
22 May 2026(Draft) A79/39

Third report of Committee A

(Draft)

Committee A held its sixth, seventh and eighth meetings on 21 May 2026 chaired by Dr Timur Sultangaziyev (Kazakhstan) and Mr Fernando Israel Espinosa Olivera (Mexico).

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

Provide health

12. Review of and update on matters considered by the Executive Board

12.3 Communicable diseases

- End TB Strategy

One decision

12.1 Follow-up to the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

One resolution entitled:

- Steatotic liver disease: a missing piece in the global noncommunicable disease response

One decision entitled:

- Follow-up to the political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and the promotion of mental health and well-being

One resolution entitled:

- Global action to advance health equity for people with haemophilia and other bleeding disorders

Protect health

14. Review of and update on matters considered by the Executive Board

14.5 Public health implications of the unprovoked attacks by the Islamic Republic of Iran on civilians and essential civilian infrastructure in Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, the United Arab Emirates and Jordan

One resolution entitled:

- Public health implications of the unprovoked attacks by the Islamic Republic of Iran on civilians and essential civilian infrastructure in Gulf Cooperation Council countries and Jordan

Agenda item 12.3**End TB Strategy**

The Seventy-ninth World Health Assembly, having considered the consolidated report by the Director-General,¹

Decided to request the Director-General:

- (1) to develop a WHO post-2030 tuberculosis strategy, in consultation with Member States and relevant stakeholders, that will guide the Secretariat's support to Member States, is aligned with broader strategic frameworks, including primary healthcare, universal health coverage, and global health security, and takes into consideration the changing international public health architecture;
- (2) to submit to the Eighty-first World Health Assembly in 2028, through the Executive Board at its 162nd session, a WHO post-2030 tuberculosis strategy for its consideration;
- (3) to continue to report on the progress made towards ending tuberculosis to the Eighty-first and Eighty-third World Health Assemblies in 2028 and 2030, respectively, as requested in resolution WHA73.3 (2020), with the report to the Eighty-first World Health Assembly informing preparations for the third high-level meeting of the General Assembly on the fight against tuberculosis in 2028.

¹ Document A79/5.

Agenda item 12.1**Steatotic liver disease: a missing piece in the global noncommunicable disease response**

The Seventy-ninth World Health Assembly,

Having considered the consolidated report by the Director-General;²

Recognizing that steatotic liver disease, formerly referred to as fatty liver disease, comprises metabolic dysfunction-associated steatotic liver disease, including its more severe inflammatory form, metabolic dysfunction-associated steatohepatitis; alcohol-associated liver disease; and metabolic dysfunction-associated steatotic liver disease combined with increased alcohol intake,^{3,4} and is one of the fastest-growing causes of chronic liver disease, affecting about 1.7 billion people worldwide with substantial prevalence across age groups, with prevalence projected to increase further in parallel with the global rise in obesity, type 2 diabetes and other metabolic risk factors, and in the context of the continued global public health burden of harmful use of alcohol;^{3,5}

Noting with concern that steatotic liver disease encompasses a spectrum of chronic liver disease, with documented risk of progression particularly in higher risk groups, to steatohepatitis and fibrosis which, in some cases may progress to cirrhosis and even liver cancer;

Recognizing that morbidity and mortality related to steatotic liver disease are driven by modifiable risk factors common to major noncommunicable diseases, including but not limited to unhealthy diets, obesity, physical inactivity, tobacco use and the harmful use of alcohol, and noting emerging evidence of additional contributing factors, and further recognizing that steatotic liver disease is closely associated with type 2 diabetes, cardiovascular disease, chronic kidney disease and other metabolic conditions, thereby amplifying the overall burden of noncommunicable diseases and underscoring the need for integrated and comprehensive public health responses;

Acknowledging that steatotic liver disease is a leading cause of liver-related morbidity and mortality, and a major indication for liver transplantation in high-income countries,⁴ while also imposing a rapidly rising burden in developing countries where early detection, diagnostic and treatment capacity remain constrained by broader health systems resource challenges;

Expressing concern at new projections indicating a marked and continuing increase in the global burden of steatotic liver disease, including progression to decompensated advanced chronic

² Document A79/5.

