

Fifth report of Committee A

Committee A held its eleventh and twelfth meeting on 21 May 2010 under the chairmanship of Dr Masato Mugitani, Japan.

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

11. Technical and health matters

11.7 Birth defects

One resolution as amended

11.12 Viral hepatitis

One resolution as amended

11.4 Monitoring of the achievement of the health-related Millennium Development Goals

One resolution as amended entitled

– WHO HIV/AIDS strategy for 2011–2015

11.14 Chagas disease: control and elimination

One resolution as amended

11.19 WHO's roles and responsibilities in health research

One resolution as amended

11.21 Human organ and tissue transplantation

One resolution as amended

11.6 Infant and young child nutrition

One resolution as amended

11.23 Treatment and prevention of pneumonia

One resolution as amended entitled:

- Accelerating progress towards achievement of Millennium Development Goal 4 to reduce child mortality: prevention and treatment of pneumonia

11.20 Counterfeit medical products

One decision as amended entitled

- Substandard/spurious/falsely-labelled/falsified/counterfeit medical products

11.18 Strategic Approach to International Chemicals Management

Two resolutions as amended entitled

- Improvement of health through safe and environmentally sound waste management
- Improvement of health through sound management of obsolete pesticides and other obsolete chemicals

11.22 Strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services

One resolution

11.3 Public health, innovation and intellectual property: global strategy and plan of action

One resolution entitled

- Establishment of a consultative expert working group on research and development: financing and coordination

Agenda item 11.7**Birth defects**

The Sixty-third World Health Assembly,

Having considered the report on birth defects;¹

Concerned by the high number of stillbirths and neonatal deaths occurring worldwide and by the large contribution of neonatal mortality to under-five mortality;

Recognizing the importance of birth defects as a cause of stillbirths and neonatal mortality;

Mindful that effective interventions to prevent birth defects including provision of appropriate community genetic services within the primary health care are available that can be integrated into maternal, reproductive and child health services as well as interventions to limit exposure to risk factors for birth defects;

Concerned by the inadequate coverage of maternal, newborn and child health interventions and the barriers to access to health services that still exist in countries with the highest burden of maternal, newborn and child deaths;

Aware that the attainment of Millennium Development Goal 4 (Reduce child mortality) will require accelerated progress in reducing neonatal mortality including prevention and management of birth defects;

Recognizing that the lack or inadequacy of vital registration systems in developing countries, and inaccurate records of the causes of death, are major barriers to estimating the size of public health problems attributable to birth defects;

Recalling resolution WHA58.31, in which the Health Assembly, calling for universal coverage of maternal, newborn and child health interventions, urged Member States to commit resources and to accelerate national action to build a seamless continuum of care for reproductive, maternal, newborn and child health; and resolution WHA57.13 in which it was recognized that genomics has a significant contribution to make in the area of public health;

Recognizing that the prevalence of birth defects varies between communities, and that insufficient epidemiological data may hamper effective and equitable management;

Recognizing the diversity of causes and determinants of congenital disorders, including preventable factors such as infections or nutritional factors, vaccine-preventable diseases, consumption of alcohol, tobacco and drugs, and exposure to chemical substances, notably pesticides;

Deeply concerned that birth defects are not still recognized as priorities in public health;

¹ Document EB126/10.

Concerned by the limited resources dedicated to prevention and management of birth defects before and after birth in particular in middle- and low-income countries;

Welcoming the report on birth defects,

1. URGES Member States:

- (1) to raise awareness among all relevant stakeholders, including government officials, health professionals, civil society and the public, about the importance of birth defects as a cause of child morbidity and mortality;
- (2) to set priorities, commit resources, and develop plans and activities for integrating effective interventions that include comprehensive guidance, information and awareness raising to prevent birth defects, and care for children with birth defects into existing maternal, reproductive and child health services and social welfare for all individuals and effective interventions to prevent tobacco and alcohol use during pregnancy;
- (3) to promote the application of internationally recognized standards regulating the use of chemical substances in the air, water and soil;
- (4) to increase coverage of effective prevention measures including vaccination against rubella, folic acid supplementation, programme addressing tobacco and alcohol use among pregnant women and women who are trying to conceive, health education programmes that include ethical, legal and social issues associated with birth defects for the general population and high-risk groups, and by fostering the development of parent-patient organizations and establishing appropriate community genetic services;
- (5) to develop and strengthen registration and surveillance systems for birth defects within the framework of national health information systems in order to have accurate information available for taking decisions on prevention and control of these birth defects and to continue providing care and support to individuals affected by birth defects;
- (6) to develop expertise and to build capacity on the prevention of birth defects and care of children with birth defects;
- (7) to strengthen research and studies on etiology, diagnosis and prevention of major birth defects and to promote international cooperation in combating with them;
- (8) to raise awareness among all relevant stakeholders, including government officials, health professionals, civil society and the public, about the importance of newborn screening programmes and their role in identifying infants born with congenital birth defects;
- (9) to take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children and give priority to the child's well-being and support and facilitate families in their child-care and child-raising efforts;
- (10) to raise awareness among all relevant stakeholders, including government officials, health professionals, civil society and the public, about the importance of newborn screening programmes and their role in identifying infants born with birth defects;

(11) to support families who have children with birth defects and associated disabilities, and ensure that appropriate habilitation and support is provided to children with disabilities;

2. REQUESTS the Director-General:

(1) to promote the collection of data on the global burden of mortality and morbidity due to birth defects, and to consider broadening the groups of congenital abnormalities included in the classification when the International Statistical Classification of Diseases and Related Health Problems (Tenth Revision) is revised;

(2) to continue to collaborate with the International Clearinghouse for Birth Defects Surveillance and Research in order to improve collection of data on global burden of mortality and morbidity due to birth defects;

(3) to support Member States in developing national plans for implementation of effective interventions to prevent and manage birth defects within their national maternal, newborn and child health plan, strengthening health systems and primary care, including improved coverage of vaccination against diseases such as measles and rubella, of addressing tobacco and alcohol use among pregnant women and women trying to conceive, and food fortification strategies, for the prevention of birth defects, and promoting equitable access to such services;

(4) to provide support to Member States in developing ethical and legal guidelines in relation to birth defects;

(5) to support Member States in the provision of appropriate community genetic services within the primary health-care system;

(6) to promote technical cooperation among Member States, nongovernmental organizations and other relevant bodies on prevention of birth defects;

(7) to support and facilitate research efforts on prevention and management of birth defects in order to improve the quality of life of those affected by such disorders;

(8) to report on progress in implementing this resolution to the Sixty-seventh World Health Assembly, through the Executive Board, in 2014.

Agenda item 11.12

Viral hepatitis

The Sixty-third World Health Assembly,

Having considered the report on viral hepatitis;¹

Taking into account the fact that some 2000 million people have been infected by hepatitis B virus and that about 350 million people live with a chronic form of the disease;

Considering that hepatitis C is still not preventable by vaccination and around 80% of hepatitis C virus infections become a chronic infection;

Considering the seriousness of viral hepatitis as a global public health problem and the need for advocacy to governments, all parties and populations for action on health promotion, disease prevention, diagnosis and treatment;

Expressing concern at the lack of progress in the prevention and control of viral hepatitis in developing countries, in particular in sub-Saharan Africa, due to the lack of access to affordable, appropriate treatment and care as well as an integrated approach to the prevention and control measures of the disease;

Considering the need for a global approach to all forms of viral hepatitis – with a special focus on viral hepatitis B and C, which have the higher rates of morbidity;

Recalling that one route of transmission of hepatitis B and C viruses is parenteral and that the Health Assembly in resolution WHA28.72 on utilization and supply of human blood and blood products recommended the development of national public services for blood donation and in resolution WHA58.13 agreed to the establishment of an annual World Blood Donor Day, and that in both resolutions the Health Assembly recognized the need for safe blood to be available to blood recipients;

Reaffirming resolution WHA45.17 on immunization and vaccine quality which urged Member States to include hepatitis B vaccines in national immunization programmes;

Considering the need to reduce liver cancer mortality rates and that viral hepatitis are responsible for 78% of cases of primary liver cancer;

Considering the collaborative linkages between prevention and control measures for viral hepatitis and those for infectious diseases like HIV and other related sexually transmitted and bloodborne infections;

¹ Document A63/15.

