as set forth in the guidance recommendations;

4. CALLS UPON health care professionals to fulfil their essential role in providing parents and other caregivers with information and support on optimal infant and young child feeding practices and to implement the guidance recommendations;

5. URGES the media and creative industries to ensure that their activities across all communication channels and media outlets, in all settings and using all marketing techniques, are carried out in accordance with the guidance recommendations on ending the inappropriate promotion of foods for infants and young children;

6. CALLS UPON civil society to support ending inappropriate promotion of foods for infants and young children, including activities to advocate for, and monitor Member States progress towards the guidance's aim;

7. REQUESTS the Director-General:

(1) to provide technical support to Member States in implementing the guidance recommendations on ending the inappropriate promotion of foods for infants and young children and in monitoring and evaluating its implementation;

(2) to review national experiences with implementing the guidance recommendations in order to build the evidence on its effectiveness and consider changes, if required;

(3) to strengthen international cooperation with relevant United Nations funds, programmes and specialized agencies and other international organizations, in promoting national action to end the inappropriate promotion of foods for infants and young children taking into consideration the WHO guidance recommendations;

(4) to report on implementation of the guidance recommendations on ending the inappropriate promotion of foods for infants and young children as part of the report on progress in implementing the Comprehensive Implementation Plan on maternal, infant and young child nutrition to the Seventy-first and Seventy-third World Health Assemblies in 2018 and 2020.

Agenda item 11.3

Framework of engagement with non-State actors

The Sixty-ninth World Health Assembly,

Having considered the report on the framework of engagement with non-State actors and the revised draft framework of engagement with non-State actors;¹

Recalling resolution WHA64.2 and decision WHA65(9) on WHO reform, and decisions WHA67(14), EB136(3), EB138(3) and resolution WHA68.9 on a framework of engagement with non-State actors;

Recalling also the United Nations General Assembly resolution 70/1 “Transforming our world: the 2030 Agenda for Sustainable Development”, and the equally important Goals, targets and means of implementation, which calls, inter alia, for a revitalized global partnership for sustainable development, based on the spirit of strengthened global solidarity, focused in particular on the needs of the poorest and most vulnerable and with participation of all countries, all stakeholders and all people;

Recalling also United Nations General Assembly resolution 69/313 on the Addis Ababa Action agenda of the third international conference on financing for development, which is an integral part of the 2030 Agenda for Sustainable Development;

Recalling further the 2014 “Rome Declaration on Nutrition and the Framework for Action on Nutrition”;

Underscoring the full political commitment of all Member States towards the consistent and coherent implementation of the framework of engagement with non-State actors across the three levels of the Organization,

1. ADOPTS the Framework of Engagement with non-State actors, as set out in the Annex to this resolution;²
2. DECIDES that the Framework of Engagement with non-State actors shall replace the Principles governing relations between the World Health Organization and nongovernmental organizations³ and Guidelines on interaction with commercial enterprises to achieve health outcomes;⁴

¹ Document A69/6.

² Consisting of an overarching framework and four specific policies on engagement with nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.

³ Adopted in resolution WHA40.25. See Basic documents, 48th ed. Geneva: World Health Organization; 2014.

⁴ Document EB107/20, Annex.

3. REQUESTS the Director General:

- (1) To immediately start implementation of the Framework of Engagement with non-State actors;
- (2) To take all necessary measures, working with regional directors, to fully implement the framework in a coherent and consistent manner across all three levels of the Organization, with a view to achieving full operationalization within a two year timeframe;
- (3) to expedite the full establishment of the register of non-State actors in time for the Seventieth World Health Assembly;
- (4) to report on the implementation of the Framework of Engagement with non-State actors to the Executive Board at each of its January sessions under a standing agenda item, through the Programme Budget and Administration Committee;
- (5) to include in the report on the implementation of the Framework on Engagement with non-State actors, when deemed necessary, any matter or types of engagement with non-State actors that would benefit from further consideration by the Executive Board, through the Programme Budget and Administration Committee, due to their unique characteristics and relevance;
- (6) to conduct an initial evaluation in 2019 of the implementation of the Framework of Engagement with non-State actors and its impact on the work of WHO with a view to submitting the results, together with any proposals for revisions of the Framework, to the Executive Board in January 2020, through the Programme Budget and Administration Committee;
- (7) to include in the guide to staff, measures that pertain to application of the relevant provisions contained in the existing WHO policies on conflict of interest, with a view to facilitating the implementation of Framework of Engagement with non-State actors;
- (8) to develop, in consultation with Member States, a set of criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions and to submit the criteria and principles for the consideration and establishment, as appropriate, by the Seventieth World Health Assembly, through the Executive Board, taking into account amongst others the following identified issues:
 - (a) specific technical expertise needed and excluding managerial and/or sensitive positions;
 - (b) the promotion of equitable geographical distribution;
 - (c) transparency and clarity around positions sought, including public announcements;
 - (d) secondments are temporary in nature not exceeding two years;
- (9) to make reference to secondments from non-State actors in the annual report on engagement with non-State actors to be submitted, including justification behind secondments;

4. REQUESTS the Independent Expert Oversight Advisory Committee, in accordance with its current terms of reference, to include a section on the implementation of Framework of Engagement with non-State actors in its report to the Programme, Budget and Administration Committee of the Executive Board at each January session;
5. REQUESTS the Seventieth World Health Assembly to review progress on the implementation at the three levels of the Organization, with a view to taking any decisions necessary to enable the full, coherent and consistent implementation of the Framework of Engagement with non-State actors.

ANNEX

FRAMEWORK OF ENGAGEMENT WITH NON-STATE ACTORS

(adopted in resolution WHA69.xx)

**OVERARCHING FRAMEWORK OF ENGAGEMENT
WITH NON-STATE ACTORS****INTRODUCTION**

1. The overarching framework of engagement with non-State actors and the WHO policy and operational procedures on management of engagement with non-State actors apply to all engagements with non-State actors at all levels of the Organization,¹ whereas the four specific policies and operational procedures on engagement are limited in application to, respectively, nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.

ENGAGEMENT: RATIONALE, PRINCIPLES, BENEFITS AND RISKS**Rationale**

2. WHO is the directing and coordinating authority in global health in line with its constitutional mandate. The global health landscape has become more complex in many respects; among other things, there has been an increase in the number of players including non-State actors. WHO engages with non-State actors in view of their significant role in global health for the advancement and promotion of public health and to encourage non-State actors to use their own activities to protect and promote public health.

3. The functions of WHO, as set out in Article 2 of its Constitution, include: to act as the directing and coordinating authority on international health work; to establish and maintain effective collaboration with diverse organizations; and to promote cooperation among scientific and professional groups which contribute to the advancement of health. The Constitution further mandates the Health Assembly or the Executive Board, and the Director-General, to enter into specific engagements with other organizations.² WHO shall, in relation to non-State actors, act in conformity with its Constitution and resolutions and decisions of the Health Assembly, and bearing in mind those of the United Nations General Assembly or the Economic and Social Council of the United Nations, if applicable.

4. **(DELETED)**

¹ Headquarters, regional offices and country offices, entities established under WHO, as well as hosted partnerships. For hosted partnerships the framework of engagement with non-State actors will apply, subject to the policy on WHO's engagement with global health partnerships and hosting arrangements (resolution WHA63.10). Hosted, as well as external partnerships are explained in paragraph 48.

² WHO Constitution, Articles 18, 33, 41 and 71.

5. WHO's engagement with non-State actors supports implementation of the Organization's policies and recommendations as decided by the governing bodies, as well as the application of WHO's technical norms and standards. Such an effective engagement with non-State actors at global, regional and country levels, also calls for due diligence and transparency measures applicable to non-State actors under this framework. In order to be able to strengthen its engagement with non-State actors for the benefit and interest of global public health, WHO needs simultaneously to strengthen its management of the associated potential risks. This requires a robust framework that enables engagement and serves also as an instrument to identify the risks, balancing them against the expected benefits, while protecting and preserving WHO's integrity, reputation and public health mandate.

Principles

6. WHO's engagement with non-State actors is guided by the following overarching principles.

Any engagement must:

- (a) demonstrate a clear benefit to public health;
- (a bis) conform with WHO's Constitution, mandate and general programme of work;
- (b) respect the intergovernmental nature of WHO and the decision-making authority of Member States as set out in the WHO's Constitution;
- (c) support and enhance, without compromising, the scientific and evidence-based approach that underpins WHO's work;
- (d) protect WHO from any undue influence, in particular on the processes in setting and applying policies, norms and standards;¹
- (e) not compromise WHO's integrity, independence, credibility and reputation;
- (f) be effectively managed, including by, where possible avoiding conflict of interest² and other forms of risks to WHO;
- (g) be conducted on the basis of transparency, openness, inclusiveness, accountability, integrity and mutual respect.

¹ Policies, norms and standard setting includes information gathering, preparation for, elaboration of and the decision on the normative text.

² As set out in paragraphs 23 to 26.

Benefits of engagement

7. WHO's engagement with non-State actors can bring important benefits to global public health and to the Organization itself in fulfilment of its constitutional principles and objectives, including its directing and coordinating role in global health. Engagements range from major, longer-term collaborations to smaller, briefer interactions. Benefits arising from such engagement can also include:

- (a) (DELETED)
- (b) the contribution of non-State actors to the work of WHO;
- (c) the influence that WHO can have on non-State actors to enhance their impact on global public health or to influence the social, economic and environmental determinants of health;
- (d) the influence that WHO can have on non-State actors' compliance with WHO's policies, norms and standards;
- (e) the additional resources non-State actors can contribute to WHO's work;
- (f) the wider dissemination of and adherence by non-State actors to WHO's policies, norms and standards.

Risks of engagement

8. WHO's engagement with non-State actors can involve risks which need to be effectively managed and, where appropriate, avoided. Risks relate inter alia to the occurrence in particular of the following:

- (a) conflicts of interest;
- (b) undue or improper influence exercised by a non-State actor on WHO's work, especially in, but not limited to, policies, norms and standard setting;¹
- (c) a negative impact on WHO's integrity, independence, credibility and reputation; and public health mandate;
- (d) the engagement being primarily used to serve the interests of the non-State actor concerned with limited or no benefits for WHO and public health;
- (e) the engagement conferring an endorsement of the non-State actor's name, brand, product, views or activity;²

¹ Policies, norms and standard setting includes information gathering, preparation for, elaboration of and the decision on the normative text.

² Endorsement does not include established processes such as prequalifications or the WHO Pesticide Evaluation Scheme (WHOPES).