³ Rinella ME, Lazarus JV, Ratziu V, Francque SM, Sanyal AJ, Kanwal F, et al., [A multisociety Delphi consensus statement on new fatty liver disease nomenclature](#). Journal of Hepatology. 2023; 79, 1542-1556. doi.org/10.1016/j.jhep.2023.06.003.

⁴ Younossi ZM, Kalligeros M, Henry L. [Epidemiology of metabolic dysfunction-associated steatotic liver disease](#). Clin Mol Hepatol. 2025;31(Suppl): S32-S50. doi.org/10.3350/cmh.2024.0431.

⁵ [Global status report on alcohol and health 2018](#). Geneva: World Health Organization; 2018 (accessed 25 March 2026).

liver disease and liver cancer, as well as rising demand for specialized care, with serious implications for health systems worldwide;⁶

Noting with concern the increasing prevalence of steatotic liver disease among children and adolescents, particularly in association with rising rates of childhood obesity, unhealthy dietary patterns and physical inactivity, which may lead to long-term consequences for health, human capital and sustainable development, particularly in resource constrained settings;

Recognizing that steatotic liver disease has substantial economic consequences, associated with increased healthcare expenditures, as well as the possible reduction of productivity and long-term disability, which places additional burden on health systems and disproportionately affects populations, including those facing limited access to affordable and equitable care and to health-promoting environments, thereby exacerbating existing health inequities;

Noting the underrecognition, underdiagnosis, and limited availability of data of steatotic liver disease within national health systems and globally, which hinders timely prevention, early detection and treatment, thereby exacerbating existing health inequities, particularly in developing countries;

Noting also that limited awareness of steatotic liver disease among policy-makers, health professionals and the public contributes to underdiagnosis, late presentation, limited integration within noncommunicable disease programmes and challenges in resource allocation;

Recalling United Nations General Assembly resolution 68/300 (2014) and, in particular, United Nations General Assembly resolution 70/1 (2015) on transforming our world: the 2030 Agenda for Sustainable Development, which includes Sustainable Development Goal target 3.4 to, by 2030, reduce premature mortality from noncommunicable diseases by one third through prevention and treatment against a baseline of 2015;

Recalling also, as appropriate, the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, adopted through United Nations General Assembly resolution 73/2 (2018), which called for intensified actions on noncommunicable disease prevention and control and the shared risk factors, and emphasized the urgency of accelerating the implementation of evidence-based, cost-effective interventions, strengthening accountability and monitoring, and advancing equity-focused integrated health responses;

Recalling, as appropriate, the political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being, adopted through United Nations General Assembly resolution 80/117 (2025), which commits Member States to take actions towards preventing liver cancer and other liver diseases, including through scaling up hepatitis B and C prevention, diagnosis and treatment, hepatitis B vaccination, strengthening monitoring for early detection of liver cancer, and improving survival, as well as strengthening screening and management for non-alcoholic fatty liver disease, referred to in the context of this resolution as steatotic liver disease;

Recalling, as appropriate, decision WHA72(11) (2019) on follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control

⁶ Estes C, Razavi H, Loomba R, Younossi ZM, Sanyal AJ. [Modeling the epidemic of nonalcoholic fatty liver disease demonstrates an exponential increase in burden of disease](https://doi.org/10.1002/hep.29466). *Hepatology*. 2018; 67(1), 123–133. doi.org/10.1002/hep.29466.

of non-communicable diseases, which confirmed the objectives of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020⁷ as a contribution towards the achievement of Sustainable Development Goal target 3.4, and extended its implementation to 2030 in alignment with the 2030 Agenda for Sustainable Development;

Recalling also, as appropriate, the political declaration of the high-level meeting on universal health coverage, adopted through United Nations General Assembly resolution 74/2 (2019), which included the commitment to progressively cover one billion additional people by 2023 with quality essential healthcare services and safe, effective, affordable and quality essential medicines, vaccines, diagnostics and health technologies, with a view to covering all people by 2030, and the political declaration of the high-level meeting on universal health coverage, adopted through United Nations General Assembly resolution 78/4 (2023), which reaffirmed the importance of integrated health responses, and the commitment to leave no one behind;