Recognizing the need to reduce incidence to prevent and control viral hepatitis, to increase access to correct diagnosis and to provide appropriate treatment programmes in all regions;

Further recognizing the need for universal coverage for safe injection practices as promoted through the WHO Safe Injection Global Network (SIGN), [Kenya]

1. RESOLVES that 28 July or such other day or days as individual Member States decide shall be designated as World Hepatitis Day in order to provide an opportunity for education and greater understanding of viral hepatitis as a global public health problem, and to stimulate the strengthening of preventive and control measures of this disease in Member States;
2. URGES Member States:
 - (1) to implement and/or improve epidemiological surveillance systems and to strengthen laboratory capacity, where necessary, in order to generate reliable information for guiding prevention and control measures;
 - (2) to support or enable an integrated and cost-effective approach to the prevention, control and management of viral hepatitis considering the linkages with associated coinfection such as HIV through multisectoral collaboration among health and educational institutions, nongovernmental organizations and civil society, including measures that strengthen safety and quality and the regulation of blood products;
 - (3) to incorporate in their specific contexts the policies, strategies and tools recommended by WHO in order to define and implement preventive actions, diagnostic measures and the provision of assistance to the population affected by viral hepatitis including migrant and vulnerable populations;
 - (4) to strengthen national health systems in order to address prevention and control of viral hepatitis effectively through the provision of health promotion and national surveillance, including tools for prevention, diagnosis and treatment of viral hepatitis, vaccination, information, communication and injection safety;
 - (5) to provide vaccination strategies, infection-control measures, and means for injection safety for health-care workers;
 - (6) to use national and international resources, either human or financial, to provide technical support to strengthen health systems in order to provide local populations adequately with the most cost-effective and affordable interventions that suit the needs of local epidemiological situations;

(7) to consider, as necessary, national legislative mechanisms for the use of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights in order to promote access to specific pharmaceutical products;¹

(8) to consider, whenever necessary, using existing administrative and legal means in order to promote access to preventive, diagnostic and treatment technologies against viral hepatitis;

(9) to develop and implement monitoring and evaluation tools in order to assess progress towards reducing the burden from viral hepatitis and to guide evidence-based strategy for policy decisions related to preventive, diagnostic and treatment activities;

(10) to promote the observance of 28 July each year, or on such other day or days as individual Member States may decide, as World Hepatitis Day;

(11) to promote total injection safety at all levels of national healthcare system;

3. REQUESTS the Director-General:

(1) to establish in collaboration with Member States the necessary guidelines, strategies, time-bound goals and tools for the surveillance, prevention and control of viral hepatitis;

(2) to provide the necessary support to the development of scientific research related to the prevention, diagnosis and treatment of viral hepatitis;

(3) to improve the assessment of global and regional economic impact and estimate the burden of viral hepatitis;

(4) to support, as appropriate, resource-constrained Member States in conducting events to mark World Hepatitis Day;

(5) to invite international organizations, financial institutions and other partners to give support and assign resources in strengthening of surveillance systems, prevention and control programme, diagnostic and laboratory capacity, and management of viral hepatitis to developing countries in an equitable, most efficient, and suitable manner;

(6) to strengthen the WHO Safe Injection Global Network;

(7) to collaborate with other organizations in the United Nations system, partners, international organizations and other relevant stakeholders in enhancing access to affordable treatments in developing countries;

(8) to report to the Sixty-fifth World Health Assembly, through the Executive Board, on the implementation of this resolution.

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

Agenda item 11.4

WHO HIV/AIDS strategy for 2011–2015

The Sixty-third World Health Assembly,

Considering that the HIV epidemic still constitutes one of the foremost challenges to health and development, both in countries with generalized epidemics and in regions with concentrated epidemics affecting most at-risk groups, such as men who have sex with men, sex workers and injecting drug users;

Noting that globally HIV is the major cause of mortality among women of reproductive age and was responsible for the death of 280 000 children in 2008, thereby undermining efforts to achieve Millennium Development Goals 4 and 5;

Recognizing that the significant gains made in prevention and treatment of HIV/AIDS need to be sustained and expanded for Millennium Development Goal 6 to be achieved, including the urgent need to strengthen targeted prevention measures and achieve universal access to antiretroviral treatment, within a framework of respect for human rights, gender equality, and the reduction of stigma and discrimination;

Further recognizing the need to strengthen the linkages between prevention and treatment of HIV/AIDS and maternal and child health in order to achieve Millennium Development Goals 4 and 5;

Recalling that WHO's work on HIV/AIDS has been guided by a series of strategies endorsed by several World Health Assemblies, including resolutions WHA53.14, WHA56.30, WHA59.12 and WHA59.19;

Considering that the WHO "3 by 5" strategy, launched in 2003, which focused on expanding access to antiretroviral treatment, was developed in the context of the Global Health Sector Strategy for HIV/AIDS (2003–2007), endorsed by the Fifty-sixth World Health Assembly (WHA56.30);

Recalling that in 2006 the UN adopted the target of Universal Access to HIV prevention, treatment and care by 2010, and WHO developed the Universal Access Plan 2006–2010, welcomed by the Fifty-ninth World Health Assembly, which has guided WHO's work since then; keeping in mind the outcomes of the Second Independent Evaluation of UNAIDS (2009);

Recognizing the need for countries to sustain commitment to addressing the HIV/AIDS epidemic at all levels, including the highest political level, and to be supported in their efforts to expand the scope, improve the effectiveness and ensure the sustainability of their HIV responses so as to enable them to achieve the Millennium Development Goals;

Noting that a sustainable HIV response requires its integration into comprehensive health systems, including those for maternal, neonatal and child health, sexual and reproductive health,

tuberculosis prevention and control, harm reduction for drug users,¹ and primary health care, particularly noting that sustaining these efforts is challenging in light of the global financial crisis;

Recognizing that antiretroviral treatment programmes take a major share of total national AIDS spending in most countries, which warrants immediate attention to review and improve the performance of those programmes through early recruitment, ensuring highest adherence to medications, limiting drug resistance, and minimizing risk behaviours and enhancing the level of national spending on HIV prevention and control measures;

Expressing deep concern that the financing of HIV programmes in most developing countries relies on external financial resources contributed by donors and global health initiatives, with space for improvement in their adherence to aid effectiveness commitments; limited national financial resources, hamper the financial sustainability of HIV programmes,

1. URGES Member States:

(1) to reaffirm their commitment to achieve the internationally agreed development goals and objectives, including the Millennium Development Goals, in particular the goal to halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases and to the agreements dealing with HIV/AIDS reached at all major United Nations conferences and summits, including the 2005 World Summit and its statement on treatment, and the goal of achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development;

(1bis) to increase governments' commitment to HIV/AIDS programmes including increased efforts on prevention and to take steps to accelerate donor harmonization and adherence to aid effectiveness commitments;

(2) to incorporate, based on national contexts, the policies, strategies, programmes and interventions and tools recommended by WHO in order to implement effective HIV prevention measures, early diagnosis, treatment and care; and take further steps towards minimizing social stigmatization and discrimination which hamper access to prevention, treatment and care;

(3) to consider, whenever necessary, using existing administrative and legal mechanisms in order to promote access to affordable and cost-effective prevention, treatment and care;

(4) to integrate HIV/AIDS services into comprehensive strategies in health and other relevant sectors, including those for maternal, neonatal and child health, sexual and reproductive health, tuberculosis, harm reduction¹ and primary health care, in order to ensure sustainability and maximize efficiencies and effectiveness;

(5) to monitor closely and evaluate HIV/AIDS programmes by ensuring the completeness, accuracy and reliability of the data and use that information to improve programme efficiency;

¹ Aligned with the WHO/UNODC/UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva, WHO, 2009.

2. REQUESTS the Director-General:

(1) to take the lead in convening broad consultative processes to develop a WHO HIV/AIDS strategy for 2011–2015 which will guide the Secretariat's support to Member States in line with UNAIDS guiding policies, including the Outcome Framework¹ and aligned with broader strategic frameworks, including the Millennium Development Goals and primary health care, and which builds on the five strategic directions of the Universal Access Plan, and takes into consideration the changing international public health architecture, and reflect the Paris Declaration on Aid Effectiveness;

(2) to encourage and promote the translation of research results into efficient public health policies for HIV/AIDS;

(3) to submit to the Sixty-fourth World Health Assembly through the Executive Board a WHO HIV/AIDS strategy for 2011–2015 for its consideration and possible endorsement.

