World Health Organization

Seventy-ninth World Health Assembly

23 May 2026 (Draft) A79/42

Fourth report of Committee B

(Draft)

Committee B held its seventh meeting on 23 May 2026, chaired by Dr Kwabena Mintah Akandoh (Ghana) and Mr Bonanza Perwira Taihitu (Indonesia).

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

Promote health

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

15.3 The health of Indigenous Peoples

One decision entitled:

– Draft global plan of action for the health of Indigenous Peoples

15.2 Well-being and health promotion

One resolution entitled:

– Radiation and health: strengthening global protection, preparedness and response

15.5 Draft strategy on the economics of health for all

One decision entitled:

– Economics of health for all

Agenda item 15.3

Draft global plan of action for the health of Indigenous Peoples

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

Decided to defer consideration of the draft global plan of action for the health of Indigenous Peoples to the Eightieth World Health Assembly in 2027, through the Executive Board at its 160th session, in order to allow additional time for further consultations with Member States, Indigenous Peoples, relevant United Nations and multilateral system agencies, civil society organizations, academic institutions and other stakeholders.

[1] Document A79/5.

Agenda item 15.2

Radiation and health: strengthening global protection, preparedness and response

The Seventy-ninth World Health Assembly,

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

Noting previous resolutions on WHO's mandate in matters related to radiation and health, including radiation protection in medicine;[3] radiation emergency preparedness and response;[4] environmental health, especially the factors of ultraviolet radiation[5] and radon;[6] and the effects of nuclear war on public health;[7]

Recognizing the widespread global exposure to both ionizing and non-ionizing radiation from environmental, occupational and medical sources, as well as potential exposure from emergency situations;

Acknowledging health risks associated with radiation exposure, including short-term and long-term radiation-induced effects in existing, planned and emergency situations, particularly for children and pregnant women, as well as the non-radiological health impacts of radiation emergencies;

Highlighting the importance of strengthening the health sector's capacity to respond to radiation emergencies;

Recognizing WHO's work in providing international leadership in the field of non-ionizing radiation and human health by providing evidence-based reviews and guidance on public health policy;

Recognizing also that natural sources of radiation – such as solar ultraviolet radiation and naturally occurring radioactive material and radon gases – are significant contributors to cancer risk, and recognizing that, while effective preventive interventions exist to mitigate these health risks, there may remain a need for increased investment and strengthened public communication and awareness raising campaigns;

Acknowledging the rapid emergence of new medical technologies, including the combined use of ionizing and non-ionizing radiation with innovations such as artificial intelligence and digital clinical trials, and recognizing the need to ensure radiation safety in healthcare while strengthening medical imaging capacity;[8]

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[2] Document A79/5.

[3] See resolutions WHA13.56 (1960) and WHA24.31 (1971).

[4] See resolutions WHA55.16 (2002) and WHA61.2 (2008).

[5] See resolutions WHA51.29 (1998) and WHA78.15 (2025).

[6] See resolutions WHA70.12 (2017) and WHA78.5 (2025).

[7] See resolution WHA78.28 (2025).

[8] See resolution WHA78.13 (2025).

Recognizing the increasing use of radiopharmaceuticals in medical diagnostics and treatment, and underscoring the importance of ensuring their safe production, handling, administration and disposal as part of broader efforts to protect public health from radiation-related risks;

Affirming WHO's principal role in providing guidance on radiation and health, in collaboration with FAO, IAEA, ILO, ITU, UNEP, the United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR), WMO and other relevant international partners, such as the International Commission on Non-Ionizing Radiation Protection and the International Commission on Radiological Protection, and in fostering collaboration between radiation regulators, health authorities and other competent bodies, to strengthen the implementation of radiation safety standards;

Noting the need for an integrated global approach to advance the public health agenda on both ionizing and non-ionizing radiation and health, including health risk assessment, research prioritization, and strengthened public communication and awareness-raising on radiation and health matters,

1. URGES Member States,[9] taking into account their national context and circumstances:

(1) to strengthen national strategies, legislation, institutional frameworks and capacities for radiation protection and health risk management, including preparedness and response to radiation emergencies, integration into national health emergency frameworks, and long-term monitoring and mental health support;

(2) to ensure the integration of interventions addressing radiation-related health risks into broader public health policies and programmes;

(3) to ensure the safety and quality of medical uses of radiation, including imaging, radiotherapy and radiopharmaceuticals, through health workforce training, equipment regulation and quality assurance systems, and to promote equitable access to radiation-based technologies, particularly in low-resource settings;

(4) to strengthen national systems for monitoring public, workers' and patients' exposures to ionizing and non-ionizing radiation, including radon, ultraviolet radiation, electromagnetic fields and medical sources, and to participate in UNSCEAR global surveys of medical, occupational and public ionizing radiation exposure;

(5) to promote public education, risk communication and awareness-raising strategies to reduce harmful exposure and improve understanding of radiation and health issues;

(6) to promote international cooperation, including the sharing of national experiences and best practices on radiation and health, through WHO platforms and networks, and in collaboration with relevant international partners;

2. REQUESTS the Director-General:

(1) to undertake a global mapping of relevant actors and initiatives, including their mandates and roles in matters related to radiation and health, highlighting in particular

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

WHO's mandate and identifying potential gaps, to advance the public health agenda on radiation protection and emergency preparedness and response, in consultation with Member States and in collaboration with relevant international organizations, non-State actors in official relations with WHO, and WHO collaborating centres;

(2) to continue WHO's normative public health role by developing, disseminating and regularly updating guidance on global standards and technical tools for radiation protection and emergency preparedness and response;

(3) to continue providing technical support to Member States, upon request, in developing and strengthening national public health strategies, legislation, policies and institutional capacities for assessing, managing and communicating radiation risks from existing, planned and accidental exposures;

(4) to continue promoting research on and surveillance of radiation-related health outcomes, including those arising from emerging technologies;

(5) to continue collaboration, through existing WHO initiatives and networks, with relevant international organizations and scientific bodies, including FAO, IAEA, ILO, ITU, UNEP, UNSCEAR, WMO and other relevant international partners, such as the International Commission on Non-Ionizing Radiation Protection and the International Commission on Radiological Protection, to harmonize standards, share data and strengthen global coordination on radiation and health;

(6) to report on progress in the implementation of the present resolution, including on the mapping and gaps analysis, to the Eighty-first World Health Assembly in 2028, and to recommend further action as appropriate.

Agenda item 15.5

Economics of health for all

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

Decided:

(1) to adopt the strategy on the economics of health for all;

(2) to request the Director-General to report on progress made in the implementation of the strategy, together with progress made in the implementation of resolution WHA77.13 (2024), to the Eighty-first and Eighty-third World Health Assemblies in 2028 and 2030, respectively.

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[10] Documents A79/5 and A79/5 Add.1.