Emphasizing the importance of life-course approaches, primary healthcare, and universal health coverage as enablers for effective health promotion, prevention, and management of steatotic liver disease within the broader noncommunicable diseases agenda;

Recognizing the need to invest in research and innovation, including digital health solutions, public health measures on health promotion and disease prevention, within a common noncommunicable disease risk factors approach, timely diagnostics, and evidence-based and cost-effective interventions, that take into account heterogeneity of steatotic liver disease, together with strengthened health information systems, to improve national and global responses to steatotic liver disease, in line with individual and population health needs;

Emphasizing also the need for integrated, evidence-based, whole of government and whole-of-society approaches to the prevention and control of steatotic liver disease, including policies to promote healthy diets, increase physical activity, reduce excessive levels of saturated fats and free sugars, alcohol strategies, interventions and policies in line with the WHO global alcohol action plan 2022–2030 to effectively implement global strategies to reduce harmful use of alcohol as a public health priority, while addressing the social and environmental determinants of health and the impact of economic, commercial and market factors in health through coherent and multisectoral policy actions, in line with national priorities and capacities;

Recognizing the importance of the ongoing work of WHO, in collaboration with Member States and relevant stakeholders, to support evidence-based and cost-effective actions on noncommunicable diseases and metabolic conditions, and its relevance for steatotic liver disease prevention and control within these efforts,

1. ENCOURAGES Member States:⁸

- (1) to take actions on steatotic liver disease, in accordance with national contexts and priorities, and consistent with existing commitments under the relevant United Nations political declarations on noncommunicable diseases and universal health coverage;
- (2) to integrate, or where already in place, continue to integrate steatotic liver disease into national noncommunicable diseases strategies, action plans and monitoring

⁷ See document WHA66/2013/REC/1, resolution WHA66.10 and Annex 4.

⁸ And, where applicable, regional economic integration organizations.

frameworks, ensuring policy coherence and alignment with commitments to accelerate efforts towards achieving Sustainable Development Goal target 3.4 by 2030, as appropriate, to national epidemiological and health system contexts;

- (3) to strengthen multisectoral action addressing shared risk factors of steatotic liver disease and other noncommunicable diseases, including through legislative and regulatory measures that promote healthy diets, increase physical activity, reduce excessive levels of saturated fats and free sugars, alcohol strategies, interventions and policies in line with the WHO global alcohol action plan 2022–2030 to effectively implement global strategies to reduce harmful use of alcohol as a public health priority, and as appropriate, the application of WHO best buy interventions;⁹
- (4) to incorporate, or continue to undertake, health promotion, and steatotic liver disease prevention, screening, early detection, diagnosis and management into essential healthcare service packages within universal health coverage, with a focus on primary healthcare, equity and access, and phased implementation based on national capacity;
- (5) to increase awareness and education initiatives on steatotic liver disease among policy-makers, health professionals and the public, reducing stigma and empowering people and communities to adopt healthier lifestyles;
- (6) to develop, as appropriate, national investment cases for steatotic liver disease within the broader noncommunicable disease agenda, highlighting the economic burden, health inequities and return on investment of prevention and control measures;
- (7) to strengthen national surveillance, monitoring and accountability mechanisms for steatotic liver disease, as well as national reporting, in alignment with existing noncommunicable disease frameworks and Sustainable Development Goal processes, while avoiding duplication of systems;
- (8) to strengthen health systems, particularly through primary healthcare, to ensure universal access to affordable, high-quality and comprehensive healthcare services for people living with steatotic liver disease, with particular attention to children;
- (9) to continue to invest in research and innovation, including digital health solutions and cost-effective tools for steatotic liver disease screening, prevention, diagnosis and management, with the aim of addressing individual and population health needs, and to enhance equitable access to affordable, safe, effective and quality-assured diagnostics, therapeutics and technologies, respecting international rules and national rules in line therewith;
- (10) to foster collaboration among policy-makers, governmental health and research authorities, academic institutions, clinicians, patient organizations, the private sector and civil society, taking into account the need to prevent conflicts of interest, to advance comprehensive actions on steatotic liver disease prevention and control, promote knowledge-sharing and innovation, strengthen accountability, and ensure that such collaboration is consistent with global actions on noncommunicable diseases, national health priorities, and the 2030 Agenda for Sustainable Development;

⁹ [Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, second edition](#). Geneva: World Health Organization; 2024 (accessed 25 March 2026).