¹ UNAIDS. Joint action for results: UNAIDS Outcome Framework 2009–2011. Geneva, UNAIDS, 2010 (document UNAIDS/09.13E).

Agenda item 11.14

Chagas disease: control and elimination

The Sixty-third World Health Assembly,

Having considered the report on Chagas disease: control and elimination;¹

Recognizing that all transmission routes (namely by vectors, transfusion, organ transplantation, and by vertical and oral routes) have to be tackled, and that, in particular, domestic vectorial transmission in Latin America has to be eliminated, with the understanding that elimination means stable interruption of domestic transmission;

Expressing its satisfaction at the considerable progress achieved by countries towards the goal of eliminating Chagas disease, as recommended in resolution WHA51.14;

Underlining that 2009 marked the centenary of the description of this disease by Dr Carlos Chagas;

Recognizing the success achieved through the intergovernmental initiatives in Latin America, and acknowledging the progress made through vector-control strategies;

Recognizing the increasing number of cases of Chagas disease in countries where the disease is not endemic;

Taking into account the need for harmonization of diagnostic and treatment procedures;

Recognizing the need for the provision of appropriate medical care for people affected by Chagas disease;

Underlining the need for more effective, safe and adequate medicines, including paediatric formulations, and for better coverage and distribution of those currently available;

Recalling resolution CD49.R19 adopted by the 49th Directing Council of PAHO in 2009, which urges Members States to commit themselves to the elimination or the reduction of neglected diseases and other related poverty diseases, including Chagas disease, with the aim that disease no longer represents a public health problem;

Acknowledging the significant collaboration and support among Member States and the support of other partners and appreciating their continuous assistance,

¹ Document A63/17.

1. URGES Member States:

- (1) to reinforce efforts to strengthen and consolidate national control programmes especially in areas where Chagas disease has re-emerged, in disease-endemic and non-endemic countries and to establish them where there are none;
- (2) to establish mechanisms to ensure broad coverage of adequate control measures, including the promotion of decent and healthy living conditions, prevention and the integration of specific actions within health services based on primary care, together with strengthening community participation;
- (3) to harmonize systems and strengthen capacities for surveillance, data collection and analysis and dissemination of information;
- (4) to integrate the care of patients with acute and chronic clinical forms of Chagas disease into primary health services;
- (5) to reinforce the provision of existing treatments in disease-endemic countries with the aim of making access universal;
- (6) to promote and encourage operational research on control of Chagas disease in order:
 - (a) to interrupt transmission by domestic insect vectors through their control and elimination;
 - (b) to promote the development of medicines that are more suitable, safe and affordable;
 - (c) to promote the development of a valid and accessible test of cure;
 - (d) to reduce the risk of late complications of the infection;
 - (e) to establish systems of early detection, in particular for the detection of new infections, of congenital infections in newborns and the reactivation of the disease in immunocompromised patients;
 - (f) to optimize blood transfusion safety and screening procedures in endemic countries and to consider implementation of appropriate screening procedures in countries where the disease is not endemic;
- (7) to strengthen and harmonize public health policies to reduce the burden of Chagas disease, particularly in countries where the disease is not endemic;
- (8) to promote the development of public health measures in disease-endemic and non-endemic countries, with special focus on endemic areas, for the prevention of transmission through blood transfusion and organ transplantation, early diagnosis of congenital transmission and management of cases;
- (9) to integrate, at the primary health-care level, diagnosis and treatment of Chagas disease in patients in both acute and chronic phases of the disease;

2. REQUESTS the Director-General:

- (1) to draw attention to the burden of Chagas disease and to the need to provide equitable access to medical services for the management and prevention of the disease;
- (2) to strengthen implementation of vector-control activities in order to achieve interruption of domestic transmission of *Trypanosoma cruzi* and to promote research to improve or develop new prevention strategies;
- (3) to promote in areas endemic for Chagas disease action to detect infected donors at blood banks in order to integrate strategies for safe blood;
- (4) to provide support to the countries of the Americas in order to strengthen intergovernmental initiatives and the technical secretariat of the Pan American Sanitary Bureau as a successful form of technical cooperation among countries, and to consider an initiative for the prevention and control of Chagas disease in non-endemic regions;
- (5) to collaborate with Member States and intergovernmental initiatives with the aim of setting objectives and goals for the interruption of transmission, particularly for domestic vectorial transmission in Latin American countries;
- (6) to support the mobilization of national and international, public and private financial and human resources to ensure achievement of the goals;
- (7) to promote research related to prevention, control and care of Chagas disease;
- (8) to promote intersectoral efforts and collaboration, and facilitate networking between organizations and partners interested in supporting the development and the strengthening of Chagas disease-control programmes;
- (9) to report on progress in the elimination of Chagas disease to the Sixty-fifth World Health Assembly through the Executive Board.

Agenda item 11.19**WHO's role and responsibilities in health research**

The Sixty-third World Health Assembly,

Having considered the draft of the WHO strategy on research for health;¹

Recalling resolution WHA58.34 on the Ministerial Summit on Health Research and resolution WHA60.15 on WHO's role and responsibilities in health research;

Recognizing the contribution of research to the development of solutions to health problems and the advancement of health worldwide;

Aware that, in a rapidly changing world facing significant environmental, demographic, social and economic challenges, research will be increasingly essential for clarifying the nature and scope of health problems, and for identifying effective life-saving interventions and strategies;

Realizing the increasingly multidisciplinary and intersectoral nature of research for health improvement;

Affirming the roles and responsibilities of WHO, as the leading global health organization, in health research;

Recognizing the need to strengthen the capacity of the public sector in health research;

Acknowledging that research activities in the private and public sectors can be mutually supportive and complementary in improving health globally;

Conscious of the need to strengthen the conduct, management and coordination of WHO's activities in health research;

Cognizant of the need to better communicate WHO's research activities and results, especially to its Member States and partners;

Noting the references to research for health in resolution WHA61.21 on the Global strategy and plan of action on public health, innovation and intellectual property and relevant conclusions and recommendations of the WHO Commission on Social Determinants for Health;

Taking into account the outcomes of the Global Ministerial Forum on Research for Health (Bamako, 17–19 November 2008),

¹ Document A63/22.

1. ENDORSES the WHO strategy on research for health;
2. URGES Member States:
 - (1) to recognize the importance of research for improving health and health equity and to adopt and implement policies for research for health that are aligned with national health plans, that include the participation of all relevant sectors, public and private, that align external support around mutual priorities, and that strengthen key national institutions;
 - (2) to consider drawing on the strategy on research for health according to their own national circumstances and contexts, and as part of their overall policies on health and health research;
 - (3) to strengthen national health research systems by improving the leadership and management of research for health, focusing on national needs, establishing effective institutional mechanisms for research, using evidence in health policy development, and harmonizing and coordinating national and external support (including that of WHO);
 - (4) to establish, as necessary and appropriate, governance mechanisms for research for health, to ensure rigorous application of good research norms and standards, including protection for human subjects involved in research, and to promote an open dialogue between policy-makers and researchers on national health needs, capacities and constraints;
 - (5) to improve the collection of reliable health information and data and to maximize, where appropriate, their free and unrestricted availability in the public domain;
 - (6) to promote intersectoral collaboration and high-quality research in order to produce the evidence necessary for ensuring that policies adopted in all sectors contribute to improving health and health equity;
 - (7) to initiate or strengthen intercountry collaboration with the aim of obtaining efficiencies of scale in research through the sharing of experiences, best practices and resources, the pooling of training and procurement mechanisms, and the use of common, standardized evaluation methods for research;
 - (8) to consider, where appropriate, establishment of regional collaborating mechanisms, such as centres of excellence, in order to facilitate access by Member States to the necessary research and expertise to meet health challenges;
 - (9) to continue to pursue financing of research for health as articulated in resolution WHA58.34 on the Ministerial Summit on Health Research;
3. INVITES Member States, the health research community, international organizations, supporters of research, the private sector, civil society and other concerned stakeholders:
 - (1) to provide support to the Secretariat in implementing the research for health strategy and in monitoring and evaluating its effectiveness;
 - (2) to collaborate with the Secretariat, within the framework of the strategy, in identifying priorities for research for health, in developing guidelines relating to research for health and in the collection of health information and data;