- (f) the whitewashing of a non-State actor's image through an engagement with WHO;
- (g) a competitive advantage for a non-State actor.

NON-STATE ACTORS

9. For the purpose of this framework, non-State actors are nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.

10. **Nongovernmental organizations** are non-profit entities that operate independently of governments. They are usually membership-based, with non-profit entities or individuals as members exercising voting rights in relation to the policies of the nongovernmental organization, or are otherwise constituted with non-profit, public-interest goals. They are free from concerns which are primarily of a private, commercial or profit-making nature. They could include, for example, grassroots community organizations, civil society groups and networks, faith-based organizations, professional groups, disease-specific groups, and patient groups.

11. **Private sector** entities are commercial enterprises, that is to say businesses that are intended to make a profit for their owners. The term also refers to entities that represent, or are governed or controlled by, private sector entities. This group includes (but is not limited to) business associations representing commercial enterprises, entities not "at arm's length"¹ from their commercial sponsors, and partially or fully State-owned commercial enterprises acting like private sector entities.

International business associations are private sector entities that do not intend to make a profit for themselves but represent the interests of their members, which are commercial enterprises and/or national or other business associations. For the purposes of this framework, they shall have the authority to speak for their members through their authorized representatives. Their members shall exercise voting rights in relation to the policies of the international business association.

12. **Philanthropic foundations** are non-profit entities whose assets are provided by donors and whose income is spent on socially useful purposes. They shall be clearly independent from any private sector entity in their governance and decision-making.

13. **Academic institutions** are entities engaged in the pursuit and dissemination of knowledge through research, education and training.²

14. For each of the four groups of entities above, the overarching framework and the respective specific policy on engagement apply. WHO will determine through its due diligence if a non-State actor is subject to the influence of private sector entities to the extent that the non-State actor has to be considered itself a private sector entity. Such influence can be exerted through financing, participation in decision making or otherwise. Provided that the decision-making processes and bodies of a non-State actor remain independent of undue influence from the private sector, WHO can decide to

¹ An entity is "at arm's length" from another entity if it is independent from the other entity, does not take instructions and is clearly not influenced or clearly not reasonably perceived to be influenced in its decisions and work by the other entity.

² This can include think tanks which are policy-oriented institutions, as long as they primarily perform research; while international associations of academic institutions are considered as non-governmental organizations, subject to paragraph 14.

consider the entity as a nongovernmental organization, a philanthropic foundation or an academic institution, but may apply relevant provisions of the WHO's policy and operational procedures on engagement with private sector entities, such as not accepting financial and in-kind contributions for use in the normative work.

TYPES OF INTERACTION

15. The following are categories of interaction in which WHO engages with non-State actors. Each type of interaction can take different forms, be subject to different levels of risk and can involve different levels and types of engagement by the Organization.

Participation

16. Non-State actors may attend various types of meetings organized by WHO. The nature of their participation depends on the type of meeting concerned. The format, modalities, and the participation of non-State actors in consultations, hearings, and other meetings is decided on a case-by-case basis by the WHO governing bodies or by the Secretariat.

(a) **Meetings of the governing bodies.** This type involves sessions of the World Health Assembly, the Executive Board and the six regional committees. Non-State actors' participation is determined by the governing bodies' respective rules of procedure, policies and practices as well as the section of this framework that deals with official relations.

(b) **Consultations.** This type includes any physical or virtual meeting, other than governing body sessions, organized for the purpose of exchanging information and views. Inputs received from non-State actors shall be made publicly available, wherever possible.

(c) **Hearings.** These are meetings in which the participants can present their evidence, views and positions and be questioned about them but do not enter into a debate. Hearings can be electronic or in person. All interested entities should be invited on the same basis. The participants and positions presented during hearings shall be documented and shall be made publicly available, wherever possible.

(d) **Other meetings.** These are meetings that are not part of the process of setting policies, norms or standards; examples include information meetings, briefings, scientific conferences, and platforms for coordination of actors.

17. WHO's involvement in meetings organized wholly or partly by a non-State actor can – subject to the provisions of this framework, its four specific policies and operational procedures, and other applicable WHO rules, policies and procedures – consist of any one of the following possibilities:

- WHO jointly organizes the meeting with the non-State actor

- WHO cosponsors a meeting¹ organized by the non-State actor
- WHO staff make a presentation or act as panellists at a meeting organized by the non-State actor
- WHO staff attend a meeting organized by a non-State actor.

Resources

18. Resources are financial or in-kind contributions. In-kind contributions include donations of medicines and other goods and free provision of services² on a contractual basis.

Evidence

19. For the purposes of this framework, evidence refers to inputs based on up-to-date information, knowledge on technical issues, and consideration of scientific facts, independently analysed by WHO. Evidence generation by WHO includes information gathering, analysis, generation of information and the management of knowledge and research. Non-State actors may provide their up-to-date information and knowledge on technical issues, and share their experience with WHO, as appropriate, subject to the provisions of this framework, its four specific policies and operational procedures, and other applicable WHO rules, policies and procedures. Such contribution should be made publicly available, as appropriate, wherever possible. Scientific evidence generated should be made publicly available.

Advocacy

20. Advocacy is action to increase awareness of health issues, including issues that receive insufficient attention; to change behaviours in the interest of public health; and to foster collaboration and greater coherence between non-State actors where joint action is required.

Technical collaboration

21. For the purpose of this framework, technical collaboration refers to other collaboration with non-State actors, as appropriate, in activities that fall within the General Programme of Work, including:

- product development
- capacity-building
- operational collaboration in emergencies
- contributing to the implementation of WHO's policies.

¹ Cosponsorship of a meeting means: (1) another entity has the primary responsibility for organizing the meeting; and (2) WHO supports and contributes to the meeting and its proceedings; and (3) WHO reserves the right to clear the agenda of the meeting, the list of participants and the outcome documents of the meeting.

² with the exception of secondments, which are covered in paragraph 46.

MANAGEMENT OF CONFLICT OF INTEREST AND OTHER RISKS OF ENGAGEMENT

22. Managing, including by, where appropriate, avoiding, conflict of interest and other risks of engagement requires a series of steps, as set out below:¹

- WHO needs to know the non-State actors that it engages with. Therefore each non-State actor is required to provide all relevant² information about itself and its activities, following which WHO conducts the necessary due diligence.
- WHO conducts a risk assessment in order to identify the specific risks of engagement associated with each engagement with a non-State actor.
- Risks of engagement need to be managed and communicated coherently in each of the three levels of the Organization and throughout the Organization. To that end, WHO manages engagement through a single, Organization-wide electronic tool.³
- Member States exercise oversight over WHO's engagement with non-State actors in accordance with the provisions in paragraphs 65 and 66.

Conflict of interest

23. A conflict of interest arises in circumstances where there is potential for a secondary interest (a vested interest in the outcome of WHO's work in a given area) to unduly influence, or where it may be reasonably perceived to unduly influence, either the independence or objectivity of professional judgement or actions regarding a primary interest (WHO's work) The existence of conflict of interest in all its forms does not as such mean that improper action has occurred, but rather the risk of such improper action occurring. Conflicts of interest are not only financial, but can take other forms as well.

23bis Individual conflicts of interests within WHO are those involving experts, regardless of their status, and staff members; these are addressed in accordance with the policies listed under paragraph 48 of the present framework.

24. All institutions have multiple interests, which means that in engaging with non-State actors WHO is often faced with a combination of converging and conflicting interests. An **institutional conflict of interest** is a situation where WHO's primary interest as reflected in its Constitution may be unduly influenced by the conflicting interest of a non-State actor in a way that affects, or may reasonably be perceived to affect, the independence and objectivity of WHO's work.

¹ The framework is designed to regulate institutional engagements; its implementation is closely coordinated with the implementation of other organizational policies regulating conflict of interest in respect of individuals (see paragraph 48).

² As defined in paragraph 38bis.

³ WHO uses an electronic tool for managing engagement. As described in footnote 1 of paragraph 38, the publicly visible part of the tool is the register of non-State actors; the tool also provides an electronic workflow for the internal management of engagement. A similar electronic tool is used for the management of individual conflicts of interest, in order to harmonize the implementation of the framework with the implementation of the policy on management of individual conflicts of interest for experts.

25. In actively managing institutional conflict of interest and the other risks of engagement mentioned in paragraph 8 above, WHO aims to avoid allowing the conflicting interests of a non-State actor to exert, or be reasonably perceived to exert, undue influence over the Organization's decision-making process or to prevail over its interests.

26. For WHO, the potential risk of institutional conflicts of interest could be the highest in situations where the interest of non-State actors, in particular economic, commercial or financial, are in conflict with WHO's public health policies, constitutional mandate and interests, in particular the Organization's independence and impartiality in setting policies, norms and standards.

Due diligence and risk assessment

27. When the possibility of entering into an engagement is being considered, the relevant technical unit in the Secretariat conducts an initial examination in order to establish whether such an engagement would be in the interest of the Organization and in line with the principles of WHO's engagement with non-State actors in paragraph 6 and the priorities defined in the General Programme of Work and Programme budget. If this seems to be the case, the technical unit **consults the WHO Register on non-State actors and as needed** asks the non-State actor to provide its basic information. Using the Organization-wide electronic tool, the unit then complements this information with a description of the proposed engagement and its own assessment of the benefits and risks involved, as needed.

27bis (new) The technical unit makes an initial assessment. If the engagement is of low risk, for example because of its repetitive nature¹ or because it does not involve policies, norms and standard setting, a simplified due diligence and risk assessment modulating the procedures in paragraphs 28 to 36 as well as 38bis can be performed by the technical unit and the risk management decision taken, taking such steps as are necessary to ensure full compliance with paragraphs 6 to 8.² For all other engagements full procedures apply.

28. Before engaging with any non-State actor, WHO, in order to preserve its integrity, conducts due diligence and risk assessment. **Due diligence** refers to the steps taken by WHO to find and verify relevant information on a non-State actor and to reach a clear understanding of its profile. While due diligence refers to the nature of the non-State actor concerned, **risk assessment** refers to the assessment of a specific proposed engagement with that non-State actor.

29. **Due diligence** combines a review of the information provided by the non-State actor, a search for information about the entity concerned from other sources, and an analysis of all the information obtained. This includes a screening of different public, legal and commercial sources of information, including: media; the entity's website companies' analyst reports, directories and profiles; and public, legal and governmental sources.

¹ Provided that due diligence and risk assessment have already been carried out and the nature of engagement has remained unchanged.

² The simplified due diligence and risk assessment, and information to be provided by non-State actors as well as the criteria of low risk engagements are described in the guide for staff.