(11) to raise awareness regarding steatotic liver disease and its risk factors within relevant multilateral forums, to ensure sustained and concrete political attention, and explore ways to integrate steatotic liver disease into health policies and programmes, in line with national strategies and priorities;

(12) to regularly assess, where applicable, the implementation of national action plans for noncommunicable diseases including steatotic liver disease and, to the extent possible, review their contribution to the implementation of global and regional action plans related to noncommunicable diseases;

2. REQUESTS the Director-General:

(1) to integrate steatotic liver disease within the broader context of noncommunicable diseases prevention, early detection and management, and to strengthen ongoing multisectoral collaboration on steatotic liver disease through a whole-of-society approach, including through the implementation of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 and its road map;

(2) to provide, in line with WHO's Fourteenth General Programme of Work, 2025–2028, and prioritized functions, technical support to Member States, upon request, to strengthen integrated steatotic liver disease services within current healthcare service delivery models, workforce capacity, surveillance systems and referral pathways, with particular attention to developing countries and populations at higher risk;

(3) to support Member States by promoting the use of existing WHO guidance and operational tools relevant to steatotic liver disease, and facilitating their integration across relevant technical areas, as appropriate;

(4) to integrate steatotic liver disease into ongoing efforts to strengthen global, regional and national collaboration with relevant partners, academic institutions and civil society, in line with Framework of Engagement with Non-State Actors, as applicable, to mobilize resources, foster research and innovation, promote equitable access to diagnostics, medicines and digital tools, and to facilitate the exchange of technologies for noncommunicable diseases and relevant to steatotic liver disease, respecting international rules;

(5) to continue exercising WHO's leadership and coordination, within existing WHO mandates, in noncommunicable disease prevention and control including through WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030, the WHO strategic approach to address cardiometabolic condition and other frameworks, as appropriate, across relevant WHO programmes;

(6) to report biennially on the implementation of this resolution to the World Health Assembly through the report submitted in response to decision WHA72(11) (2019) on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, adopted through United Nations General Assembly resolution 73/2 (2018), which will also cover the outcome of the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and the promotion of mental health and well-being, on the progress made in addressing steatotic liver disease as part of the global noncommunicable disease agenda.

Agenda item 12.1**Follow-up to the political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being**

The Seventy-ninth World Health Assembly, having considered the consolidated report by the Director-General,¹⁰

Decided:

- (1) to welcome the political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being and to request the Director-General to provide support to Member States for its implementation;
- (2) to request the Director-General to report, through the Executive Board and until 2031, on the progress made in implementing the political declaration of the fourth high-level meeting, as part of the consolidated annual report on the progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health, pursuant to decisions WHA72(11) (2019) and WHA78(11) (2025).

¹⁰ Document A79/5.

Agenda item 12.1**Global action to advance health equity for people with haemophilia and other bleeding disorders**

The Seventy-ninth World Health Assembly,

Having considered the report by the Director-General;¹¹

Noting that bleeding disorders, particularly inherited bleeding disorders, represent a group of disorders that are caused by absence or low levels of one or more proteins critical to the blood clotting process, and that they can affect both men and women;

Noting also that the most common types of bleeding disorders are haemophilia and von Willebrand disease, and that other clotting factor deficiencies include factor I (fibrinogen), factor II (prothrombin), factor V, a combined deficiency of factors V and VIII, factor VII, factor X, factor XI and factor XIII, in addition to inherited platelet disorders;

Recognizing the significant underdiagnosis of bleeding disorders, with only 34% of the expected number of people with haemophilia identified globally, and even greater disparities reported in diagnosis rates for people with von Willebrand disease, which has an estimated prevalence of 1 in 1000 individuals, and other bleeding disorders;