(3) to assist the Secretariat and WHO's research partners in mobilizing enhanced resources for the identified global priorities for research for health;

(4) to pay particular attention to the research needs of low-income countries, notably in areas such as technology transfer, research workforce, and infrastructure development and the determinants of health particularly where this will contribute to the achievement of the Millennium Development Goals, health equity and better health for all and to collaborate with WHO Member States and the Secretariat to better align and coordinate the global health research architecture and its governance through the rationalization of existing global health research partnerships, to improve coherence and impact, and to increase efficiencies and equity;

(5) to support, where appropriate, technical cooperation among developing countries in research for health;

4. REQUESTS the Director-General:

(1) to provide leadership in identifying global priorities for research for health;

(2) to implement the strategy within the Organization at all levels and with partners, and in line with the references to research for health in the Global strategy and plan of action on public health, innovation and intellectual property;

(3) to improve the quality of research within the Organization;

(4) to provide adequate core resources in proposed programme budgets for the implementation of the research for health strategy;

(5) to ensure that the highest norms and standards of good research are upheld within WHO, including technical, ethical and methodological aspects and the translation into practice, use and dissemination of results and to review and align the architecture and governance of the Organization's research activities and partnerships;

(6) to provide support to Member States, upon request and as resources permit, in taking relevant actions to strengthen national health research systems and intersectoral collaborations, including capacity building in order to create a sustainable critical mass of health systems and health policy researchers in developing countries;

(7) to strengthen the role of WHO collaborating centres as a well-established, effective mechanism for cooperation between the Organization and countries in the field of research for health;

(8) to report to the Sixty-fifth World Health Assembly on the implementation of this resolution, through the Executive Board, in 2012.

Agenda item 11.21

Human organ and tissue transplantation

The Sixty-third World Health Assembly,

Having considered the report on human organ and tissue transplantation;¹

Recalling resolutions WHA40.13, WHA42.5 and WHA44.25 on organ procurement and transplantation and WHA57.18 requesting an update of the Guiding Principles on Human Organ Transplantation;

Aware of the growing magnitude and utility of human cell, tissue and organ transplantation for a wide range of conditions in low-resource as well as high-resource countries;

Committed to the principles of human dignity and solidarity which condemn the buying of human body parts for transplantation and the exploitation of the poorest and most vulnerable populations and the human trafficking that result from such practices;

Determined to prevent harm caused by the seeking of financial gain or comparable advantage in transactions involving human body parts, including organ trafficking and transplant tourism;

Convinced that the voluntary, non-remunerated donation of organs, cells and tissues from deceased and living donors helps to ensure a vital community resource;

Conscious of the extensive cross-boundary circulation of cells and tissues for transplantation;

Sensitive to the need for post-transplantation surveillance of adverse events and reactions associated with the donation, including long-term follow up of the living donor, processing and transplantation of human cells, tissues and organs as such and for international exchange of such data to optimize the safety and efficacy of transplantation,

1. ENDORSES the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation;
2. URGES Member States:²
 - (1) to implement the Guiding Principles on Human Cell, Tissue and Organ Transplantation in the formulation and enforcement of their own policies, laws and legislation regarding human cell, tissue and organ donation and transplantation where appropriate;
 - (2) to promote the development of systems for the altruistic voluntary non-remunerated donation of cells, tissues and organs as such, and increase public awareness and understanding of the benefits as a result of the voluntary non-remunerated provision of cells, tissues and

¹ Document A63/24.

² And regional economic international organizations where appropriate.

organs as such from deceased and living donors, in contrast to the physical, psychological and social risks to individuals and communities caused by trafficking in material of human origin and transplant tourism;

(3) to oppose the seeking of financial gain or comparable advantage in transactions involving human body parts, organ trafficking and transplant tourism, including by encouraging health-care professionals to notify relevant authorities when they become aware of such practices in accordance with national capacities and legislation;

(4) to promote a system of transparent, equitable allocation of organs, cells and tissues, guided by clinical criteria and ethical norms, as well as equitable access to transplantation services in accordance with national capacities, which provides the foundation for public support of voluntary donation;

(5) to improve the safety and efficacy of donation and transplantation by promoting international best practices;

(6) to strengthen national and multinational authorities and/or capacities to provide oversight, organization and coordination of donation and transplantation activities, with special attention to maximizing donation from deceased donors and to protecting the health and welfare of living donors with appropriate health-care services and long-term follow up;

(7) to collaborate in collecting data including adverse events and reactions on the practices, safety, quality, efficacy, epidemiology and ethics of donation and transplantation;

(8) to encourage the implementation of globally consistent coding systems for human cells, tissues and organs as such in order to facilitate national and international traceability of materials of human origin for transplantation;

3. REQUESTS the Director-General:

(1) to disseminate the updated Guiding Principles on Human Cell, Tissue and Organ Transplantation as widely as possible to all interested parties;

(2) to provide support to Member States and nongovernmental organizations in order to ban trafficking in material of human origin and transplant tourism;

(3) to continue collecting and analysing global data on the practices, safety, quality, efficacy, epidemiology and ethics of donation and transplantation of human cells, tissues and organs;

(4) to facilitate Member States' access to appropriate information on the donation, processing and transplantation of human cells, tissues and organs, including data on severe adverse events and reactions;

(5) to provide, in response to requests from Member States, technical support for developing national legislation and regulation on, and suitable and traceable coding systems for, donation and transplantation of human cells, tissues or organs, in particular by facilitating international cooperation;

- (6) to review the Guiding Principles on Human Cell, Tissue and Organ Transplantation periodically in the light of national experience with their implementation and of developments in the field of transplantation of human cells, tissues and organs;
- (7) to report to the Health Assembly, through the Executive Board, at least every four years on actions taken by the Secretariat, as well as by Member States, to implement this resolution.

Agenda item 11.6**Infant and young child nutrition**

The Sixty-third World Health Assembly,

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

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5, WHA49.15, WHA54.2, WHA 55.25, WHA58.32, WHA59.21 and WHA61.20 on infant and young child nutrition, and on nutrition and HIV/AIDS and the Codex Alimentarius Guidelines for use of nutrition and health claims;²

Conscious that achieving the Millennium Development Goals will require the reduction of maternal and child malnutrition;

Aware that worldwide malnutrition accounts for 11% of the global burden of disease, leading to long-term poor health and disability and poor educational and developmental outcomes; that worldwide 186 million children are stunted³ and 20 million suffer from the most deadly form of severe acute malnutrition each year; and that nutritional risk factors, including underweight, suboptimal breastfeeding and vitamin and mineral deficiencies, particularly of vitamin A, iron, iodine and zinc, are responsible for 3.9 million deaths (35% of total deaths) and 144 million disability-adjusted life years (33% of total disability-adjusted life years) in children less than five years old;

Aware that countries are faced with increasing public health problems posed by the double burden of malnutrition (both undernutrition and overweight), with its negative later-life consequences;

Acknowledging that 90% of stunted children live in 36 countries and that children under two years of age are most affected by undernutrition;

Recognizing that the promotion of breast-milk substitutes and some commercial foods for infants and young children undermines progress in optimal infant and young child feeding;

Mindful of the challenges posed by the HIV/AIDS pandemic and the difficulties in formulating appropriate policies for infant and young child feeding, and concerned that food assistance does not meet the nutritional needs of young children infected by HIV;

Concerned that in emergencies, many of which occur in countries not on track to attain Millennium Development Goal 4 and which include situations created by the effects of climate change, infants and young children are particularly vulnerable to malnutrition, illness and death;

¹ Document A63/9.

² Document CAC/GL/23.

³ World Health Statistics, May 2010.