30. The core functions of due diligence are to:

- clarify the nature and purpose of the entity proposed to engage with WHO;
- clarify the interest and objectives of the entity in engaging with WHO and what it expects in return;
- determine the entity's legal status, area of activities, membership, governance, sources of funding, constitution, statutes, and by-laws and affiliation;
- define the main elements of the history and activities of the entity in terms of the following: health, human and labour issues; environmental, ethical and business issues; reputation and image; and financial stability;
- identify if paragraph 44 or 44bis should be applied.

31. Due diligence also allows the Secretariat for the purpose of its engagement to categorize each non-State actor in relation to one of the four groups of non-State actors on the basis of its nature, objectives, governance, funding, independence and membership. This categorization is indicated in the register of non-State actors.

32. Risks are the expression of the likelihood and potential impact of an event that would affect the Organization's ability to achieve its objectives. A **risk assessment** on a proposed engagement is conducted in addition to due diligence. This involves the assessment of risks associated with an engagement with a non-State actor, in particular the risks described in paragraph 8 and is to be conducted without prejudice to the type of non-State actor.

Risk management

33. **Risk management** concerns the process leading to a management decision whereby the Secretariat decides explicitly and justifiably on entry into engagement,¹ continuation of engagement, engagement with measures to mitigate risks, non-engagement or disengagement from an existing or planned engagement with non-State actors. It is a management decision usually taken by the unit engaging with the non-State actor based on a recommendation of the specialized unit responsible for performing due diligence and risk assessment.

34 – DELETED

35. A dedicated secretariat mechanism reviews proposals of engagement referred to it and recommends engagement, continuation of engagement, engagement with measures to mitigate risks, non engagement or disengagement from an existing or planned engagement with non-State actors. The DG, working with RDs, ensures coherence and consistency in implementation and interpretation of this Framework across all levels of the Organization.

36. WHO takes a risk-management approach to engagement, only entering into an engagement with a non-State actor when the benefits in terms of direct or indirect contributions to public health and the

¹ Other than decisions related to official relations as set out in paragraphs 49 to 55.

fulfilment of the Organization's mandate as mentioned in paragraph 7 outweigh any residual risks of engagement as mentioned in paragraph 8, as well as the time and expense involved in establishing and maintaining the engagement.

Transparency

37. WHO's interaction with non-State actors is managed transparently. WHO provides an annual report to the governing bodies on its engagement with non-State actors, including summary information on due diligence, risk assessment and risk management undertaken by the Secretariat. WHO also makes publicly available appropriate information on its engagement with non-State actors.

38. The **WHO register of non-State actors** is an Internet-based, publicly available electronic tool used by the Secretariat¹ to document and coordinate engagement with non-State actors. It contains the main standard information provided by non-State actors² and high-level descriptions of the engagement that WHO has with these actors.³

38bis Non-State actors engaging with WHO are required to provide information on their organization. This information includes: name, membership, legal status, objective, governance structure, composition of main decision-making bodies, assets, annual income and funding sources, main relevant affiliations, webpage and one or more focal points for WHO contacts.

39. When the Secretariat decides on an engagement with a non-State actor, a summary of the information submitted by that entity and held in the WHO register of non-State actors is made public. The accuracy of the information provided by the non-State actor and published in the register is the responsibility of the non-State actor concerned and does not constitute any form of endorsement by WHO.

40. Non-State actors described in the register must update the information provided on themselves annually or upon the request of WHO. Information in the WHO register of non-State actors will be dated. Information on entities that are no longer engaged with WHO or that have not updated their information will be marked as "archived". Archived information from the WHO register of non-State actors can be considered in relation to future applications for engagement, where relevant.

40bis (moved from 38ter) In addition to the publicly available information, Member States have electronic access to a summary report on due diligence of each non-State actor and their respective risk assessment and risk management on engagement. Member States also have access, on demand, to the associated full report through a remote secure access platform.

41. WHO maintains a handbook to guide non-State actors in their interaction with WHO in line with this framework. A guide for staff is also maintained on the implementation of the framework of engagement with non-State actors.

¹ The register of non-State actors is the first level of a tool used by the Secretariat containing four levels of information: a publicly available level, a level made available to Member States, a working level for the Secretariat, and a level of confidential and sensitive information accessible to a limited number of individuals within the Secretariat.

² Information on financial contributions received from non-State actors is documented in this register and in the Programme Budget web portal.

³ The register covers all three levels of the Organization – global, regional and country – and includes hosted partnerships and joint programmes.

42. (DELETED)

43. (DELETED)

SPECIFIC PROVISIONS

44. WHO does not engage with the tobacco industry or non-State actors that work to further the interests of the tobacco industry. WHO also does not engage with the arms industry.

Engagement where particular caution should be exercised

44bis WHO will exercise particular caution, especially while conducting due diligence, risk assessment and risk management, when engaging with private sector entities and other non-State actors whose policies or activities are negatively affecting human health and are not in line with WHO's policies, norms and standards, in particular those related to noncommunicable diseases and their determinants.

Association with WHO's name and emblem

45. WHO's **name and emblem** are recognized by the public as symbols of integrity and quality assurance. WHO's name, acronym and emblem shall not, therefore, be used for, or in conjunction with, commercial, promotional marketing and advertisement purposes. Any use of the name or emblem needs an explicit written authorization by the Director-General of WHO.¹

Secondments

46. WHO does not accept secondments from private sector entities.

RELATION OF THE FRAMEWORK TO WHO'S OTHER POLICIES

47. This framework replaces the Principles Governing Relations between the World Health Organization and Nongovernmental Organizations² and the Guidelines on interaction with commercial enterprises to achieve health outcomes (noted by the Executive Board).³

48. The implementation of the policies listed below as they relate to WHO's engagement with non-State actors will be coordinated and aligned with the framework of engagement with non-State actors. In the event that a conflict is identified, it will be brought to the attention of the Executive Board through the PBAC.

¹ See <http://www.who.int/about/licensing/emblem/en/>.

² Basic documents, 48th ed. Geneva: World Health Organization; 2014: pp.97–102.

³ See document EB107/2001/REC/2, summary record of the twelfth meeting.

(a) Policy on WHO's engagement with global health partnerships and hosting arrangements.¹

(i) Hosted partnerships derive their legal personality from WHO and are subject to the Organization's rules and regulations. Therefore the Framework of engagement with non-State actors applies to their engagement with non-State actors. They have a formal governance structure, separate from that of the WHO governing bodies, in which decisions are taken on direction, workplans and budgets; and their programmatic accountability frameworks are also independent from those of the Organization. In the same way the framework applies to other hosted entities which are subject to the Organizations Rules and Regulations.

(ii) WHO's involvement in external partnerships is regulated by the policy on WHO's engagement with global health partnerships and hosting arrangements. The framework of engagement with non-State actors also applies to WHO's engagement in these partnerships.²

(b) Regulations for Expert Advisory Panels and Committees and the Guidelines for Declaration of Interests (WHO Experts). The management of WHO's relations with individual experts is regulated by the Regulations for Expert Advisory Panels and Committees³ and the Guidelines for Declaration of Interests (WHO Experts).

(c) Staff Regulations and Staff Rules. All staff are subject to the Organization's Staff Regulations and Staff Rules, noting in particular the provisions of declaration of interest therein: according to Article 1.1 of the Staff Regulations of the World Health Organization, all staff members "pledge themselves to discharge their functions and to regulate their conduct with the interests of the World Health Organization only in view."

(d) Regulations for Study and Scientific Groups, Collaborating Institutions and other Mechanisms of Collaboration. Scientific collaborations are regulated by the Regulations for Study and Scientific Groups, Collaborating Institutions and other Mechanisms of Collaboration.⁴

¹ Endorsed by the Health Assembly in resolution WHA63.10 on partnerships and its Annex 1.

² The Codex Alimentarius Commission is an intergovernmental body which is the principal organ of the joint FAO/WHO food standards programme for which the administration is not solely provided by WHO. The Commission is supported by subsidiary bodies including Codex committees, regional coordinating committees and task forces. Meetings of the Commission, Committees, including independent expert committees, and Task Forces are regulated by the Rules of Procedure and other decisions adopted by the Codex Alimentarius Commission.

³ See Basic documents, 48th ed. Geneva: World Health Organization; 2014: pp.121–130.

⁴ Basic documents, 48th ed. Geneva: World Health Organization; 2014: pp.131–138.

(e) Financial Rules and Financial Regulations.

(i) The procurement of goods and services is regulated by the Financial Rules and Financial Regulations;¹ it is not covered by the framework of engagement with non-State actors, although pro-bono contributions from non-State actors are covered.

(ii) Like any other financing of WHO, financing from non-State actors is regulated by the Financial Rules and Financial Regulations and the decision on accepting such financial contributions is also regulated by this framework.

OFFICIAL RELATIONS

49. “Official relations” is a privilege that the Executive Board may grant to nongovernmental organizations, international business associations and philanthropic foundations that have had and continue to have a sustained and systematic engagement² in the interest of the Organization. The aims and activities of all these entities shall be in conformity with the spirit, purposes and principles of WHO’s Constitution, and they shall contribute significantly to the advancement of public health. Organizations in official relations can attend governing body meetings of WHO but are otherwise subject to the same rules as other non-State actors when engaging with WHO.

50. Entities in official relations are international in membership and /or scope. All entities in official relations shall have a constitution or similar basic document, an established headquarters, a governing body, an administrative structure, and a regularly updated entry in the WHO register of non-State actors.

51. Official relations shall be based on a plan for collaboration between WHO and the entity with agreed objectives and outlining activities for the coming three-year period structured in accordance with the General Programme of Work and Programme budget and consistent with this framework. This plan shall also be published in the WHO register of non-State actors. These organizations shall provide annually a short report on the progress made in implementing the plan of collaboration and other related activities which will also be published in the WHO register. These plans shall be free from concerns which are primarily of a commercial or profit-making nature.

51bis For nongovernmental organizations working on global health issues, sustained and systematic engagement could include research and active advocacy around WHO meetings and WHO’s policies, norms and standards. Official relations may be considered for such nongovernmental organizations based on at least three years of their activities and future work plan on research and advocacy on global public health issues.

52. The Executive Board shall be responsible for deciding on the admission of organizations into official relations with WHO and shall review this status every three years. The Director-General may propose international nongovernmental organizations, philanthropic foundations and international

¹ Basic documents, 47th ed. Geneva: World Health Organization; 2009, pp.87–97. 48th ed. Geneva: World Health Organization; 2014: pp.103–113.