Recognizing also that women and girls with bleeding disorders face even greater challenges in accessing care, including biases in symptom assessment, longer diagnostic delays, underrepresentation in clinical trials and research programmes, societal stigma and challenges in accessing treatment, negatively impacting their physical health and quality of life, as women and girls with bleeding disorders may experience heavy menstrual bleeding, increased risk of anaemia, iron deficiency, and bleeding during pregnancy and childbirth; and greater challenges in accessing sexual and reproductive healthcare services, and therefore emphasizing the need to introduce an inclusive approach, including mainstreaming gender-sensitive and age-appropriate measures into the prevention and treatment of haemophilia and other bleeding disorders to adequately address the specific health risks and needs of women and men of all ages, giving particular attention to the impact of haemophilia and other bleeding disorders on women in all settings;

Recognizing further the shared clinical, diagnostic and health system challenges faced by individuals living with inherited bleeding disorders and the need for integrated approaches that enhance equitable access to diagnosis, treatment and comprehensive care for all affected populations;

Acknowledging that the internationally recognized standard of care for haemophilia is prophylaxis and home treatment to prevent bleeding and reduce negative impacts on physical and mental health; whereas if left untreated recurrent bleeding could result in musculoskeletal complications and permanent joint damage, disability and premature mortality, as well as an increased burden on health systems with greater need for hospitalizations and management of complications resulting from delayed treatment;

Acknowledging also that despite significant innovations in treatment for haemophilia in recent years, over 70% of this population continues to have inadequate or no access to treatment

¹¹ Document A79/5.

globally, with disparities in diagnosis and care persisting across regions and resource settings, as well as by sex and type of bleeding disorder;

Recognizing that people with haemophilia and other bleeding disorders and their caregivers can experience a negative psychosocial impact, including isolation, stigmatization or discrimination, and adverse economic impact, including reduced access to education and employment, overall resulting in a broader societal cost, and recognizing that these impacts are often intensified by the absence, limited scope or poor implementation of dedicated policies and social support;

Reaffirming the importance of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 for an integrated approach to the prevention and control of noncommunicable diseases;

Recalling the United Nations Sustainable Development Goals, established pursuant to United Nations General Assembly resolution 66/288 (2012), specifically Goal 3 (Ensure healthy lives and promote well-being for all at all ages), target 3.4 (By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being) and target 3.8 (Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all), and Goal 5 (Achieve gender equality and empower all women and girls), in particular target 5.6 (Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences);

Recalling also the United Nations political declaration of the high-level meeting on universal health coverage (2019), and the political declaration of the high-level meeting on universal health coverage (2023), reiterating the commitment to ensure that no one is left behind;

Recalling further the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2018), specifically paragraph 28, which reaffirmed the right of everyone to the enjoyment of the highest attainable standard of physical and mental health across the life course, in respecting human rights obligations and addressing the specific health needs of children, women, older persons, persons with disabilities and others who are more vulnerable to noncommunicable diseases; paragraph 35, calling to strengthen health systems and reorient them towards the achievement of universal health coverage and improvement of health outcomes, and high-quality, integrated and people-centred primary and specialized health services for the prevention, screening and control of noncommunicable diseases; and paragraph 36, calling to promote increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies;

Recalling United Nations General Assembly resolution 76/132 (2021) on addressing the challenges of persons living with a rare disease and their families, which paved the way for greater integration of rare diseases into the agenda and priorities of the United Nations system;

Recalling also resolution WHA63.12 (2010) on availability, safety and quality of blood products and the recent inclusion of several medicines for haemophilia and von Willebrand disease treatment on the WHO Model List of Essential Medicines, recognizing access to these essential medicines as a public health priority;

Recalling further resolution WHA76.5 (2023) on strengthening diagnostics capacity, which stressed the importance of diagnostic services for healthcare service delivery, ranging from prevention to treatment;

Recalling resolution WHA77.2 (2024) on social participation for universal health coverage, health and well-being, which called for regular and transparent social participation to ensure transparent decision-making for health across the policy cycle, at all levels of the system;