Recognizing that national emergency preparedness plans and international emergency responses do not always cover protection, promotion and support of optimal infant and young child feeding;

Expressing deep concern over persistent reports of violations of the International Code of Marketing of Breast-milk Substitutes by some infant food manufacturers and distributors with regard to promotion targeting mothers and health-care workers;

Expressing further concern over reports of the ineffectiveness of measures, particularly voluntary measures, to ensure compliance with the International Code of Marketing of Breast-milk Substitutes in some countries;

Aware that inappropriate feeding practices and their consequences are major obstacles to attaining sustainable socioeconomic development and poverty reduction;

Concerned about the vast numbers of infants and young children who are still inappropriately fed and whose nutritional status, growth and development, health and survival are thereby compromised;

Mindful of the fact that implementation of the global strategy for infant and young child feeding and its operational targets requires strong political commitment and a comprehensive approach, including strengthening of health systems and communities with particular emphasis on the Baby-friendly Hospital Initiative, and careful monitoring of the effectiveness of the interventions used;

Recognizing that the improvement of exclusive breastfeeding practices, adequate and timely complementary feeding, along with continued breastfeeding for up to two years or beyond, could save annually the lives of 1.5 million children under five years of age;

Aware that multisectoral food and nutrition policies are needed for the successful scaling up of evidence-based safe and effective nutrition interventions;

Recognizing the need for comprehensive national policies on infant and young child feeding that are well integrated within national strategies for nutrition and child survival;

Convinced that it is time for governments, civil society and the international community to renew their commitment to promoting the optimal feeding of infants and young children and to work together closely for this purpose;

Convinced that strengthening of national nutrition surveillance is crucial in implementing effective nutrition policies and scaling up interventions,

1. URGES Member States:

- (1) to increase political commitment in order to prevent and reduce malnutrition in all its forms;
- (2) to strengthen and expedite the sustainable implementation of the global strategy for infant and young child feeding including emphasis on giving effect to the aim and principles of the International Code of Marketing of Breast-milk Substitutes, and the implementation of the Baby-friendly Hospital Initiative;

- (3) to develop and/or strengthen legislative, regulatory and/or other effective measures to control the marketing of breast-milk substitutes in order to give effect to the International Code of Marketing of Breast-milk Substitutes and relevant resolution adopted by the World Health Assembly;
- (4) to end inappropriate promotion of food for infants and young children and to ensure that nutrition and health claims shall not be permitted for foods for infants and young children, except where specifically provided for, in relevant Codex Alimentarius standards or national legislation;
- (5) to develop or review current policy frameworks addressing the double burden of malnutrition and to include in the framework childhood obesity and food security and allocate adequate human and financial resources to ensure their implementation;
- (6) to scale up interventions to improve infant and young child nutrition in an integrated manner with the protection, promotion and support of breastfeeding and timely, safe and appropriate complementary feeding as core interventions; the implementation of interventions for the prevention and management of severe malnutrition; and the targeted control of vitamin and mineral deficiencies;
- (7) to consider and implement, as appropriate the revised principles and recommendations on infant feeding in the context of HIV, issued by WHO in 2009, in order to address the infant feeding dilemma for HIV-infected mothers and their families while ensuring protection, promotion and support of exclusive and sustained breastfeeding for the general population;
- (8) to ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers¹ on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria;
- (9) to include the strategies referred to in subparagraph 1(4) above in comprehensive maternal and child health services and support the aim of universal coverage and principles of primary health care, including strengthening health systems as outlined in resolution WHA62.12;
- (10) to strengthen nutrition surveillance systems and improve use and reporting of agreed Millennium Development Goals indicators in order to monitor progress;
- (11) to implement the WHO Child Growth Standards by their full integration into child health programmes;

¹ Available online at <http://www.enonline.net/resources/6>.

(12) to implement the measures for prevention of malnutrition as specified in the WHO strategy for community-based management of severe acute malnutrition,¹ most importantly improving water and sanitation systems and hygiene practices to protect children against communicable disease and infections;

2. CALLS UPON infant food manufacturers and distributors to comply fully with their responsibilities under the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions;

3. REQUESTS the Director-General:

(1) to strengthen the evidence base on effective and safe nutrition actions to counteract the public health effects of the double burden of malnutrition, and to describe good practices for successful implementation;

(2) to mainstream nutrition in all WHO's health policies and strategies and confirm the presence of essential nutrition actions, including integration of the revised principles and recommendations on infant feeding in the context of HIV, issued by WHO in 2009, in the context of the reform of primary health care;

(3) to continue and strengthen the existing mechanisms for collaboration with other United Nations agencies and international organizations involved in the process of ensuring improved nutrition including clear identification of leadership, division of labour and outcomes;

(4) to support Member States, on request, in expanding their nutritional interventions related to the double burden of malnutrition, monitoring and evaluating impact, strengthening or establishing effective nutrition surveillance systems, and implementing the WHO Child Growth Standards, and the Baby-friendly Hospital Initiative;

(5) to support Member States, on request, in their efforts to develop and/or strengthen legislative, regulatory or other effective measures to control marketing of breast-milk substitutes;

(6) to develop a comprehensive implementation plan on infant and young child nutrition as a critical component of a global multisectoral nutrition framework for preliminary discussion at the Sixty-fourth World Health Assembly and for final delivery at the Sixty-fifth World Health Assembly, through the Executive Board and after broad consultation with Member States.

¹ Community-based management of severe acute malnutrition: a joint statement by the World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and the United Nations Children's Fund. Geneva, WHO, 2007.

Agenda item 11.23**Accelerated progress towards achievement of Millennium Development Goal 4
to reduce child mortality: prevention and treatment of pneumonia**

The Sixty-third World Health Assembly,

Having considered the report on treatment and prevention of pneumonia;¹

Aware of the joint WHO/UNICEF report on a global action plan for the prevention and control of pneumonia, presented in November 2009;²

Noting the first advance market commitment on the pneumococcal vaccine and the progress made so far in integrating the *Haemophilus influenzae* type b vaccine into routine immunization programmes;

Noting also the introduction of the pneumococcal Accelerated Development and Introduction Plans;

Recalling that resolution WHA58.15 on global immunization strategy requested the Director-General to mobilize resources to promote the availability and affordability in countries of future new vaccines based on evidence of epidemiological profiles;

Concerned at the lack of substantial progress towards reducing morbidity and mortality from pneumonia, despite it being globally the leading cause of mortality of children under the age of five years;

Mindful that decreasing the global burden of pneumonia will be essential for reaching Target 4.A of Millennium Development Goal 4;

Noting that safe and highly effective tools are available for pneumonia control in the form of WHO's Integrated Management of Childhood Illness approach for case management at all levels, universal childhood immunization against *Haemophilus influenzae* type b and *Streptococcus pneumoniae* infections, improvement of nutrition and low birth weight, control of indoor air pollution arising from household use of solid fuels and second-hand smoking in households, and prevention and management of HIV infection;

Further noting that affordable price of vaccines in preventing pneumonia and significant scaling up of cold-chain capacities determine the adoption and implementation of vaccination programmes particularly in developing countries;

Concerned that pneumonia continues to cause more than 1.8 million preventable deaths in children less than five years of age globally each year;

¹ Document EB126/40.

² Document WHO/FCH/CAH/NCH/09.04.