² At least two years of systematic engagement as documented in the WHO register of non-State actors, assessed by both parties to be mutually beneficial. Participation in each other’s meetings alone is not considered to be a systematic engagement.

business associations for admission. The Director-General can also propose an earlier review based on the experience in the collaboration with the organization concerned.

53. Entities in official relations are invited to participate in sessions of WHO's governing bodies. This privilege shall include:

(a) the possibility to appoint a representative to participate, without right of vote, in meetings of WHO's governing bodies or in meetings of the committees and conferences convened under its authority;

(b) the possibility to make a statement if the Chairman of the meeting (i) invites them to do so or (ii) accedes to their request when an item in which the related entity is particularly interested is being discussed;

(c) the possibility to submit the statement referred to in subparagraph (b) above in advance of the debate for the Secretariat to post on a dedicated website.

54. Non-State actors participating in WHO governing bodies' meetings shall designate a head of their delegation and declare the affiliations of their delegates. This declaration shall include the function of each delegate within the non-State actor itself and, where applicable, the function of that delegate within any affiliated organization.

55. Regional committees may also decide on a procedure granting accreditation to their meetings to other international, regional, and national¹ non-State actors not in official relations with WHO as long as the procedure is managed in accordance with this framework.

Procedure for admitting and reviewing organizations in official relations

56. The application for admission into official relations shall be based on the up-to-date entries in the WHO register of non-State actors, providing all the necessary information as requested on the non-State actor's nature and activities. The application shall include a summary of past engagement as documented in the register of non-State actors and a three-year plan for collaboration with WHO that has been developed and agreed on jointly by the non-State actor and WHO.

57. A signed letter certifying the accuracy of the application for official relations submitted online shall reach WHO headquarters no later than the end of the month of July for submission to the Executive Board at its session the following January. Applications for official relations shall be reviewed to ensure that the established criteria and other requirements are fulfilled as set out in this framework. Applications should be transmitted to the Executive Board members by the Secretariat six weeks before the opening of the January session of the Executive Board at which they will be considered.

58. (MOVED TO AFTER P61 AS 61BIS)

59. During the Board's January session, the Programme, Budget and Administration Committee shall consider applications submitted and shall make recommendations to the Board. A representative

¹ In accordance with WHO Constitution, Article 71.

of an applicant organization may be invited by the Committee to speak before it in connection with that organization's application. Should the applicant organization be considered not to meet the established criteria, and bearing in mind the desirability of ensuring a valuable continuing partnership based on defined objectives and evidenced by a record of successful past engagement and a framework for future collaborative activities, the Committee may recommend postponement of consideration or rejection of an application.

60. The Board, after considering the recommendations of the Committee, shall decide whether an organization is to be admitted into official relations with WHO. A reapplication from a non-State actor shall not normally be considered until two years have elapsed since the Board's decision on the previous application.

61. The Director-General shall inform each organization of the Board's decision on its application. The Director-General shall document decisions taken within the Secretariat and by the Executive Board on applications from non-State actors, reflect this status in the WHO register of non-State actors, and maintain a list of the organizations admitted into official relations.

61bis The entities in official relations and the Secretariat should name focal points for collaboration who are responsible for informing each other and their organizations of any developments in the implementation of the plan for collaboration and who are the first points of contact for any changes or problems.

62. The Board, through its Programme, Budget and Administration Committee, shall review collaboration with each non-State actor in official relations every three years and shall decide on the desirability of maintaining official relations or defer the decision on the review to the following year. The Board's review shall be spread over a three-year period, one third of the entities in official relations being reviewed each year.

63. The Director-General can propose earlier reviews of a non-State actor's official relations with WHO by the Executive Board through its Programme, Budget and Administration Committee in case of issues such as non-fulfilment of the entity's part in the plan of collaboration, lack of contact, failure by the non-State actor to fulfil its reporting requirements or changes in the nature or activities of the organization concerned, the non-State actor ceasing to fulfil the criteria for admission, or any potential new risks for the collaboration.

64. The Board may discontinue official relations if it considers that such relations are no longer appropriate or necessary in the light of changing programmes or other circumstances. Similarly, the Board may suspend or discontinue official relations if an organization no longer meets the criteria that applied at the time of the establishment of such relations, fails to update its information and report on the collaboration in the WHO register on non-State actors or fails to fulfil its part in the agreed programme of collaboration.

(64 bis: MOVED TO 51 bis)

OVERSIGHT OF ENGAGEMENT

65. The Executive Board, through its Programme, Budget and Administration Committee, oversees the implementation of WHO's framework of engagement with non-State actors, proposes revisions to the framework and can grant the privileges of official relations to international nongovernmental organizations, philanthropic foundations and international business associations.

66. The Programme Budget and Administration Committee shall review, provide guidance and, as appropriate, make recommendations to the Executive Board on:

- (a) oversight of WHO's implementation of the framework of engagement with non-State actors including:
 - (i) consideration of the annual report on engagement with non-State actors submitted by the Director-General
 - (ii) any other matter on engagement referred to the Committee by the Board
- (b) entities in official relations with WHO, including:
 - (i) proposals for admitting non-State actors into official relations
 - (ii) review of renewals of entities in official relations
- (c) any proposal, when needed, for revisions of the framework of engagement with non-State actors.

NON-COMPLIANCE WITH THIS FRAMEWORK

67. Non-compliance can include inter alia the following: significant delays in the provision of information to the WHO register of non-State actors; provision of wrong information; use of the engagement with WHO for purposes other than protecting and promoting public health, such as for commercial, promotional, marketing and advertisement purposes; misuse of WHO's name and emblem; attempt at undue influence; and abuse of the privileges conferred by official relations.

68. Non-compliance by a non-State actor with the provisions of this framework can have consequences for the entity concerned after due process including a reminder, a warning, a cease-and-desist letter, a rejection of renewal of engagement and termination of engagement. The review of the status of official relations by the Executive Board can be anticipated and non-compliance can be the reason for non-renewal of official relations. Except in the case of important and intentional cases of non-compliance the non-State actor concerned should not be automatically excluded from other engagements with WHO.

69. Any financial contribution received by WHO that is subsequently discovered to be non-compliant with the terms of this framework shall be returned to the contributor.

IMPLEMENTATION

69bis Consistent with the principles identified in paragraph 6, this framework will be implemented in its entirety in a manner that manages and strengthens WHO's engagement with non-State actors towards the attainment of public health objectives, including through multistakeholder partnerships, whilst protecting and preserving WHO's integrity, independence, credibility and reputation;

69ter The Director-General, in the application of this framework, when responding to acute public health events described in the International Health Regulations (2005) or other emergencies with health consequences, will act according to the WHO Constitution¹ and the principles identified in this framework. In doing so, the Director-General may exercise flexibility as might be needed in the application of the procedures of this framework in those responses, when he/she deems necessary, in accordance with WHO's responsibilities as health cluster lead, and the need to engage quickly and broadly with non-State actors for coordination, scale up and service delivery². The Director-General will inform Member States through appropriate means,³ including in particular written communication, without undue delay when such a response requires exercise of flexibility, and include summary information with justification on the use of such flexibility in the annual report on engagement with non-State actors.

MONITORING AND EVALUATION OF THE FRAMEWORK

70. The implementation of the framework will be constantly monitored internally and by the Executive Board through its Programme, Budget and Administration Committee in the annual report on engagement with non-State actors and the assessment of information available in the register of non-State actors.

71. Furthermore, the implementation of the framework should be periodically evaluated. The results of such evaluation, together with any proposals for revisions of the framework, shall also be submitted to the Executive Board through its Programme, Budget and Administration Committee.

72alt. DELETED

¹ Including Article 2(d) of the WHO Constitution.

² Taking into account resolution WHA65.20 (WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies).

³ Including as described in UN General Assembly resolution A/RES/46/182 (Strengthening of the coordination of humanitarian assistance of the United Nations), which establishes the Secretary-General's emergency relief coordinator, and the WHO International Health Regulations (2005).

WHO POLICY AND OPERATIONAL PROCEDURES ON ENGAGEMENT WITH NONGOVERNMENTAL ORGANIZATIONS

1. DELETED
2. This policy regulates specifically WHO's engagement with nongovernmental organizations by type of interaction.¹ The provisions of the overarching framework also apply to all engagements with nongovernmental organizations.

PARTICIPATION

Participation by nongovernmental organizations in WHO meetings²

3. WHO can invite nongovernmental organizations to participate in consultations, hearings or other meetings in accordance with paragraph 16 of the overarching framework. Consultations and hearings can be electronic or in person.
4. Participation in other meetings is on the basis of discussion of an item in which the nongovernmental organization has a particular interest and where its participation adds value to the deliberations of the meeting. Such participation is for the exchange of information and views, but never for the formulation of advice.

4bis The nature of participation of nongovernmental organizations depends on the type of meeting concerned. The format, modalities, and the participation of nongovernmental organizations in consultations, hearings, and other meetings is decided on a case-by-case basis by the WHO governing bodies or by the Secretariat. Participation and inputs received from nongovernmental organizations shall be made publicly available, wherever possible. Nongovernmental organizations do not take part in any decision-making process of the Organization.

Involvement of the Secretariat in meetings organized by nongovernmental organizations

5. WHO can organize joint meetings, or cosponsor meetings organized by nongovernmental organizations, as long as the integrity, independence and reputation of the Organization are preserved, and as long as this participation furthers WHO's objectives as expressed in the General Programme of Work. WHO staff members may participate in meetings organized by nongovernmental organizations in accordance with the internal rules of the Organization. The nongovernmental organization shall not misrepresent WHO's participation as official WHO support for, or endorsement of, the meeting, and shall agree not to use WHO's participation for promotional purposes.

¹ See paragraphs 15–21 of the overarching framework for the five types of interaction.

² Other than sessions of the governing bodies, which are regulated by the policy on management of engagement.

Specific policies and operational procedures

6. The participation of WHO in meetings organized by nongovernmental organizations as co-organizers, cosponsors, panellists or speakers shall be managed according to the provisions of this Framework.

RESOURCES

7. WHO can accept financial and in-kind contributions from nongovernmental organizations as long as such contributions fall within WHO's General Programme of Work, do not create conflicts of interest, are managed in accordance with the framework, and comply with other relevant regulations, rules and policies of WHO.