Recalling also resolution WHA78.11 (2025) on rare diseases: a global health priority for equity and inclusion, which requested the Director-General to develop a comprehensive 10-year global action plan on rare diseases, with measurable targets to guide progress towards equity, inclusion and access to care for all affected individuals;

Recognizing the role of WHO to demonstrate leadership and coordination of effective global action to advance health equity for people with haemophilia and other bleeding disorders, as part of WHO's larger public health impact and the strategic goal of providing health as outlined in the Fourteenth General Programme of Work, 2025–2028,

1. URGES Member States, taking into account national context and priorities and available resources and capacities:

- (1) to enhance, where relevant, within policies and responses related to national noncommunicable diseases, primary health, maternal and neonatal health, sexual and reproductive health and universal health coverage, the management of haemophilia and other inherited bleeding disorders, including early gender-sensitive and evidence-based diagnosis, equitable access to safe, effective and affordable treatment, multidisciplinary care and the development of evidence-based national clinical guidelines;
- (2) to strengthen health systems to increase capacity in identification and diagnosis, and clinical management of haemophilia and other bleeding disorders, by including relevant competencies in education and lifelong learning of health workers, by training, as appropriate and in particular, non-specialist healthcare providers in primary healthcare settings on basic management of bleeding disorders; ensuring timely referral to specialized haemophilia treatment centres; and, where feasible, by strengthening coordination among these specialized haemophilia treatment centres, already established in many Member States, with multidisciplinary teams providing comprehensive care services, with an efficient referral system in place;
- (3) to enhance equitable access to safe, effective and affordable medicines and to early treatment interventions, such as prophylaxis and home treatment programmes for people with haemophilia and other bleeding disorders, and to consider the inclusion of essential medicines for haemophilia and other bleeding disorders on national lists of essential medicines, as well as to promote predictable supply chains and explore financing mechanisms for these medicines, including factor concentrates, non-factor replacement therapies and other novel emerging therapies;
- (4) to strengthen national data collection systems to facilitate epidemiological, treatment and health outcomes surveillance, and monitoring and evaluation of existing haemophilia and other bleeding disorder programmes and responses, to better inform national policies and strategies and clinical practice;

- (5) to implement effective programmes that promote mental health and psychosocial support, including for persons living with haemophilia and other bleeding disorders, as well as policies and initiatives that enhance the well-being of their families;
- (6) to promote public awareness of and education about haemophilia and other bleeding disorders to foster greater understanding, promote global solidarity and reduce the misconceptions and stigmatization regarding bleeding disorders, including their impact on women and girls, that are widespread in certain regions;
- (7) to empower people living with bleeding disorders, local communities and organizations that represent them, through engagement and consultative mechanisms in care planning and service delivery, and in policy and legislation development, programme implementation, advocacy, research, and monitoring and evaluation;
- (8) to recognize World Haemophilia Day, celebrated on 17 April, as a day dedicated to haemophilia and all bleeding disorders, and to take appropriate measures within existing resources to continue to celebrate this day and raise awareness of bleeding disorders, in collaboration with local civil society actors and other relevant stakeholders;

2. REQUESTS the Director-General:

- (1) to assess and map existing WHO guidance and recommendations related to haemophilia and other bleeding disorders and develop, in collaboration with Member States, and in consultation with non-State actors, in line with the WHO Framework of Engagement with Non-State Actors, as applicable, and persons living with haemophilia and other bleeding disorders, recommendations for Member States on addressing gaps in strengthening the implementation of policies for haemophilia and other bleeding disorders, where relevant, within policies and responses related to national noncommunicable diseases, primary health, maternal and neonatal health and hygiene, menstrual health and universal health coverage, including early gender-sensitive and evidence-based diagnosis; and on enhancing equitable access to safe, effective and affordable treatment, and multidisciplinary care, taking into account adequate, predictable and sustainable domestic and international financing and national context and priorities, and to submit these recommendations to the Eighty-first World Health Assembly for its consideration in 2028, through the Executive Board at its 163rd session;
- (2) to recognize World Haemophilia Day, celebrated on 17 April, as a day dedicated to haemophilia and all bleeding disorders; to support relevant initiatives, in line with the global agenda for the prevention and control of noncommunicable diseases, by Member States and relevant stakeholders; and to consider taking appropriate measures to continue celebrating this day;
- (3) to report biennially on the implementation of the present resolution to the Health Assembly, as part of the global agenda for the prevention and control of noncommunicable diseases.