Noting that the GAVI Alliance and other donors have made substantial resources available, and that the International Finance Facility for Immunisation and the PAHO revolving fund for immunization provide powerful mechanisms for directing resources to immunization programmes;

Welcoming the contribution to the mobilization of resources for development of voluntary innovative financing initiatives taken by groups of Member States;

Noting in addition that efforts to strengthen the capacity of health systems to detect and manage pneumonia effectively are likely also to contribute positively to efforts to achieve Millennium Development Goal 5 (Improve maternal health);

Aware that pandemic of influenza A (H1N1) 2009 has raised awareness of the need for system-wide strengthening of management of serious acute respiratory infections, and noting that the time is therefore opportune to build upon investments made related to the pandemic and to continue efforts to ensure that patients with acute respiratory infections receive prompt and effective treatment,

1. URGES Member States:

- (1) to apply, according to their specific contexts, the policies, strategies and tools recommended by WHO to prevent and treat pneumonia;
- (2) to establish evidence-based national policies and operational plans for strengthening health systems in order to expand coverage of populations at risk with effective preventive and curative interventions;
- (3) to assess programme performance including the coverage and impact of interventions in an effective and timely manner, and use this assessment to inform WHO's country-profile database;
- (4) to identify national and international resources, both human and financial, for strengthening health systems and for the provision of technical support in order to ensure that the most locally and epidemiologically appropriate strategies are implemented and target populations reached;
- (5) to implement the recommendations in the joint WHO/UNICEF global action plan for the prevention and control of pneumonia, noting the importance of:
 - (a) integrated case management at community, health-centre and hospital levels;
 - (b) immunization by accelerating the adoption of affordable and cost-effective vaccines based on evidence of national epidemiological profiles;
 - (c) exclusive breastfeeding for six months;
 - (d) improvement of nutrition and prevention of low birth weight;
 - (e) control of indoor air pollution, and;
 - (f) prevention and management of HIV infection;

(6) to encourage integrated approaches to pneumonia prevention and treatment through multisectoral collaboration and community responsibility and participation;

2. REQUESTS the Director-General:

(1) to strengthen human resources for prevention and control of pneumonia at all levels, especially the country level, thereby improving the capacity of WHO's country offices to provide support to national health programmes for coordinating the work of partners on preventing and controlling pneumonia;

(2) to bring together interested Member States, organizations in the United Nations system, the GAVI Alliance, medical research councils, and other interested stakeholders in a forum in order to improve coordination between different stakeholders in the fight against pneumonia and mobilize resources to promote the availability and affordability of *Haemophilus influenzae* type b and pneumococcal vaccines;

(3) to expand the coverage of the report to the Health Assembly through the Executive Board on the status of progress made in achieving the health-related Millennium Development Goals, requested in resolution WHA61.18, to include progress on the implementation of this resolution, starting from the Sixty-fourth World Health Assembly.

Agenda item 11.20

Substandard/spurious/falsely-labelled/falsified/counterfeit medical products

The Sixty-third World Health Assembly,

Reaffirming the fundamental role of WHO in ensuring the safety, quality and efficacy of medical products;

Noting the work of WHO in ensuring safety, quality and efficacy of medical products,

1. DECIDES to establish a time-limited and results-oriented working group on substandard/spurious/falsely-labelled/falsified/counterfeit medical products comprised of and open to all Member States;¹
2. REQUESTS the Director-General to convene and facilitate the work of the working group;
3. DECIDES that the working group will examine the following matters from a public health perspective, excluding trade and intellectual property considerations, the following:
 - (a) WHO's role in measures to ensure the availability of quality, safe, efficacious and affordable medical products;
 - (b) WHO's relationship with the International Medical Products Anti-Counterfeiting Taskforce;
 - (c) WHO's role in the prevention and control of medical products of compromised quality, safety and efficacy such as substandard/spurious/falsely-labelled/falsified/counterfeit medical products from a public health perspective, excluding trade and intellectual property considerations;
 - (d) Any issue or issues raised in the proposals contained in documents A63/A/Conf.Paper No.4 Rev.1, A63/A/Conf.Paper No.5 and A63/A/Conf.Paper No.7, starting with those issues referred to in items A, B, C subparagraphs (a)–(c) above;
4. DECIDES that the working group shall make specific recommendations in relation to the issues set out in paragraph 3 above and report to the Sixty-fourth World Health Assembly; and shall report on progress in implementing this decision to the Executive Board, at its 128th session.

¹ Where applicable, also regional economic integration organizations.

Agenda item 11.18**Improvement of health through safe and environmentally sound waste management**

The Sixty-third World Health Assembly,

Having considered the report on the Strategic Approach to International Chemicals Management;¹

Recalling resolution WHA61.19 on climate change and health, and resolutions WHA59.15, WHA50.13, WHA45.32, WHA31.28 and WHA30.47 relating to chemical safety;

Recalling also resolutions of the United Nations General Assembly 44/226 of 22 December 1989 on traffic in and disposal, control and transboundary movements of toxic and dangerous products and wastes and 43/212 of 20 December 1988 on the responsibility of States for the protection of the environment;

Noting the principles set out in Agenda 21, including chapter 20 and chapter 21, as agreed upon at the United Nations Conference on Environment and Development in 1992;

Noting also the Johannesburg Declaration on Sustainable Development and the related Plan of Implementation of the World Summit on Sustainable Development in 2002;

Acknowledging decision 25/8 on Waste Management adopted by the Governing Council/Global Ministerial Environment Forum of the United Nations Environment Programme at its 25th session;

Mindful of the outcomes of the second session of the International Conference on Chemicals Management which relate to human health;

Aware that wastes, if not properly managed in a safe and environmentally sound manner, may have serious consequences for human health and livelihood;

Convinced that the lack of environmentally sound management of waste will harm the environment and be detrimental to human health, through polluted air, water, land and food chains;

Concerned that poor management of health-care waste, including sharps, non-sharp materials, blood, body parts, chemicals, pharmaceuticals and medical devices, puts health-care workers, waste handlers and the community at risk of infections, toxic effects and injuries;

Welcoming the Bali Declaration on Waste Management for Human Health and Livelihood adopted at the ninth meeting of the Conference of the Parties to the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal in 2008,

¹ Document A63/21.

1. URGES Member States¹ to apply the Health Impact Assessment as one of the key tools to assess the health aspects of waste management in order to make it safe and environmentally sound and to explore options to work more closely with the United Nations Environment Programme, the Strategic Approach to International Chemicals Management, the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal and the WHO Secretariat towards achieving their shared objectives on the improvement of health through safe and environmentally sound waste management;

2. REQUESTS the Director-General:

(1) to support the implementation of the actions set out in the Bali Declaration on Waste Management for Human Health and Livelihood, within WHO's mandate and available resources;

(2) to work together with the United Nations Environment Programme and the secretariat of the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal on environmentally sound waste management, including collaborating with governments and donor organizations to strengthen the implementation of the Bali Declaration on Waste Management for Human Health and Livelihood, with the aim in particular of:

(a) promoting the raising of awareness about the link between waste management, health and livelihood, and the environment;

(b) strengthening subregional and regional cooperation on waste and health issues by promoting human and appropriate technical capacities at national, regional and international levels;

(c) improving controls on waste shipment and border procedures in order to prevent illegal movements of hazardous and other wastes, through means that include capacity building, technology transfer and technical assistance;

(d) improving cooperation between national authorities in the waste, chemicals and health sectors and, in collaboration with other relevant authorities and stakeholders, in the development and implementation of effective and sound waste management systems;

(e) increasing capacity building, promoting and, where possible, enhancing public and private investment for the transfer and use of appropriate technology for the safe and environmentally sound waste management;

(3) to continue supporting the prevention of health risks associated with exposure to health-care waste and promoting environmentally sound management of health-care waste in order to support the work of the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal and the Stockholm Convention on Persistent Organic Pollutants;

(4) to explore the development of strategies aimed at minimizing the generation of health-care waste;

¹ And regional economic integration organizations, where applicable.

- (5) to invite governments, relevant intergovernmental and regional economic integration organizations, relevant entities of the industry and business sectors to provide resources and technical assistance to developing countries in developing and implementing instruments to improve health through safe and environmentally sound waste management;
- (6) to report to the Sixty-fourth World Health Assembly, through the Executive Board, on implementation of this resolution.

Agenda item 11.18

Improvement of health through sound management of obsolete pesticides and other obsolete chemicals

The Sixty-third World Health Assembly,

Having considered the report on the Strategic Approach to International Chemicals Management;¹

Recalling resolution WHA59.15 on the Strategic Approach to International Chemicals Management;

Recognizing the outcomes of the second session of the International Conference on Chemicals Management (Geneva, 11–15 May 2009) regarding human health and, in particular, resolution II/8 on health aspects of the sound management of chemicals which drew attention to the need for a greater involvement of health sector, Member States² and the WHO Secretariat in the implementation of the Global Plan of Action of the Strategic Approach to International Chemicals Management³ because of the adverse effects some chemicals may have on human health, and noting that some of the global priorities for cooperative action identified within the Strategic Approach to International Chemicals Management also have to be dealt with by the health sector;

Recognizing that pesticides are designed to kill or control harmful organisms and pests, and may have adverse acute and chronic effects, and that, although they are regulated in most countries, they may affect populations' health and the environment, particularly when improperly used and stored, including when they are obsolete;⁴

Recalling WHO's Constitution, and recognizing the following relevant international agreements and instruments: the Bali declaration on waste management for human health and livelihood (2008), the United Nations Conference on Environment and Development (Rio de Janeiro, Brazil, 1992), the World Summit on Sustainable Development (Johannesburg, South Africa, 2002), the adoption of the Strategic Approach to International Chemicals Management by the International Conference on Chemicals Management (Dubai, 2006), the Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and Their Disposal (1989), the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade (2004, revised 2008), the Stockholm Convention on Persistent Organic Pollutants (Stockholm, 2004),

¹ Document A63/21.