7bis The acceptance of contributions (whether in cash or in kind) should be made subject to the following conditions:

- (a) the acceptance of a contribution does not constitute an endorsement by WHO of the nongovernmental organization;
- (b) the acceptance of a contribution does not confer on the contributor any privilege or advantage;
- (c) the acceptance of a contribution as such does not offer the contributor any possibility for advising, influencing, participating in, or being in command of the management or implementation of operational activities;
- (d) WHO keeps its discretionary right to decline a contribution, without any further explanation.

8. WHO can provide resources to a nongovernmental organization for implementation of particular work in accordance with the Programme Budget, the Financial Regulations and Financial Rules and other applicable rules and policies. The resources concerned can be either for a project of the institution which WHO considers merits support and is consistent with WHO's general programme of work, or for a project organized or coordinated by WHO. The former constitutes a grant, the latter a service.

Specific policies and operational procedures

9. Any acceptance of resources from a nongovernmental organization is handled in accordance with the provisions of this framework and relevant other WHO rules and guidelines such as the Staff Regulations and Staff Rules, the Financial Regulations and Financial Rules and policies governing procurement, as well as WHO's guidelines for medicine donations and WHO's guidelines for health care equipment donations;

10. For reasons of transparency, contributions from nongovernmental organizations must be publicly acknowledged by WHO in accordance with its policies and practices.

11. Acknowledgements shall usually be worded along the following lines: "The World Health Organization gratefully acknowledges the financial contribution of [Nongovernmental organization] towards [description of the outcome or activity]".

12. Contributions received from nongovernmental organizations are listed in the financial report and audited financial statements of WHO as well as the Programme budget web portal and the WHO register of non-State actors.

13. Nongovernmental organizations may not use the fact that they have made a contribution in their materials used for commercial, promotional, marketing and advertisement purposes.¹ However, they may make reference to the contribution in their annual reports or similar documents. In addition, they may mention the contribution on their websites, and in special non-promotional publications, provided that the content and context have been agreed with WHO.

EVIDENCE

14. Nongovernmental organizations may provide their up-to-date information and knowledge on technical issues, and share their experience with WHO, as appropriate, subject to the provisions of the overarching framework, and this specific policy and operational procedures, and other applicable WHO rules, policies and procedures. Such contribution should be made publicly available, as appropriate, wherever possible. Scientific evidence generated should be made publicly available.

ADVOCACY

15. WHO collaborates with nongovernmental organizations on advocacy for health and increasing awareness of health issues; for changing behaviours in the interest of public health; and for fostering collaboration and greater coherence between non-State actors where joint action is required.

16. Nongovernmental organizations are encouraged to disseminate WHO's policies, guidelines, norms and standards and other tools through their networks.

16bis WHO encourages NGOs to implement and advocate for the implementation of WHO's policies, norms and standards. WHO engages in dialogue with NGOs in order to promote the implementation of WHO's policies, norms and standards.²

16ter Nongovernmental organizations can only collaborate with WHO in advocacy for the implementation of WHO policies norms or standards if they commit themselves to implement these policies, norms or standards in their entirety. No partial or selective implementation is acceptable.

TECHNICAL COLLABORATION

17. WHO may engage with the nongovernmental organizations for technical collaboration as defined in the overarching framework paragraph 21. Technical collaboration with nongovernmental organizations is encouraged. This collaboration must be in the interest of WHO, and managed in accordance with the overarching framework and this policy to protect WHO, and in particular, its normative work, from any undue influence or conflict of interest and to ensure there is no interference with WHO's advisory function to Member States.

¹ In accordance with paragraph 45 of the overarching framework.

² Nongovernmental organizations working with WHO will be expected to conform to WHO's public health policies in areas such as food safety, chemical safety, ethical promotion of medicinal drug products, tobacco control, noncommunicable diseases, as well as health and safety at work.

WHO POLICY AND OPERATIONAL PROCEDURES ON ENGAGEMENT WITH PRIVATE SECTOR ENTITIES

1. DELETED

2. This policy regulates specifically WHO's engagement with private sector entities by type of interaction.¹ The provisions of the overarching framework also apply to all engagements with private sector entities.

2bis. When engaging with private sector entities, it should be borne in mind that WHO's activities affect the commercial sector in broader ways, through, among others, its public health guidance, its recommendations on normative standards, or other work that might indirectly or directly influence product costs, market demand, or profitability of specific goods and services.

3. In engaging with private sector entities, WHO will aim to operate on a competitively neutral basis.

PARTICIPATION

Participation by private sector entities in WHO meetings²

4. WHO can invite private sector entities to participate in consultations, hearings or other meetings in accordance with paragraph 16 of the overarching framework. Consultations and hearings can be electronic or in person.

5. Participation in other meetings is on the basis of discussion of an item in which the private sector entity has a particular interest and where its participation adds value to the deliberations of the meeting. Such participation is for the exchange of information and views, but never for the formulation of advice.

5bis The nature of participation of private sector entities depends on the type of meeting concerned. The format, modalities, and the participation of private sector entities in consultations, hearings, and other meetings is decided on a case-by-case basis by the WHO governing bodies or by the Secretariat. Participation and inputs received from private sector entities shall be made publicly available, wherever possible. Private sector entities do not take part in any decision making process of the Organization.

Involvement of the Secretariat in meetings organized by private sector entities

6. WHO staff members may participate in meetings organized by a private sector entity as long as the integrity, independence and reputation of the Organization are preserved and as long as this participation furthers WHO's objectives as expressed in the General Programme of Work. The private sector entity shall not misrepresent WHO's participation as official WHO support for, or endorsement

¹ See paragraphs 15–21 of the overarching framework for the five types of interaction.

² Other than sessions of the governing bodies, which are regulated by the policy on management of engagement.

of, the meeting, and shall agree not to use WHO's participation for commercial and/or promotional purposes.

Specific policies and operational procedures

7. The participation of WHO staff members in meetings of private sector entities as panellists, speakers or in any other capacity shall be managed according to the provisions of the overarching framework and this specific policy.

8. WHO does not cosponsor meetings organized wholly or partly by private sector entities. It may, however, cosponsor a meeting for which the scientific initiators have hired a commercial conference organizer to deal with the logistical aspects, provided that the commercial organizer makes no contribution to the scientific content of the meeting.

9. WHO does not cosponsor meetings organized by other actors where one or more health-related private sector entities are also cosponsors. Other instances of cosponsorship of meetings organized by other actors where non health-related private sector entities are also cosponsors should be reviewed on a case-by-case basis and are subject to the provisions of this framework.

10. There shall be no commercial exhibitions on WHO premises and at WHO's meetings.

11. WHO does not cosponsor commercial exhibitions, whether as part of meetings organized by private sector entities or as part of meetings organized by other actors.

RESOURCES

12. The level of risk associated with the acceptance of resources from private sector entities depends on the field of activity of the private sector entity, the WHO activity for which the resources are used and the modalities of the contributions.

(a) Financial contributions may be accepted from private sector entities whose business is unrelated to that of WHO, provided they are not engaged in any activity or have close ties with any entity that is incompatible with WHO's mandate and work.

(b) Financial contributions may not be sought or accepted from private sector entities that have, themselves or through their affiliated companies, a direct commercial interest in the outcome of the project toward which they would be contributing, unless approved in conformity with the provisions for clinical trials or product development (see paragraph 38 below).

(b) bis The provisions set out in paragraph 12(b) shall be without prejudice to specific mechanisms, such as the PIP Framework, set up by the Health Assembly that involve the receipt and pooling of resources.¹

(c) Caution should be exercised in accepting financial contributions from private sector entities that have even an indirect interest in the outcome of the project (i.e. the activity is related to the entities' field of interest, without there being a conflict as referred to above). In

¹ In accordance with paragraph 18 of the overarching framework.

such an event, other commercial enterprises having a similar indirect interest should be invited to contribute, and the reason clearly described if this does not prove possible. The larger the proportion of the contribution from any one source, the greater the care that should be taken to avoid the possibility of a conflict of interest or appearance of an inappropriate association with one contributor.

13. Financial and in-kind contributions from private sector entities to WHO's programmes are only acceptable in the following conditions:

- (a) the contribution is not used for normative work;
- (b) if a contribution is used for activities other than normative work in which the private sector entity could have a commercial interest, the public health benefit of the engagement needs clearly to outweigh its potential risks;
- (c) the proportion of funding of any activity coming from the private sector cannot be such that the programme's continuation would become dependent on this support;
- (d) the acceptance of the contribution does not constitute an endorsement by WHO of the private sector entity, or its activities, products or services;
- (e) the contributor may not use the results of WHO's work for commercial purposes or use the fact of its contribution in its promotional material;
- (f) the acceptance of the contribution does not afford the contributor any privilege or advantage;
- (g) the acceptance of the contribution does not offer the contributor any possibility for advising, influencing, participating in, or being in command of the management or implementation of operational activities;
- (h) WHO keeps its discretionary right to decline a contribution, without any further explanation.

14. [DELETED]

15. Any acceptance of resources from private sector entities is handled in accordance with the provisions of this framework and relevant other WHO rules and guidelines such as the Staff Regulations and Staff Rules, the Financial Regulations and Financial Rules and policies governing procurement, as well as WHO's guidelines for medicine donations and WHO's guidelines for health care equipment donations;

16. For reasons of transparency, contributions from private sector entities must be publicly acknowledged by WHO in accordance with its policies and practices.

17. Acknowledgements shall usually be worded along the following lines: "The World Health Organization gratefully acknowledges the financial contribution of [Private sector entity] towards [description of the outcome or activity]".

18. Contributions received from private sector entities, are listed in the financial report and audited financial statements of WHO as well as the Programme budget web portal and the register of non-State actors.

19. Private sector entities may not use the fact that they have made a contribution in their materials used for commercial, promotional, marketing and advertisement purposes.¹ However, they may make reference to the contribution in their annual reports or similar documents. In addition, they may mention the contribution on their websites, and in special non-promotional publications, provided that the content and context have been agreed with WHO.

Donations of medicines and other health technologies²

20. In determining the acceptability of large-scale donations of medicines and other health-related products, the following criteria should be met.

(a) Sound evidence exists of the safety and efficacy of the product in the indication for which it is being donated. The product is approved or otherwise authorized by the recipient country for use in that indication; it should also preferably appear in the WHO Model List of Essential Medicines for that indication.

(b) Objective and justifiable criteria for the selection of recipient countries, communities or patients have been determined. In emergency situations, flexibilities may be required.

(c) A supply system is in place and consideration is given to means of preventing waste, theft and misuse (including leakage back into the market).

(d) A training and supervision programme is in place for all personnel involved in the efficient administration of supply, storage and distribution at every point from the donor to the end-user.