Agenda item 14.5**Public health implications of the unprovoked attacks by the Islamic Republic of Iran on civilians and essential civilian infrastructure in Gulf Cooperation Council countries and Jordan**

The Seventy-ninth World Health Assembly,

Having considered the report by the Director-General;¹²

Noting the role of WHO, within its mandate, as the directing and coordinating authority on international health work, and recalling the Constitution of the World Health Organization, including its principles relating to the health of all peoples and international cooperation in health;

Recalling also the obligations of all Member States under the Charter of the United Nations to settle international disputes by peaceful means and to refrain from the threat or use of force against the territorial integrity or political independence of any State;

Recalling also applicable rules of international human rights law, including the right to life and the right to security of persons, and applicable rules of international humanitarian law, emphasizing the obligation of all parties to armed conflict to respect and protect civilians and civilian objects, including medical personnel, healthcare facilities and objects indispensable to the survival of the civilian population;

Recognizing that health is a state of complete physical, mental and social well-being, and reaffirming the human right to the enjoyment of the highest attainable standard of physical and mental health;

Recalling United Nations Security Council resolution 2817 (2026), which condemns attacks by the Islamic Republic of Iran targeting civilian objects and highlights their implications for international peace and security;

Recalling further Human Rights Council resolution 61/1 (2026) on the human rights implications of the attacks by the Islamic Republic of Iran against Gulf Cooperation Council countries and Jordan, which condemns the human rights violations resulting from attacks targeting civilians and critical civilian infrastructure, including airports, ports, energy facilities, desalination plants, residential areas and objects necessary for food production and distribution, and which further recognizes that disrupted shipping flows through the Strait of Hormuz affect the supply of food, fertilizers, and the availability of essential health commodities on which populations depend;

Recalling in this regard United Nations General Assembly resolution 64/292 (2010), which recognizes the right to safe and clean drinking water as a human right that is essential for the full enjoyment of life and all human rights, and Human Rights Council resolution 15/9 (2010), which affirms that the right to safe drinking water is inextricably related to the right to the highest attainable standard of physical and mental health, as well as the right to life and human dignity;

Recalling also relevant World Health Assembly resolutions, including resolutions WHA64.24 (2011), WHA72.7 (2019) and WHA74.16 (2021), which underscore the critical importance of access

¹² Document A79/32 (oral update).

to safe water as a fundamental determinant of health and as essential infrastructure for the functioning and resilience of health systems;

Recalling also United Nations Security Council resolution 2573 (2021), which expresses concern that the destruction of objects indispensable to the survival of the civilian population can reduce or deprive civilians of access to healthcare, water, sanitation and energy;

Recalling the right to free navigation in international waters and sea lanes and underscoring the importance of maritime security in the Gulf region for global stability;¹³

Recalling the International Health Regulations (2005), which emphasize the need to avoid unnecessary interference with international traffic and trade, including maritime navigation, while protecting public health;

Acknowledging that the functioning of health facilities depends critically on the reliable operation of interconnected systems, including water, energy and supply chains, for supporting life-saving equipment, intensive care, surgical procedures, diagnostic systems and cold-chain maintenance for vaccines and biological products;

Recognizing that international maritime routes, air transport systems and port operations constitute essential lifelines for the timely and equitable delivery of medicines, vaccines, medical products and other health commodities, as well as food and fuel, necessary for the functioning of health systems;

Recognizing that the Strait of Hormuz constitutes a critical lifeline for the Arab Gulf countries, including for the transport of essential health supplies, and that disruptions to maritime navigation through the Strait may affect the continuity of health services and access to essential medical products;