² And, where applicable, regional economic integration organizations.

³ Document WHA59/2006/REC/1, Annex 1.

⁴ The International HCH and Pesticides Association (IHPA) estimates that total amount of obsolete pesticides is about 260 000–265 000 tonnes in central and eastern Europe and the countries of the former Union of Soviet Socialist Republics. Estimated amounts in 25 Member States of the European Union are 22 000–24 000 tonnes, south-east Europe 36 000–41 000 tonnes, the countries of the former Union of Soviet Socialist Republics 199 000 tonnes, Africa 50 000 tonnes (estimated by FAO in its Africa Stockpiles Programme), South-East Asia 6500 tonnes (FAO, first rough indication), Central and South America 30 000 tonnes (FAO, 2005).

and the Convention on the Prevention of Marine Pollution by Dumping of Wastes and Other Matter 1972 and 1996 Protocol Thereto (London 1972), and the International Health Regulations (2005);

Recognizing that all the forums, conventions and instruments mentioned in the preceding paragraph are important global tools for the preservation and protection of human health and the environment that provide measures and guidelines to deal with certain aspects of chemicals' life-cycle, and that, in that sense, the closely linked Stockholm Convention on Persistent Organic Pollutants and Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and Their Disposal¹ foresee the development of appropriate strategies for identification of persistent organic pollutant wastes, stockpiles of persistent organic pollutants and their management;

Recognizing that hazardous waste and highly toxic pesticides fall under the global priority areas identified for cooperative action within the Strategic Approach to International Chemicals Management, and that the Health Assembly in resolution WHA59.15 on Strategic Approach to International Chemicals Management urged Member States to participate in national, regional and international efforts to implement the Strategic Approach;

Mindful of the new challenges and determinants of health and of the need for additional action in order to preserve and protect human health and the environment;

Recognizing the risks to human health and environment from obsolete pesticides and other obsolete chemicals, particularly through local and global chemical accidents and disasters;

Recognizing also the risks to human health and environment from obsolete pesticides and other obsolete chemicals, linked to the creation of stockpiles resulting from their regulation (such as withdrawal from the market without appropriate phase-out period) or inherited from past periods of pesticides over-consumption, which might further lead to spreading of improperly stored chemicals worldwide;

Recalling the fact that the exposure of humans and the environment to obsolete pesticides and other obsolete chemicals may also be due to their long-range transport;

Recognizing the threat of unsafe storage of obsolete pesticides and other obsolete chemicals, which, owing to illegal use, package deterioration, or accidents may cause localized or widespread pollution and represent a potential risk to human health and the environment;

Mindful of the clear evidence that, besides environmental benefits, health benefits can be expected from safe and efficient handling and disposal of obsolete pesticides and other obsolete chemicals;

Acknowledging the progress regarding obsolete pesticides made by African countries through the interagency Africa Stockpiles Programme with the support of FAO, the Global Environment Facility, the World Bank and other partners;

¹ The fundamental aims of the Basel Convention are the control and reduction of transboundary movement of hazardous and other wastes subject to the Convention, the prevention and minimization of their generation, the environmentally sound management of such wastes and active promotion of the transfer and use of cleaner technologies.

Welcoming the work of the Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and Their Disposal in developing technical guidelines on the environmentally sound disposal of wastes containing persistent organic pollutants;

Further recognizing that only a comprehensive and long-term strategy of sound management of obsolete pesticides and other obsolete chemicals can be effective,

1. URGES Member States:¹

- (1) to adopt, where necessary, or strengthen sound national policies and legislation on safe handling and disposal of obsolete pesticides and other obsolete chemicals;
- (2) to adopt, where this has not already been done in the context of the Stockholm Convention on Persistent Organic Pollutants and other existing instruments, comprehensive national implementation plans or other strategies as the basis for taking action towards the elimination of risks from obsolete pesticides and other obsolete chemicals;
- (3) to enhance social responsibility through awareness-raising in the area of obsolete pesticides and other obsolete chemicals and chemicals with potential transboundary risks to human health;
- (4) to increase support for training and capacity building, and coordinated technical activities for implementing relevant international conventions and instruments;
- (5) to encourage and promote cooperation between Member States in this regard;
- (6) to establish or strengthen capacity for the regulation of the sound management of pesticides and other chemicals throughout their life-cycle, as a preventive measure to avoid accumulation of obsolete chemicals;

2. INVITES all relevant stakeholders, including Member States, regional economic integration organizations, bodies in the United Nations system and other intergovernmental organizations including regional, international and national nongovernmental organizations and foundations, waste-management companies, pesticide manufacturers, donors and the remaining international community:

- (1) to promote sound management of obsolete pesticides and other obsolete chemicals in order to minimize and, wherever possible, avoid adverse impacts to human health and the environment;
- (2) to mobilize efforts and cooperate with other stakeholders on the implementation of national implementation plans and strategies, through local, regional and global networks among other means;
- (3) to consider the synergies to be gained from sharing technical experience, expertise and capacity-building efforts among international instruments, conventions, regulations and processes;

¹ And, where applicable, regional economic integration organizations.

3. REQUESTS the Director-General:

- (1) to support the development of appropriate and efficient strategies (at national, regional and international levels) for minimizing the risks of obsolete pesticides and other obsolete chemicals and thus promote the relevant WHO policy goals and practices;
- (2) to enhance WHO's capacity to foster the strategies mentioned in subparagraph 3(1) above;
- (3) to facilitate implementation of the strategies on sound management of obsolete pesticides and other obsolete chemicals with a view to reducing inequities in health and securing an unpolluted living environment;
- (4) to work with UNEP, in connection with the WHO/UNEP Health Environment Linkages Initiative and the Strategic Approach to International Chemicals Management, as well as with UNDP, FAO, the World Bank and other appropriate institutions in assisting Member States to implement their national strategies and existing guidance, for instance under the Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and Their Disposal¹ and strategies for sound management of obsolete pesticides and other obsolete chemicals at the global level;
- (5) to include obsolete pesticides and other obsolete chemicals among WHO's priorities in order to reduce and prevent risks to human health and the environment from their adverse effects and to support their safe disposal;
- (6) to ensure full support of WHO to the activities of the Secretariat of the Strategic Approach to International Chemicals Management;
- (7) to support the ongoing joint efforts of FAO and WHO in capacity building of Member States in the sound management of pesticides;
- (8) to report to the Sixty-fourth World Health Assembly, through the Executive Board, on progress in implementing this resolution.

¹ Technical guidelines on the safe disposal of obsolete pesticides
(<http://www.basel.int/meetings/sbc/workdoc/techdocs.html>):

- Updated general technical guidelines for the environmentally sound management of wastes consisting of, containing or contaminated with persistent organic pollutants,
- Technical guidelines for the environmentally sound management of wastes consisting of, containing or contaminated with 1,1,1-trichloro-2,2-bis(4-chlorophenyl)ethane (DDT),
- Technical guidelines on the environmentally sound management of wastes consisting of, containing or contaminated with the pesticides aldrin, chlordane, dieldrin, endrin, heptachlor, hexachlorobenzene (HCB), mirex or toxaphene or with HCB as an industrial chemical.