(e) A donation of medicines and other health-related products is not of a promotional nature, either with regard to the company itself or insofar as it creates a demand for the products that is not sustainable once the donation has ended.

(f) WHO does not accept products at the end of their shelf life.

(g) A phase-out plan for the donation has been agreed upon with recipient countries.

(h) A system for monitoring adverse reactions to the product has been set up with the participation of the donating company.

¹ In accordance with paragraph 45 of the overarching framework.

² Such donations shall be in line with interagency guidelines: World Health Organization, Ecumenical Pharmaceutical Network, International Pharmaceutical Federation, International Federation of Red Cross and Red Crescent Societies, International Health Partners, The Partnership for Quality Medical Donations, et al. Guidelines for medicine donations – revised 2010. Geneva: World Health Organization; 2011.

21. In consultation with the department responsible for financial matters in WHO, the value of donations of medicines and other health-related products is determined and is formally recorded in the audited statements and the WHO register of non-State actors.

Financial contributions for clinical trials

22. Except as provided in paragraph 38 below on product development, financial contributions from a private sector entity for a clinical trial arranged by WHO on that company's proprietary product are considered on a case-by-case basis. In this connection, it should be ensured that:

- (a) the research or development activity is of public health importance;
- (b) the research is conducted at WHO's request and potential conflicts of interest are managed;
- (c) WHO only accepts such financial contributions, if the research would not take place without WHO's involvement or if WHO's involvement is necessary in order to ensure that the research is undertaken in conformity with internationally accepted technical and ethical standards and guidelines.

23. If the above-mentioned requirements are met, a financial contribution may be accepted from a company having a direct commercial interest in the trial in question, provided that appropriate mechanisms are put in place to ensure that WHO controls the conduct and the dissemination of the outcomes of the trials, including the content of any resulting publication, and that the trial results are free from any inappropriate influence or perceived influence from the company concerned.

Contributions for WHO meetings

24. For meetings convened by WHO, a contribution from a private sector entity may not be accepted if it is designated to support the participation of specific invitees (including such invitees' travel and accommodation), regardless of whether such contribution would be provided directly to the participants or channelled through WHO.

25. Contributions may be accepted to support the overall costs of a meeting.

26. WHO receptions and similar functions shall not be paid for by private sector entities.

Contributions for WHO staff participating in external meetings

27. An external meeting is one convened by a party other than WHO. Support from private sector entities for travel of WHO staff members to attend external meetings or conferences may fall into two categories:

- (a) meetings held by the private sector entity paying for travel: financing for travel may be accepted in accordance with WHO's rules if the private sector entity is also supporting the travel and ancillary expenses of other participants in the meeting, and the risk of a conflict of interest has been assessed and managed;
- (b) meetings held by a third party (i.e. a party other than the private sector entity proposing to pay for the travel): financing for travel may not be accepted from a private sector entity.

Contributions for publications

28. Financial contributions may be accepted from private sector entities for meeting the printing costs of WHO publications, as long as no conflict of interest arises. In no event may commercial advertisements be placed in WHO publications;

29. DELETED

Cost recovery

30. In cases where a WHO evaluation scheme is in place (i.e. to evaluate certain products, processes or services against official WHO guidelines), the Organization may charge private sector entities for such services on the basis of cost recovery. The purpose of WHO's evaluation schemes is always to provide advice to governments and/or international organizations for procurement. Evaluation does not constitute endorsement by WHO of the product(s), process or service in question.

EVIDENCE

31. Private sector entities may provide their up-to-date information and knowledge on technical issues, and share their experience with WHO, as appropriate, subject to the provisions of the overarching framework, and this specific policy and operational procedures, and other applicable WHO rules, policies and procedures. Such contribution should be made publicly available, as appropriate, wherever possible. Scientific evidence generated should be made publicly available.

32. DELETED

ADVOCACY

33. WHO encourages private sector entities to implement and advocate for the implementation of WHO's policies, norms and standards. WHO engages in dialogue with private sector entities in order to promote the implementation of WHO's policies, norms and standards.¹

34. Private sector entities can only collaborate with WHO in advocacy for the implementation of WHO policies norms or standards if they commit themselves to implement these policies, norms or standards in their entirety. No partial or selective implementation is acceptable.

35. International business associations are encouraged to work with their members in order to improve their public health impact and the implementation of WHO policies, norms and standards.

TECHNICAL COLLABORATION

36. WHO may engage with the private sector for technical collaboration as defined in the overarching framework paragraph 21. Technical collaboration with private sector entities is encouraged. This collaboration must be in the interest of WHO, and managed in accordance with the

¹ Private sector entities working with WHO will be expected to conform to WHO's public health policies in areas such as food safety, chemical safety, ethical promotion of medicinal drug products, tobacco control, noncommunicable diseases, as well as health and safety at work.

overarching framework and this policy to protect WHO, and in particular, its normative work, from any undue influence or conflict of interest and to ensure there is no interference with WHO's advisory function to Member States.

Specific policies and operational procedures

37. If WHO has drawn up official specifications for a product, it may provide technical advice to manufacturers for development of their product in accordance with these specifications, provided that all private sector entities known to have an interest in such a product are given the opportunity to collaborate with WHO in the same way.

38. WHO may collaborate with private sector entities in the research and development of health related technologies that contribute to increasing access to quality, safe, efficacious and affordable medical products. Collaborative research and development should, as a general rule, be undertaken only if WHO and the private sector entity have concluded an agreement which ensures that the final product will ultimately be widely available, including to the public sector of developing countries at a preferential price. If such an agreement is concluded, financing may be accepted from the private sector entity for a trial arranged by WHO on the product in question, on the basis that contractual commitments obtained from the private sector entity outweigh any potential conflict of interest in accepting such financing.

WHO POLICY AND OPERATIONAL PROCEDURES ON ENGAGEMENT WITH PHILANTHROPIC FOUNDATIONS

1. DELETED

2. This policy regulates specifically WHO's engagement with philanthropic foundations by type of interaction.¹ The provisions of the overarching framework also apply to all engagements with philanthropic foundations.

PARTICIPATION

Participation by philanthropic foundations in WHO meetings²

3. WHO can invite philanthropic foundations to participate in consultations, hearings or other meetings in accordance with paragraph 16 of the overarching framework. Consultations and hearings can be electronic or in person.

4. Participation in other meetings is on the basis of discussion of an item in which the philanthropic foundation has a particular interest and where its participation adds value to the deliberations of the meeting. Such participation is for the exchange of information and views, but never for the formulation of advice.

4bis The nature of participation of philanthropic foundations depends on the type of meeting concerned. The format, modalities, and the participation of philanthropic foundations in consultations, hearings, and other meetings is decided on a case-by-case basis by the WHO governing bodies or by the Secretariat. Participation and inputs received from philanthropic foundations shall be made publicly available, wherever possible. Philanthropic foundations do not take part in any decision making process of the Organization.

Involvement of the Secretariat in meetings organized by philanthropic foundations

5. WHO can organize joint meetings, or cosponsor meetings organized by philanthropic foundations, as long as the integrity, independence and reputation of the Organization are preserved, and as long as this participation furthers WHO's objectives as expressed in the General Programme of Work. WHO staff members may participate in meetings organized by philanthropic foundations in accordance with the Organization's internal rules. The philanthropic foundations shall not misrepresent WHO's participation as official WHO support for, or endorsement of, the meeting, and shall agree not to use WHO's participation for promotional purposes.

Specific policies and operational procedures

6. The participation of WHO in meetings organized by philanthropic foundations as co-organizers, cosponsors, panellists or speakers shall be managed according to the provisions of the framework for engagement with non-State actors.

¹ See paragraphs 15–21 of the overarching framework for the five types of interaction.

² Other than sessions of the governing bodies, which are regulated by the policy on management of engagement.

RESOURCES

7. WHO can accept financial and in-kind contributions from philanthropic foundations as long as such contributions fall within WHO's General Programme of Work, do not create conflicts of interest, are managed in accordance with the framework, and comply with other relevant regulations, rules and policies of WHO.
8. As for all contributors, philanthropic foundations shall align their contributions to the priorities set by the Health Assembly in the approved Programme budget.
9. Philanthropic foundations are invited to participate in the financing dialogue, which is designed to improve the alignment, predictability, flexibility and transparency of WHO's funding and to reduce budgetary vulnerability.
10. WHO's programmes and offices should strive to ensure that they do not depend on one single source of funding.
11. The acceptance of contributions (whether in cash or in kind) should be made subject to the following conditions:
 - (a) the acceptance of a contribution does not constitute an endorsement by WHO of the philanthropic foundation;
 - (b) the acceptance of a contribution does not confer on the contributor any privilege or advantage;
 - (c) the acceptance of a contribution as such does not offer the contributor any possibility for advising, influencing, participating in, or being in command of the management or implementation of operational activities;
 - (d) WHO keeps its discretionary right to decline a contribution, without any further explanation.

Specific policies and operational procedures

12. Any acceptance of resources from a philanthropic foundation is handled in accordance with the provisions of this framework and relevant other WHO rules and guidelines such as the Staff Regulations and Staff Rules, the Financial Regulations and Financial Rules and policies governing procurement, as well as WHO's guidelines for medicine donations and WHO's guidelines for health care equipment donations.
13. For reasons of transparency, contributions from philanthropic foundations must be publicly acknowledged by WHO in accordance with its policies and practices.
14. Acknowledgements shall usually be worded along the following lines: "The World Health Organization gratefully acknowledges the financial contribution of [Philanthropic foundation] towards [description of the outcome or activity]".

15. Contributions received from philanthropic foundations are listed in the financial report and audited financial statements of WHO as well as the Programme budget web portal and the WHO register of non-State actors.

16. Philanthropic foundations may not use the fact that they have made a contribution in their materials used for commercial, promotional, marketing and advertisement purposes.¹ However, they may make reference to the contribution in their annual reports or similar documents. In addition, they may mention the contribution on their websites, and in special non-promotional publications, provided that the content and context have been agreed with WHO.

EVIDENCE

17. Philanthropic foundations may provide their up-to-date information and knowledge on technical issues, and share their experience with WHO, as appropriate, subject to the provisions of the overarching framework, and this specific policy and operational procedures, and other applicable WHO rules, policies and procedures. Such contribution should be made publicly available, as appropriate, wherever possible. Scientific evidence generated should be made publicly available.

ADVOCACY

18. WHO collaborates with philanthropic foundations on advocacy for health and increasing awareness of health issues; for changing behaviours in the interest of public health; and for fostering collaboration and greater coherence between non-State actors where joint action is required. Philanthropic foundations are encouraged to disseminate WHO's policies, guidelines, norms and standards and other tools through their networks so as to extend WHO's own reach.