Recognizing that a significant portion of global energy supplies, including oil and natural gas, passes through the Strait of Hormuz, the disruption of which may affect global energy flows, and in turn, increase operating costs and financial burden on health systems globally, with direct implications on the resilience of health systems and sustainability of health financing;

Deeply concerned about civilian casualties resulting from the Iranian attacks against Gulf Cooperation Council countries and Jordan, including deaths and injuries among children, as well as disruptions to health services, including the suspension or delay of surgical procedures;

Deeply concerned about the mental health and psychosocial consequences of the Iranian attacks against the populations in Gulf Cooperation Council countries and Jordan;

Expressing concern about the reported suspension of regional cooperation programmes on organ transplantation among Gulf Cooperation Council Member States, and the resulting impact on access to life-saving transplant services;

Expressing concern that disruptions to water production systems, including desalination plants, may lead to shortages of safe drinking water, thereby increasing the risk of communicable diseases and undermining hygiene, sanitation and infection prevention and control measures;

¹³ United Nations Security Council resolution 552 (1984).

Expressing concern that damage to, or disruption of, energy infrastructure may lead to electricity interruptions, thereby compromising the safety and continuity of health services, including for patients receiving care outside healthcare settings, and those dependent on home-based medical devices such as oxygen concentrators, ventilators, infusion pumps and home dialysis equipment;

Expressing concern that disruptions affecting critical maritime routes and energy flows, including through the Strait of Hormuz, have broader systemic implications for global health systems, particularly through their impact on the availability, accessibility and affordability of essential health commodities;

Recalling the role of WHO in supporting emergency logistics and response operations, including through the WHO Hub for Global Health Emergencies Logistics, particularly in contexts affected by disruptions to transport and supply chains;

Reaffirming the constitutional role of WHO as the directing and coordinating authority on international health work, and its responsibility to support Member States in addressing the public health implications of disruptions to essential services,

1. CONDEMNS in the strongest terms the attacks by the Islamic Republic of Iran against civilians and civilian objects, including objects indispensable to the survival of the civilian population in the Gulf Cooperation Council countries and Jordan, which have resulted in deaths and injuries among civilians, including children, and damage to essential health infrastructure, including medical and healthcare facilities, water desalination plants, energy facilities, airports and ports;
2. DEPLORES the impact of these attacks on health, including mental health and psychosocial well-being;
3. CALLS UPON Member States to take appropriate measures, consistent with applicable international law, to safeguard public health, ensure health system continuity and protect population well-being, including through strengthening preparedness, risk mitigation and contingency planning, protecting infrastructure essential to water, energy and supply systems, and addressing ongoing disruptions to maritime navigation and international trade routes, including through the Strait of Hormuz, in order to safeguard global health supply chains and ensure the availability, accessibility and safe transport of essential health commodities;
4. REQUESTS the Director-General:
 - (1) to conduct a comprehensive global assessment on the availability, accessibility and affordability of health services, medicines, vaccines and essential health commodities, including the implications for progress towards the Sustainable Development Goals, particularly in low- and middle-income countries, arising from disruptions to critical maritime routes and the resulting increases in energy and transport costs, in consultation and cooperation with Member States, as appropriate, and to report thereon to the Eightieth World Health Assembly through the Executive Board at its 160th session;
 - (2) to report, within the context of WHO's work in health emergencies, including through relevant WHO hubs, on the impact of the Islamic Republic of Iran's attacks on the mental health of the populations of affected countries, as well as on the impact of disruptions to supply chains, and delays and impediments in the timely delivery of humanitarian medical

supplies, including in conflicts and humanitarian settings, and to submit a report on these findings to the Executive Board at its 160th session and to the Eightieth World Health Assembly;

(3) to develop evidence-based recommendations and provide technical guidance, as appropriate, to strengthen the resilience of health systems and global health supply chains, including preparedness for disruptions affecting essential infrastructure, in support of universal health coverage;

5. CALLS UPON Member States and the international community to strengthen cooperation to safeguard the continuity, availability, accessibility and affordability of essential health commodities, including medicines, vaccines and diagnostic technologies, and to enhance the resilience of global health supply chains, in support of global health security and the achievement of the Sustainable Development Goals.