Agenda item 11.22

Strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services

The Sixty-third World Health Assembly,¹

Having considered the report on strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services;²

Recognizing the variety of private providers, from faith-based and other nongovernmental non-profit organizations and individual health-care entrepreneurs, both formal and informal, to private for-profit firms and corporations, and the evidence that they play a significant and growing role in health-care delivery across the world;

Noting that governments across the world are faced with the challenge of constructive engagement with the complex range of health-care providers, in ways that vary considerably according to context;

Noting that the cost and quality of the care provided and the effect on health and social outcomes may vary considerably and that there are serious reasons for concern in environments where regulation is poor or absent, yet as a whole the documentation and evidence base in this regard is weak;

Recognizing that governments that have the institutional capacity to govern the broad range of health-care providers can play a constructive role in providing essential health services;

Concerned about evidence that in many countries effective engagement, oversight and regulation of the various private health-care providers may be constrained by imperfect strategic intelligence, limited financial influence and weak institutional capacity;

Aware that building trust and constructive policy dialogue are vital for successful engagement, oversight and regulation;

Noting that the renewal of primary health care provides a policy framework in which to set benchmarks for strengthened government capacity for constructive engagement with, and oversight of, both public and private health-care providers,

1. URGES Member States:

- (1) to gather, by means that include improved information systems and stronger policy dialogue processes, the strategic intelligence required for: objectively assessing the positive and negative aspects of health-care delivery by private not-for-profit and private for-profit

¹ See document A63/25 Add.1 for the financial and administrative implications for the Secretariat of this resolution.

² Document A63/25.

providers; identifying appropriate strategies for productive engagement; and developing regulatory frameworks that ensure universal access with social protection and the reorientation of service delivery towards people-centred primary care;

(2) to map and assess, as appropriate, the capacity and the performance of the government departments and other bodies concerned with oversight and regulation of both public and private health-care provision, including: professional councils; institutional purchasers of health services, such as public funders and state health insurance agencies, and accreditation bodies;

(3) to investigate the potential contribution to the regulation of health-care provision of non-health-sector governmental and nongovernmental entities, including health-consumer protection agencies and patient groups, and, as appropriate, set up mechanisms to maximize the value of those contributions;

(4) to build and strengthen for the long term the institutional capacity of these regulatory bodies, through adequate and sustained funding, staffing, and support;

(5) to pursue opportunities for intercountry exchange of experience with different strategies for engagement, oversight and regulation of the full range of health-care providers;

2. REQUESTS the Director-General:

(1) to provide technical assistance to Member States, upon request, in their efforts to strengthen the capacity of health ministries and other regulatory agencies in order to improve engagement with, and oversight and regulation of, the full range of public and private health-care providers;

(2) to convene technical consultations, support the research agenda set by Member States and facilitate intercountry exchange of experience in order to obtain better shared understanding and documentation of the consequences, positive and negative, of the growing diversity of health-care providers, ensuring that particular attention is given to contexts of poor regulation and to consequences in terms of health, health equity, and health systems development;

(3) also to convene technical consultations, support the research agenda set by Member States and facilitate intercountry exchange of experience in order to obtain a better shared understanding of the potential of various strategies to build up the institutional capacity for regulation, oversight and harnessing entrepreneurial dynamism and sound cooperation among various types of health-care providers;

(4) to report to the Sixty-fifth World Health Assembly, through the Executive Board, on the progress made with the implementation of this resolution.

Agenda item 11.3

Establishment of a consultative expert working group on research and development: financing and coordination

The Sixty-third World Health Assembly,

Having considered the report on public health, innovation and intellectual property: global strategy and plan of action, and the report of the Expert Working Group on Research and Development: Coordination and Financing;¹

Considering resolution WHA61.21 which requests the Director-General “to establish urgently a results-oriented and time-limited expert working group to examine current financing and coordination of research and development, as well as proposals for new and innovative sources of funding to stimulate research and development related to Type II and Type III diseases and the specific research and development needs of developing countries in relation to Type I diseases, and open to consideration of proposals from Member States, and to submit a progress report to the Sixty-second World Health Assembly and the final report to the Sixty-third World Health Assembly through the Executive Board”;

Noting that although the Expert Working Group made some progress in examining proposals for financing of, and coordination among, research and development activities, as called for in resolution WHA61.21, there was divergence between the expectations of Member States² and the output of the Group, underlining the importance of a clear mandate;

Considering that, in its recommendations, the Expert Working Group states the need to conduct an in-depth review of the recommended proposals;

Recognizing the need to further “explore and, where appropriate, promote a range of incentive schemes for research and development including addressing, where appropriate, the de-linkage of the costs of research and development and the price of health products, for example through the award of prizes, with the objective of addressing diseases which disproportionately affect developing countries”;³

Noting previous and ongoing work on innovative financing for health, research and development and the need to build on this work as relevant;

Emphasizing the importance of public funding of health research and development and the role of the Member States² in coordinating, facilitating and promoting health research and development;

Reaffirming the importance of other relevant actors in health research and development,

¹ Documents A63/6 and A63/6 Add.1, respectively.

² And, where applicable, regional economic integration organizations.

³ Resolution WHA61.21, Annex, Element 5, paragraph 5.3a.

1. URGES Member States:¹
 - (1) to support the work of the Consultative Expert Working Group by:
 - (a) providing, where appropriate, information, submissions or additional proposals;
 - (b) organizing and/or supporting, where appropriate, regional and subregional consultations;
 - (c) proposing names of experts for the roster;
2. REQUESTS the Director-General:
 - (1) to make available electronically by the end of June 2010:
 - (a) all the proposals considered by the Expert Working Group including their source;
 - (b) the criteria used to assess the proposals;
 - (c) the methodology used by the Expert Working Group;
 - (d) the list of the stakeholders that were interviewed and those who contributed information;
 - (e) sources of statistics used;
 - (2) to establish a Consultative Expert Working Group that shall:
 - (a) take forward the work of the Expert Working Group;
 - (b) deepen the analysis of the proposals in the Expert Working Group's report, and in particular:
 - (i) examine the practical details of the four innovative sources of financing proposed by the Expert Working Group in its report;²
 - (ii) review the five promising proposals³ identified by the Expert Working Group in its report; and
 - (iii) further explore the six proposals that did not meet the criteria applied by the Expert Working Group;⁴

¹ And, where applicable, regional economic integration organizations.

² *Report of the Expert Working Group on Research and Development Financing*. Geneva, World Health Organization, 2010, Chapter 5.3.

³ *Report of the Expert Working Group on Research and Development Financing*. Geneva, World Health Organization, 2010, Chapter 5.6.

⁴ *Report of the Expert Working Group on Research and Development Financing*. Geneva, World Health Organization, 2010, Annex 2.

- (c) consider additional submissions and proposals from Member States,¹ any regional and subregional consultations, and from other stakeholders;
 - (d) in carrying out the actions in subparagraphs 2(b) and 2(c), examine the appropriateness of different research and development financing approaches and the feasibility of implementation of these approaches in each of the six WHO regions, with subregional analysis, as appropriate;
 - (e) observe scientific integrity and be free from conflict of interest in its work;
- (3) to provide, upon request, within available resources dedicated to the financing of the Consultative Expert Working Group, technical and financial support for regional consultations, including meetings, in order to seek regional views to help inform the work of the Consultative Expert Working Group;
- (4) (a) to invite Member States:¹ to nominate experts whose details, following consultations with regional committees to achieve gender balance and diversity of technical competence and expertise, shall be submitted to the Director-General through the respective regional directors;
- (b) to establish a roster of experts comprising all the nominations submitted by the regional directors;
- (c) to propose a composition of the Group to the Executive Board for its approval, drawing on the roster of experts and taking into account regional representation according to the composition of the Executive Board, gender balance and diversity of expertise;
- (d) upon approval by the Executive Board, to establish the Group and facilitate its work including its consultation with the Member States¹ and other relevant stakeholders, where appropriate;
- (5) to put particular emphasis on the transparent management of potential conflicts of interest by ensuring full compliance with the mechanisms established by the Director-General for that purpose;
- (6) to ensure full transparency for Member States¹ by providing the Consultative Expert Working Group's regular updates on the implementation of its workplan, and by making available all the documentation used by the Consultative Expert Working Group at the conclusion of the process;
- (7) to submit the workplan and inception report of the Consultative Expert Working Group to the Executive Board at its 129th session and a progress report to the Executive Board at its 130th session with a view to submitting the final report to the Sixty-fifth World Health Assembly.

= = =

¹ And, where applicable, regional economic integration organizations.