18bis WHO encourages Philanthropic foundations to implement and advocate for the implementation of WHO's policies, norms and standards. WHO engages in dialogue with Philanthropic foundations in order to promote the implementation of WHO's policies, norms and standards.²

18ter Philanthropic foundations can only collaborate with WHO in advocacy for the implementation of WHO policies norms or standards if they commit themselves to implement these policies, norms or standards in their entirety. No partial or selective implementation is acceptable.

TECHNICAL COLLABORATION

19. WHO may engage with the philanthropic foundations for technical collaboration as defined in the overarching framework paragraph 21. Technical collaboration with philanthropic foundations is encouraged. This collaboration must be in the interest of WHO, and managed in accordance with the overarching framework and this policy to protect WHO, and in particular, its normative work, from any undue influence or conflict of interest and to ensure there is no interference with WHO's advisory function to Member States).

¹ In accordance with paragraph 45 of the overarching framework.

² Philanthropic foundations working with WHO will be expected to conform to WHO's public health policies in areas such as food safety, chemical safety, ethical promotion of medicinal drug products, tobacco control, noncommunicable diseases, as well as health and safety at work.

WHO POLICY AND OPERATIONAL PROCEDURES ON ENGAGEMENT WITH ACADEMIC INSTITUTIONS

1. DELETED
2. This policy regulates specifically WHO's engagement with academic institutions by type of interaction.¹ The provisions of the overarching framework also apply to all engagements with academic institutions.
3. The engagement with academic institutions at the institutional level has to be distinguished from the collaboration with individual experts working for academic institutions.

PARTICIPATION

Participation by academic institutions in WHO meetings

4. WHO can invite academic institutions to participate in consultations, hearings or other meetings in accordance with paragraph 16 of the overarching framework. Consultations and hearings can be electronic or in person.
5. Participation in other meetings is on the basis of discussion of an item in which the academic institution has a particular interest and where its participation adds value to the deliberations of the meeting. Such participation is for the exchange of information and views, but never for the formulation of advice.

5bis The nature of participation of academic institution depends on the type of meeting concerned. The format, modalities, and the participation of academic institution in consultations, hearings, and other meetings is decided on a case-by-case basis by the WHO governing bodies or by the Secretariat. Participation and inputs received from academic institutions shall be made publicly available, wherever possible. Academic institutions do not take part in any decision-making process of the Organization.

Involvement of the Secretariat in meetings organized by academic institutions

6. WHO can organize joint meetings, or cosponsor meetings organized by academic institutions, as long as the integrity, independence and reputation of the Organization are preserved, and as long as this participation furthers WHO's objectives as expressed in the General Programme of Work. WHO staff members may participate in meetings organized by academic institutions in accordance with the Organization's internal rules. The academic institution shall not misrepresent WHO's participation as official WHO support for, or endorsement of, the meeting, and shall agree not to use WHO's participation for promotional purposes.

¹ See paragraphs 15–21 of the overarching framework for the five types of interaction.

Specific policies and operational procedures

7. The participation of WHO in meetings organized by academic institutions as co-organizers, cosponsors, panellists or speakers shall be managed according to the provisions of this framework.

RESOURCES

8. WHO can accept financial and in-kind contributions from academic institutions as long as such contributions fall within WHO's General Programme of Work, do not create conflicts of interest, are managed in accordance with the framework, and comply with other relevant regulations, rules and policies of WHO.

9. WHO can provide resources to an academic institution for implementation of particular work (such as research, a clinical trial, laboratory work and preparation of a document), in accordance with the Financial Regulations and Financial Rules and other applicable rules and policies. This can be either for a project of the institution which WHO considers merits support, based on a clear public health interest, and is consistent with WHO's General Programme of Work, or for a project organized or coordinated by WHO. The former constitutes a grant, the latter a service.

Specific policies and operational procedures

10. Any acceptance of resources from an academic institution is handled in accordance with the provisions of this framework and relevant other WHO rules and guidelines such as the Staff Regulations and Staff Rules, the Financial Regulations and Financial Rules and policies governing procurement, as well as WHO's guidelines for medicine donations and WHO's guidelines for health care equipment donations.

11. For reasons of transparency, contributions from academic institutions must be publicly acknowledged by WHO in accordance with its policies and practices.

12. Acknowledgements shall usually be worded along the following lines: "The World Health Organization gratefully acknowledges the financial contribution of [academic institution] towards [description of the outcome or activity]".

13. Contributions received from academic institutions are listed in the financial report and audited financial statements of WHO as well as the Programme budget web portal and the WHO register of non-State actors.

14. Academic institutions may not use the fact that they have made a contribution in their materials used for commercial, promotional, marketing and advertisement purposes.¹ However, they may make reference to the contribution in their annual reports or similar documents. In addition, they may mention the contribution on their websites, and in special non-promotional publications, provided that the content and context have been agreed with WHO.

¹ In accordance with paragraph 45 of the overarching framework.

EVIDENCE

15. Academic institutions may provide their up-to-date information and knowledge on technical issues, and share their experience with WHO, as appropriate, subject to the provisions of the overarching framework, and this specific policy and operational procedures, and other applicable WHO rules, policies and procedures. Such contribution should be made publicly available, as appropriate, wherever possible. Scientific evidence generated should be made publicly available.

16. Intellectual property arising from collaborations with academic institutions is regulated by the agreement with the academic institution. This should be addressed in consultation with the Office of the Legal Counsel.

ADVOCACY

17. WHO collaborates with academic institutions on advocacy for health and increasing awareness of health issues; for changing behaviours in the interest of public health; and for fostering collaboration and greater coherence between non-State actors where joint action is required. Academic institutions are encouraged to disseminate WHO's policies, guidelines, norms and standards and other tools through their networks so as to extend WHO's own reach.

17bis WHO encourages academic institutions to implement and advocate for the implementation of WHO's policies, norms and standards. WHO engages in dialogue with academic institutions in order to promote the implementation of WHO's policies, norms and standards.¹

17ter Academic institutions can only collaborate with WHO in advocacy for the implementation of WHO policies norms or standards if they commit themselves to implement these policies, norms or standards in their entirety. No partial or selective implementation is acceptable.

TECHNICAL COLLABORATION

18. WHO may engage with academic institutions for technical collaboration as defined in the overarching framework paragraph 21. Technical collaboration with academic institutions is encouraged. This collaboration must be in the interest of WHO, and managed in accordance with the overarching framework and this policy to protect WHO, and in particular, its normative work, from any undue influence or conflict of interest and to ensure there is no interference with WHO's advisory function to Member States.

19. Scientific collaborations are regulated by the Regulations for Study and Scientific Groups, Collaborating Institutions and other Mechanisms of Collaboration.²

¹ Academic institutions working with WHO will be expected to conform to WHO's public health policies in areas such as food safety, chemical safety, ethical promotion of medicinal drug products, tobacco control, noncommunicable diseases, as well as health and safety at work.

² Basic documents, 48th ed. Geneva: World Health Organization; 2014: pp.131–138.

20. Academic institutions or parts thereof can be designated as WHO collaborating centres in accordance with the Regulations mentioned above. In this context, before granting the status of WHO collaborating centre a due diligence and risk assessment in accordance with this framework is conducted. The collaboration with these collaborating centres is regulated by the aforementioned regulations and reflected in the register of non-State actors.

Agenda item 14.1**Implementation of the International Health Regulations (2005)****Report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response**

The Health Assembly is invited to note the report contained in document A69/21 and to consider the following draft decision:

The Sixty-ninth World Health Assembly, having considered the report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response,¹ and acknowledging the leadership role of WHO, decided:

- (1) to commend the successful conclusion of the work of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response, the leadership of its Chair, the dedication of its distinguished members, and the submission of its report to the Director-General for transmittal to the Sixty-ninth World Health Assembly;
- (2) to request the Director-General to develop for the consideration of the Regional Committees in 2016 a draft global implementation plan for the recommendations of the Review Committee that includes immediate planning to improve delivery of the International Health Regulations (2005) by reinforcing existing approaches, and that indicates a way forward for dealing with new proposals that require further Member State technical discussions;
- (3) to request the Director-General to submit a final version of the global implementation plan for the consideration of the 140th session of the Executive Board.

¹ Document A69/21.

Agenda item 13.2

Health in the 2030 Agenda for Sustainable Development

The Sixty-ninth World Health Assembly,

Reaffirming WHO's Constitution, which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

Reaffirming also United Nations General Assembly resolution 70/1 Transforming our World: the 2030 Agenda for Sustainable Development (2015), in which the General Assembly adopted the outcome document of the United Nations summit for the adoption of the post-2015 development agenda, recognizing that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development and envisaging a world free of poverty, hunger, disease and want, a world of universal respect for human rights and human dignity that includes equitable and universal access to health care and social protection, and where physical, mental and social well-being are assured;

Reaffirming UNGA resolution 69/313 of 27 July 2015 on the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which is an integral part of the 2030 Agenda for Sustainable Development, supports and complements it, helps to contextualize its means of implementation targets with concrete policies and actions, and reaffirms the strong political commitment to address the challenge of financing and creating an enabling environment at all levels for sustainable development in the spirit of global partnership and solidarity;

Recognizing the achievements of the Millennium Development Goals in galvanizing collective action at global level for better health outcomes, in particular in meeting global targets for HIV, tuberculosis, and malaria and in reducing child mortality by 53% and maternal mortality by 44%, reductions which are cause for celebration, despite being short of the targets of the Goals;

Recalling resolutions WHA66.11 (2013) and WHA67.14 (2014) on health in the post-2015 development agenda which point to the importance of health in meeting broader sustainable development goals and the need for accelerated progress toward the unfinished business of the Millennium Development Goals;

Recognizing the importance of the numerous WHO strategies and action plans relating to health, health systems, and public health as useful tools in taking forward the work on the 2030 Agenda for Sustainable Development, and stressing that the Organization's support to countries in implementing these strategies should be provided in a coherent way, aligned to national needs, contexts and priorities, and in efficient coordination with other UN agencies;

Recognizing also the opportunity provided by the 2030 Agenda for Sustainable Development for adopting a more integrated and multisectoral approach to health, health promotion and well-being that acknowledges health systems as a coherent entity of functions and services rather than a series of discrete disease or subject-specific initiatives;

Recognizing further that Universal Health Coverage, implies that all people have access without discrimination to nationally determined sets of the needed promotive, preventive, curative, palliative,

and rehabilitative essential health services, and essential, safe, affordable, effective, and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable, and marginalized segments of the population;¹

Recognizing that health workers and the public health workforce are integral to building strong and resilient health systems that contribute to the achievement of the Sustainable Development Goals;

Recalling resolution EBSS3.R1 (2015) on Ebola, in which the Executive Board recognized the urgency for all countries of having strong, resilient and integrated health systems capable of fully implementing the International Health Regulations (2005), and of having the capacity for health-related emergency preparedness and progress towards universal health coverage that promotes universal, equitable access to health services and ensures affordable, good-quality service delivery;

Recognizing the importance of strengthening health systems and building capacities for broad public health measures, health protection and promotion and work to tackle social, economic, and environmental determinants of health, in support of ensuring healthy lives and promoting well-being for all at all ages;

Recalling further the importance of fostering alignment and coordination of global health interventions in the area of health systems strengthening, including at the primary health care level, and recognizing the important role WHO should play in this regard;

Taking note of the significant infrastructure, assets and human resources of the global polio eradication initiative, and the ongoing legacy process across countries as appropriate;

Emphasizing the need for community engagement to focus attention on more rational and forward looking integration of health workers at community level into functional health systems aligned with country objectives and actions, and recognizing them as key players to extend and deliver basic health services directly to communities to achieve the goals of the 2030 Agenda for Sustainable Development;

Goals

Reaffirming that the goals and targets of the 2030 Agenda for Sustainable Development are integrated and indivisible, balance the three dimensions of sustainable development: the economic, social, and environmental, seek to achieve gender equality and the empowerment of women and girls, are global in nature and universally applicable, taking into account different national realities, capacities and levels of development and respecting national policy space and priorities;

Welcoming the 2030 Agenda for Sustainable Development, including inter alia Sustainable Development Goal 3 “Ensure healthy lives and promote well-being for all at all ages”, and reaffirming its specific and interlinked targets as well as other health related goals and targets and emphasizing the importance of health systems strengthening as it is critical to the achievement of all targets;

¹ Reference to the UHC resolution (WHA67.14).

Reaffirming also the specific commitments to promote physical and mental health and well-being, and to extend life expectancy for all, contained in the 2030 Agenda for Sustainable Development including: achievement of universal health coverage and access to quality health care; ensuring that no one is left behind; acceleration of the progress made to date in reducing newborn, child and maternal mortality by ending all such preventable deaths before 2030; universal access to sexual and reproductive health-care services, including for family planning, information and education; ending the epidemics of HIV/AIDS, TB and Malaria as well as acceleration of the fight against hepatitis, Ebola and other communicable diseases and epidemics, including by addressing growing antimicrobial resistance and the problem of neglected tropical diseases affecting developing countries; and prevention and treatment of noncommunicable diseases, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development;

Asserting that health is not just an end in itself, but is a means for reaching other targets of the goals and targets of the 2030 Agenda for Sustainable Development, and noting that investments in health contribute to sustainable inclusive economic growth, social development, environmental protection, and the eradication of poverty and hunger and to reduce inequality, and also acknowledging the reciprocal benefits between the attainment of the health goal and the achievement of all other goals;

Reaffirming the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property;¹

Means of implementation

Recognizing also that this agenda, including the Sustainable Development Goals, can be met within the framework of a revitalized global partnership for sustainable development, supported by the concrete policies and actions outlined in the Addis Ababa Action Agenda, which is an integral part of the 2030 Agenda for Sustainable Development, and which supports, complements and helps contextualize the 2030 agenda's means of implementation targets, including its Technology Facilitation Mechanism, and which relates to domestic public resources, domestic and international private business and finance, international development cooperation, international trade as an engine for development, debt and debt sustainability, addressing systemic issues and science, technology, innovation and capacity-building, and data, monitoring and follow-up;

Reiterating that the means of implementation and targets under Goal 17 and under each Sustainable Development Goal are key to realizing the Agenda and are of equal importance with the other Goals and targets and also reaffirming targets 3a, 3b, 3c, and 3d, as well as other interlinked targets essential to achieve the 2030 Agenda for Sustainable Development;

Reaffirming that the scale and ambition of the 2030 Agenda for Sustainable Development requires a revitalized Global Partnership for Sustainable Development to mobilize the necessary means to ensure its implementation, noting that this Partnership will work in a spirit of global solidarity, in particular solidarity with the poorest and with people in vulnerable situations, and that it will facilitate an intensive global engagement in support of implementation of all the Goals and targets, bringing together Governments, the private sector, civil society, the United Nations system and other actors and mobilizing all available financial and non-financial resources;

¹ Insert reference to the action plan.

Follow up and review

Recalling paragraph 48 of UNGA Resolution 70/1 of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development,” to assist governments in their follow-up and review on the Goals and targets, including the means of implementation, and affirming the health sector’s commitment to contribute to and support that process, in particular the commitment to strengthen statistical capacities in developing countries;

Recognizing that the High Level Political Forum under the auspices of the General Assembly and the Economic and Social Council will have the central role in overseeing, follow-up and review at the global level,

1. URGES Member States:¹

(1) to scale up comprehensive action at the national, regional and global levels, to achieve the goals and targets of the 2030 Agenda for Sustainable Development relating to health by 2030;

(2) to prioritize health system strengthening, including ensuring an adequately skilled and compensated health workforce, in order to achieve and sustain universal health coverage, defined as universal access to quality promotion, prevention, treatment, rehabilitation and palliation services, including access to safe, effective, quality and affordable essential medicines and vaccines for all, ensuring financial protection from out-of-pocket expenditure on health for all with a special emphasis on the poor, vulnerable, and marginalized segments of the population² as fundamental to the achievement of the 2030 Agenda for Sustainable Development;

(3) to emphasize the need for cooperative action at the national, regional, and global level across and within all government sectors to tackle social, environmental and economic determinants of health, to reduce health inequities, in particular through the empowerment of women and girls, and contribute to sustainable development, including “health in all policies” as appropriate;

(4) to appropriately prioritize investments in health and strengthen the mobilization and effective use of domestic and international resources for health in accordance with the broad multisectoral impact that health investments can have on economies and communities;

(5) to support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all;³

¹ And, where applicable, regional economic integration organizations.

² Reference to the UHC resolution (WHA67.14).

³ 3b from SDGs.

(6) to strengthen the dialogue between medical, veterinary, and environmental communities with a special attention to emerging and re-emerging diseases, along with the emergence of antimicrobial resistant pathogens in a way that fosters strengthened and improved surveillance, research, preventive measures and training to ensure or to build capacities to address and manage these global health challenges;

(7) to develop, on the basis of existing mechanisms wherever possible, quality, inclusive, transparent national accountability processes, consistent with national policies, plans and priorities, for regular monitoring and review of progress towards the goals and targets of the 2030 Agenda for Sustainable Development, which should form the basis for global and regional progress assessment;

2. REQUESTS the Director-General:

(1) to promote a multisectoral approach and the active engagement of WHO at all levels to coordinated implementation of the goals of the 2030 Agenda for Sustainable Development with regard to health, pursuant to the principle that the goals of the 2030 Agenda for Sustainable Development are integrated and indivisible, including through alignment and improved collaboration across WHO programmes;

(2) to engage, in the context of UN system wide strategic planning, implementation and reporting, in order to ensure coherent and integrated support to implementation of the Agenda 2030 for Sustainable Development;

(3) to take a proactive role in supporting integrated implementation of the 2030 Agenda for Sustainable Development at national, regional and global level and, in consultation with Member States, develop a long-term plan for maximizing the impact of the contributions of WHO at all levels toward the achievement of the 2030 Agenda for Sustainable Development;

(4) to work with the Inter-Agency and Expert Group on SDG, as appropriate, for the further development and finalization of the health-related SDG indicators;

(5) to take steps to ensure that needed capacities and resources, at all levels of the Organization, are developed and maintained for the successful achievement of the 2030 Agenda for Sustainable Development, particularly to support comprehensive and integrated national plans for health as part of implementation of the 2030 Agenda for Sustainable Development, recognizing that needed competencies include the ability to work with multiple sectors, responding to a broader set of health priorities including supporting progress towards universal health coverage, and providing capacity building or technical support;

(6) to support Member States in strengthening research and development of new technologies and tools, as well as health technology assessment, paying special attention to the health research and development needs of developing countries, building on relevant strategies, action plans and programmes, in particular on the basis of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property and its follow up processes for achievement of the 2030 Agenda for Sustainable Development, in particular for achieving access for all to quality, safe, effective, and affordable vaccines and medicines and diagnostics for communicable and noncommunicable diseases;

- (7) to support Member States to undertake health systems research to develop more effective approaches to ensuring and delivering universal access to health services, paying special attention to the needs of developing countries;
- (8) To facilitate enhanced North–South, South–South and triangular regional and international cooperation on and access to health-related science, technology and innovation and enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism;
- (9) to work with Member States to ensure that WHO shall effectively contribute to the follow-up to the 2030 Agenda for Sustainable Development, within its existing mandate, by supporting the thematic reviews of progress on the Sustainable Development Goals, including cross-cutting issues, where possible, feeding into and being aligned with the cycle of the High-Level Political Forum, according to the modalities to be established by the General Assembly and ECOSOC in the context of the High-Level Political Forum;
- (10) to report to Member States on a regular basis, at least every two years, on global and regional progress towards achieving the health goal as a whole and its interlinked targets, as well as other health related goals and targets of the 2030 Agenda for Sustainable Development, including a focus on universal health coverage and equity;
- (11) to support Member States in strengthening national statistical capacity at all levels, in particular in developing countries, in order to ensure high quality, accessible, timely, reliable, and disaggregated health data including through, where appropriate, the Health Data Collaborative;
- (12) to support Member States to strengthen reporting on the 2030 Agenda on Sustainable Development in particular the health goal and its interlinked targets;
- (13) to take the 2030 Agenda for Sustainable Development into consideration in the development of the Programme Budget and the General Programme of Work, as appropriate;
- (14) to report on progress in implementing this resolution on a regular basis, at least once every two years, to the Seventieth World Health Assembly through the Executive Board.

Agenda item 12.6

Public health dimension of the world drug problem including in the context of the special session of the United Nations General Assembly on the world drug problem, held in April 2016

The Sixty-ninth World Health Assembly, having considered the report Public health dimension of the world drug problem including in the context of the special session of the United Nations General Assembly on the world drug problem, held in April 2016,¹

DECIDES:

- (1) that this item will be included on the agenda for the 140th session of the Executive Board in January 2017.

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¹ Document A69/12.